Boyd Andrew Community Services
Elkhorn Treatment Center

Resident Manual

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Introduction

The Staff of Boyd Andrew Community Services (BACS) Elkhorn Treatment Center welcomes you to our community. You have chosen to participate in a program that will allow you to choose a recovery path of prosocial living. We will provide you with the tools and environment to help you reach your full potential. The time is now to begin a new positive and healthy life.

This facility was made possible by the passage of HB 326 during the 2005 Montana legislative session. That bill amended MCA 45-9-102 "Criminal possession of dangerous drugs" to include the following language:

(a) a person convicted of a second or subsequent offense of criminal possession of methamphetamine shall be punished by:

(i) Imprisonment for a term not to exceed 5 years or by a fine not to exceed $50,000.00, or both; or

(ii) Commitment to the department of corrections for placement in an appropriate correctional facility or program for a term of not less than 3 years or more than 5 years. If the person successfully completes a residential methamphetamine treatment program operated or approved by the Department of Corrections during the first 3 years of a term, the remainder of the term must be suspended. The court may also impose a fine not to exceed $50,000.00.

(b) During the first 3 years of a term under subsection (5) (a) (ii), the department of corrections may place the person in a residential methamphetamine treatment program operated or approved by the Department of Corrections or in a correctional facility or program. The residential methamphetamine treatment program must consist of the time

spent in a residential methamphetamine treatment facility and time spent in a community-based prerelease center."

Program Overview

The Elkhorn Treatment Center (ETC) is a 50-bed residential behavioral health center operated by Boyd Andrew Community Services. Our facility is an alternative to traditional incarceration offering female offenders a modified therapeutic community focused upon reducing recidivism. We offer substance use disorder treatment, as well as, support and management of acute and chronic mental illness. Additionally, HISET preparation and onsite testing, parenting classes, criminal thinking course work, trauma-based care, as well as anger management programming are offered as well. Our philosophy is to treat and care for the whole person.

ETC serves females in the custody of the Montana Department of Corrections. Referrals need to be assessed as needing ASAM level 3.5 care for methamphetamine or other stimulant use disorders. We also accept referrals who are suffering from any substance use disorder that presents with treatable co-occurring mental illness.

We accept female offenders through the following channels:

- DOC commitments
- Parole and probation violators
- Conditional release violators
- Inmates of the Montana's Women's Prison
- Convicted of a second or subsequent criminal possession of methamphetamine
- Females involved with Drug Court, Family Court, Tribal Court, etc.

Mission Statement

We are a committed team of professionals working collaboratively to provide impactful care that will be a catalyst for lasting positive changes with respect to criminal engagement as well as behavioral, and physical health.

Program Philosophy

The ETC treatment philosophy starts with the view of treatment. We view treatment as stemming from personal hope and willingness. Hope for a better future and a willingness to take ongoing prosocial action that will support ongoing recovery. We view our residents as people who deserve and are capable of making and sustaining personal change. Programmatically we make every attempt to support our residents as they improve and maintain positive physical and behavioral health. Additionally, we work to assist our residents in managing criminal thinking patterns. This work is done using a risk needs responsivity approach intertwined with a therapeutic community.

Treatment Programming:

Our staff delivers a myriad of evidence-based programs to facilitate a healthy transition back home. Programs offered at ETC include parenting coursework, employment

readiness, mental health groups, anger management groups, trauma groups, chemical dependency groups, Relapse Prevention, criminal thinking coursework, and Victim Impact Panel.

Educational Programming:
A transition to a better future requires new approaches. We provide education and instruction to help residents without a completed high-school education obtain a HISET diploma. Staff conduct testing to identify areas of weakness and then provide support in preparation for onsite testing. We have had many residents who have received their HISET diploma at ETC through partnership with the Helena Adult Learning Center. Many of our residents also work with their case manager to seek admission to various colleges and universities upon program completion.

Security:
The Elkhorn Treatment Center is a secure treatment center providing behavioral health care. Due to security needs we have a staff of Chemical Dependency Technicians who work three shifts daily. These staff provide numerous functions at the facility including facilitating outside time, resident transportation, intake processing, conducting perimeter checks, overseeing outdoor activities, and maintaining general security for everyone.

Medical Care:
The Elkhorn Treatment Center employs a Nurse Practitioner who prescribes and adjusts medications for residents. She is caring and supports our residents in close partnership with our nursing staff regarding various physical health conditions our residents experience. She and our nurses have onsite clinic weekly, with residents able to request medical care daily. We have three full time nurses on staff who provide medical care 7 days per week, 365 days per year. Our residents are able to access needed and approved offsite care as well as emergent care if necessary. Building positive rapport with medical professionals is another avenue towards future advocacy and success upon program graduation.

Dental Care:
ETC has a memorandum of understanding with South Hills Dental in Helena to provide dental care. Dental services are available onsite every other week at ETC for residents in need. ETC and South Hills Dental understand that having healthy dental hygiene is an important component of overall health which assists residents in feeling confident in their appearance after leaving Elkhorn.
Staff at the Elkhorn Treatment Center conduct screenings and assessments for each referral upon admission to the center. This allows staff to build an individual case plan that is structured to best support each resident. Our menu of programming is delineated below. Program offerings are augmented by individual chemical dependency, mental health therapy, and case management sessions.

- Beyond Anger and Violence
- Beyond Trauma
- Be Body Positive
- Cognitive Behavioral Intervention – Comprehensive Curriculum

- Group Therapy for Sub. Abuse (stages of change) Module 1
- Group Therapy for Sub. Abuse (stages of change) Module 2
- Relapse Prevention Module 3
- Dialectical Behavioral Therapy Skills Group
- HISET
- employABILITY Enhancement and Skills Group
- Moral Reconation Therapy
- Parenting Inside Out
- ETC Orientation & Pre-Treatment Group
- Strategies for Self-Improvement and Change
- Victim Impact
- Treating Women with Substance Abuse
- Yoga and Mindfulness
- Physical activity supervised by a Certified Trainer

Group Offerings

Beyond Anger and Violence

Beyond Anger and Violence (BAV) is a manualized curriculum for women who are struggling with the issue of anger and who are in community settings (outpatient and residential substance abuse treatment programs, domestic violence shelters, mental health clinics, etc.). *Beyond Anger and Violence* offers a comprehensive framework for addressing the role past trauma plays in the lives of women who struggle with anger. This is the community version of the evidence based *Beyond Violence* curriculum. This 21 session (42 hour) intervention consists of a facilitator guide, participant workbook and DVD. *Beyond Anger and Violence* is the first manualized interventions for women that focus on anger and utilizes a multi-level approach and a variety of evidence-based therapeutic strategies (i.e., psycho-education, role playing, mindfulness activities, cognitive-behavioral restructuring and grounding skills for trauma triggers). This four-level model of violence prevention considers the complex interplay between individual, relationship, community, and societal factors. The facilitator's manual is a step-by-step guide containing the theory, structure, and content needed for running groups and includes the companion DVD, *What I Want My Words To Do To You* (by Eve Ensler) which is incorporated throughout the program sessions. The participant's workbook allows women to process and record the therapeutic experience. There are detailed and empowering tools, skill-building exercises and activities focused on self-examination, and managing anger. The program is designed to assist women in understanding trauma, the multiple aspects of anger, and emotional regulation. The materials are designed to be user-friendly and self-instructive. This allows the program to be implemented by a staff with a wide range of training and experience.

Beyond Trauma

The newly revised and expanded Beyond Trauma program is a 12 session manualized curriculum that incorporates the insights of neuroscience with the latest understanding of trauma and PTSD. Each session has also been adapted for girls. The evidence-based materials are designed for trauma treatment, although the connection between trauma and

addiction in women's lives is a primary theme throughout. The *Beyond Trauma* program materials include a facilitator's guide, a participant's workbook entitled *A Healing Journey*, and three DVDs (2 for facilitator training and 1 for clients). The program is based on the principles of relational therapy; it uses cognitive-behavioral techniques (CBT), mindfulness, expressive arts, and body-oriented exercises (including yoga).

Be Body Positive

The Be Body Positive Model is comprised of five core Competencies, the fundamental skills we can practice on a daily basis to live peacefully and healthfully in our bodies. Proficiency with these skills allows us to care for ourselves from a place of self-love and appreciation, leading to alignment with our purpose and life goals. Our model defines health as the interconnectedness of physical, psychological, and emotional needs in human beings. The Competencies of Reclaim Health, Practice Intuitive Self-Care, Cultivate Self-Love, Declare Your Own Authentic Beauty, and Build Community establish foundational building blocks that honor individual authority as the primary path to positive change.

Rather than dictating a restrictive or prescriptive set of rules to follow, we use practical tools, inspiration, and support to empower people to find their own way to lasting health and greater happiness. As a result, we are able to reach a widely diverse group of people, helping to heal those who struggle with issues such as poor self-care, eating disorders, depression, anxiety, self-harming behaviors, substance abuse, weight cycling, and relationship violence. We provide body-oriented social emotional education to help young people and adults create positive relationships with their physical selves that allow them to thrive.

Cognitive Behavioral Intervention – Comprehensive Curriculum

Cognitive Behavioral Interventions – Core Curriculum (CBI-CC) provides a thorough intervention that broadly targets all criminogenic needs. As the name suggests, this intervention relies on a cognitive behavioral approach to teach participants strategies to manage risk factors. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development. Additionally, interactive worksheets provide modified options for mental health populations. The following information serves to support the CBI-CC as an evidence-informed program capable of favorably changing offending behavior.

Group Therapy for Sub. Abuse (stages of change) Modules 1 & 2

The leading manual on group-based treatment of substance use disorders, this highly practical book is grounded in the transtheoretical model and emphasizes the experiential and behavioral processes of change. The program helps clients move through the stages of change by building skills for acknowledging a problem, deciding to act, developing and executing a plan, and accomplishing other critical tasks. The expert authors provide step-by-step guidelines for implementing the 35 structured sessions, along with strategies for enhancing motivation.

Relapse Prevention Module 3

Based on G. Alan Marlatt's widely used, evidence-based protocols, *The Relapse Prevention Program* (formerly titled *Relapse Prevention Skills: Helping Clients Address High-Risk Factors*) helps clients identify high-risk situations, work on responses and coping skills, and explore lifestyle factors that may increase vulnerability. By following this model, clinicians can customize a program based on each client's unique needs and minimize the risk of relapse. Ideal for use in a variety of settings, this nine-unit program can be used in either individual or group sessions. It can be used as a stand-alone program or as a supplement to an existing program. This program includes this facilitator guide, client guides and worksheets on a CD-ROM, and a video that demonstrates successful ways to address common and critical risk factors that can lead to relapse.

Dialectical Behavioral Therapy Skills Group

Residents of ETC are correctional inmates. Inmates often have borderline personality disorder which DBT directly addresses, however, in recent years DBT skills groups have been utilized to address emotional dysregulation, Mindfulness, Interpersonal Effectiveness, and distress Tolerance with a Core Mindfulness session presented for two weeks between each module. These issues and skills taught, practiced and learned assist in a myriad of ways.

HISET

ETC provides instruction in Adult Basic Education, including preparation and testing for obtaining a HISET diploma. All residents without either a high school diploma or equivalent, regardless of ETC phase will engage in the HISET program. For those residents who do not have ability to pay for the cost of the test, BACS will cover such expense.

employABILITY Enhancement and Skills Group

This course was devised based upon focus group feedback from prior graduates of ETC. The course is designed to assist with obtaining a job and retaining employment as well. Course content includes, dealing with being out of the workforce due to incarceration, how best to search for employment with a felony record, engaging in mock interviews, how to navigate online job search sites including indeed.com and monster.com, resume and cover letter development, etc.

Pre-Treatment & Orientation Group

This offering was developed to provide new residents with an understanding of the goals of ETC. Further, the class offers an overview of the science behind how this treatment program is set up. Participants will review the menu of services offered, learn how case plans are devised, receive an overview of the theoretical underpinnings of Stages of Change and Cognitive Behavioral Therapy. Residents will complete general assignments within the *Addiction Skills Workbook, Changing Addictive Behaviors Using CBT, Mindfulness, and Motivational Interviewing Techniques*. Senior peers from the program are present to provide real examples of how they have applied the approaches learned while at ETC and will answer questions regarding the program as well. This class is five (5) weeks in length and is an open course that allows new residents to attend upon entry to the program.

Moral Reconation Therapy

How to Escape Your Prison curriculum addresses issues related to criminal thinking and criminal needs, as well as substance abuse. It is a peer review program that relies heavily on group participation and peer accountability. All residents of ETC have a criminal history which this program addresses in depth.

Parenting Inside Out

The *Parenting Inside Out*® program is an evidence-based parenting skills training program developed for criminal justice involved parents. The prison parenting program is appropriate for both incarcerated mothers and incarcerated fathers who are parenting from prison. The community version is appropriate for parents on parole or probation. As part of a reentry program, *Parenting Inside Out* has a proven impact on reducing recidivism and criminal behavior while improving family relationships and parenting skills.

Strategies for Self-Improvement and Change

The Strategies for Self-improvement and Change (SSC) program is provided in steps or phases that are developed around three stages in the circle of change. The first phase builds knowledge and skills in several areas. It is the challenge phase of change. This phase consists of 20 sessions. Phase II is commitment to change. It focuses on strengthening one's knowledge and skills in bringing about changes that lead to a more responsible and fulfilling life. This phase also focuses on one's personal strengths and the problems identified in Phase I. Phase II consists of 22 sessions. Phase III moves into greater ownership of ones change. This is where one develops critical reasoning skills, learns how to resolve conflict, learns about lifestyles and activities to maintain change, examines work and job issues, and learns how to become a mentor for others. The main targets of change in this participant workbook are criminal conduct and substance abuse. Other targets include improving relationships with others, managing emotions, and being more responsible to the community. This workbook acts as a guide in SSC. It is a necessary tool for each treatment session. Worksheets, figures, tables, and program guides

Victim Impact

Victim Impact helps offenders begin to learn and empathize with victims. It helps create an understanding of their criminal behavior on victims, family, and the community in general.

Treating Women with Substance Abuse

Filling a crucial need, this manual presents the Women's Recovery Group (WRG), an empirically supported treatment approach that emphasizes self-care and developing skills for relapse prevention and recovery. Grounded in cognitive-behavioral therapy, the WRG is designed for a broad population of women with alcohol and drug use disorders, regardless of their specific substance of abuse, age, or co-occurring disorders. Step-by-step intervention guidelines are accompanied by 80 reproducible clinical tools, including participant handouts, session outlines, bulletin board materials, and more.

Yoga and Mindfulness

Bringing together philosophy and neuroscience with hands-on exercises, journaling, and charts, this practical workbook by psychologists and best-selling authors C. Alexander

Simpkins, Ph.D., and Annellen M. Simpkins. Ph.D., is organized to include: -The tools to get you started: preliminaries, quick tips, neuroscience and efficacy research -Clear instructions to guide you in the practices of yoga and mindfulness -Application of the practice to anxiety, stress, depression, trauma and substance abuse -An appendix created especially for the clinician answers questions about how and when to introduce the techniques, ways to adapt to your practice, and special ways to address children and seniors.

Physical activity supervised by a Certified Trainer
Physical exercise is very important in recovery. ETC employs an LAC who is a certified personal trainer who oversees circuit training.

Frequently Asked Questions

How are residents chosen for ETC?
All residents are prescreened by a committee for admission into Elkhorn Treatment Center. Screening packets are submitted by Probation and Parole officers across the state or from staff working at a sanction center. Our screening committee reviews offender information and decides whether the offender is appropriate for our facility. Our committee includes staff members, a P&P Officer, local law enforcement, and citizens that live or work in the area. This collaboration allows for multiple stakeholders to voice their opinions about how best to meet the needs of potential residents.

What is the success rate of the program?
This question is posed often. We had a study of our program conducted in 2017 which indicated that 83% of our residents successfully graduated ETC since inception of the program in 2007. Of that group, 78% also successfully completed a Pre-Release program in Montana. That population of successful completers was found to be substantially less likely to present in a correctional program later when compared with those who did not complete. A more recent review of data indicates that 83.5% of our graduates remain out of the system for 3+ years which is much higher than the national standard. Additionally, we conduct pre and post testing at ETC which indicates a significant reduction in rates of depression and anxiety while noting substantial gains in self-esteem. Current and up to date information as of 6/22/21 indicates substantial drops in mental health struggles during the prior 30 days, as well as data that indicates reductions in personal irresponsibility and justification for criminal behavior.

What do residents do at ETC?
ETC has a daily schedule that includes expectations of chores, meals, self-help, church services as well as scheduled programming. Keep in mind that ETC does not provide cookie cutter treatment in which everyone completes the same offerings. Our services are directed toward resident needs based upon individual screenings and assessment. While each resident is responsible for attending their classes and completing daily coursework there is a community wide expectation of positive participation. Being a treatment community allows the residents more room to create the structure they need to meet their individual and collective goals.

How long is the program?
The program is nine months in length. A few residents come to us for a period of 90 days based upon a hearing officer's decision to offer treatment. All referrals are made through the Department of Corrections.

Can offenders have visits from my family?
Absolutely. We offer skype or zoom contact weekly for our residents and their family members. Additionally, after a lengthy period of suspending visitation due to the COVID-19 epidemic, we are again offering family visits on Saturday afternoon's from 1:00 pm – 3:00 pm. Residents are required to mail a visitation packet to family members they would like to have visit. This packet needs to be completed and returned. Once the packet is received it will be reviewed for approval. If a visitor is on supervision with the Department of Corrections that individual's probation officer will need to approve the contact. Once approved, visitors will need to call ETC at (406) 447-5300 to be included on the list for visitation. Be aware that currently we are only allowing 10 people in our visitation area which includes both visitors and residents alike.

Fearful and Avoided Questions (the other kind of FAQ's)

"Nine Months!?! That is forever!"
Nine months is a long time. We have found that longer lengths of care are often needed to positively impact treatment outcomes. Those who come to ETC often have a long history of chronic substance use which has escalated over many years and is not properly cared for in a period of weeks. Former residents state that the very thing that scared them initially (the program length) was what they needed to change their lives to be fulfilling and successful.

"Can I have a weekend furlough?"
Our Administrator gets asked this occasionally. The answer is no.

"When I was in jail, I heard from someone who once attended ETC say you need to rat out other residents to graduate from ETC."
Our Administrator has heard many things about Elkhorn that are not true. This is one example. We expect healthy and prosocial behaviors among our resident population. This may at times mean identifying and addressing negative behavior of others in the facility in a respectful and appropriate manner. This is built into the program to foster accountability and healthy boundary setting.

"Do I get my own room?"
We utilize a phasing system that includes additional privileges offered as residents progress. Phase 3 residents often reside in a room individually when bed space allows. The majority of our rooms are double occupancy.

"What kind of stuff can I have?"

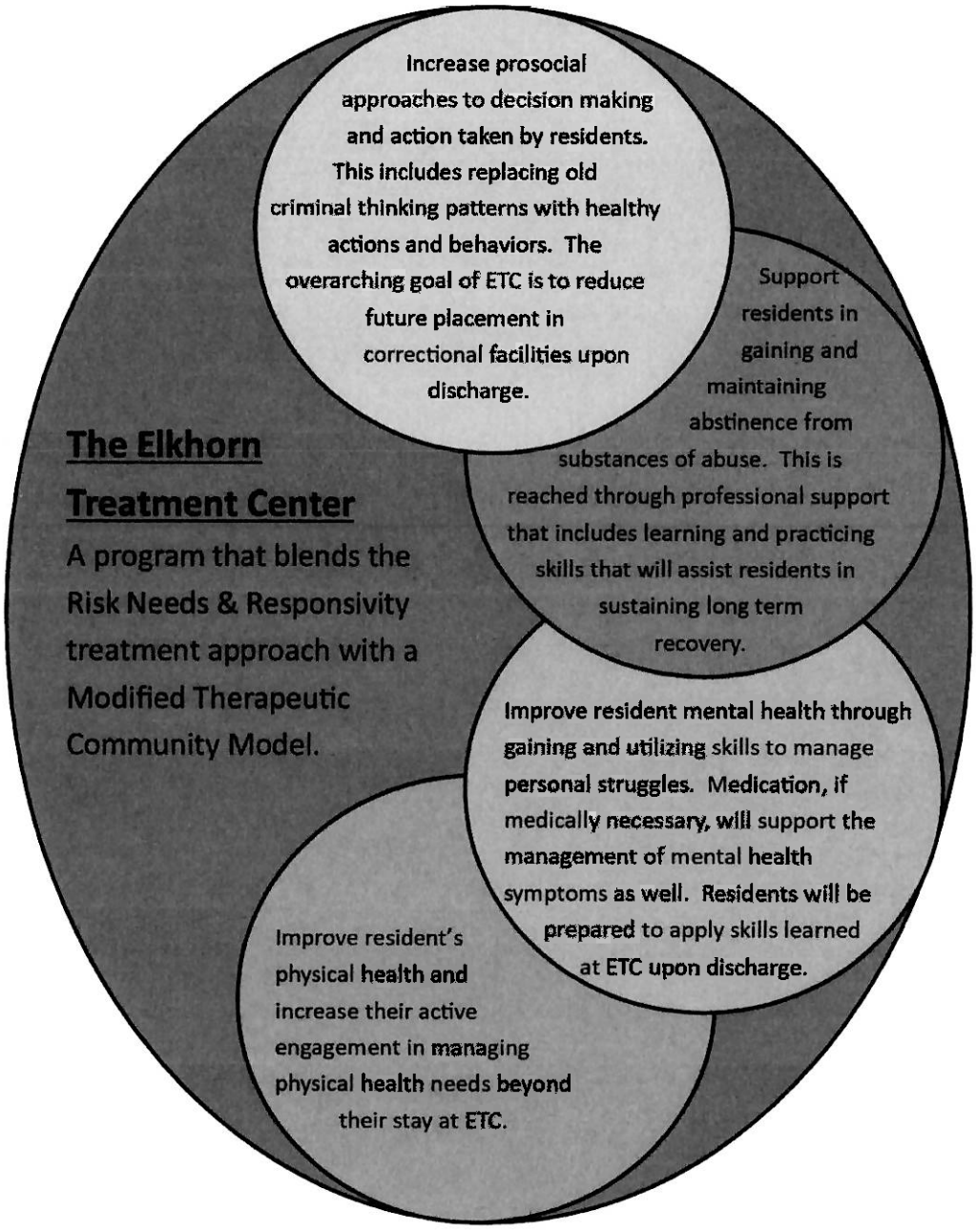
To start with, when coming to ETC you do not need to bring anything with you. We have clothing, toiletry and bathroom supplies for our residents. That being said you are allowed to have pictures of loved ones, a Bible, approved jewelry, etc.

"Can I get stuff from canteen or commissary?"
Yes, we have a list of items that are available from the prison commissary. Be aware that we do not allow everything in our facility that is available on commissary. Assigned case managers provide information to our residents regarding what they can or cannot obtain.

"How do I get money in my account while at ETC?"
Residents are allowed to receive money from family (up to $50 monthly) for commissary or other personal expenses (i.e. restitution, child support, cost to obtain birth certificate to obtain a license, etc.). Residents earn a weekly allowance which increases as they phase up. Case managers work with residents on budgeting while at the facility. Financial independence and literacy are integral skills that each resident will learn during the course of their stay at ETC.

"Is the program hard?"
The Elkhorn Treatment Center is not an easy program to complete. During a recent assessment of our program, it was noted that 83% of our residents have successfully graduated since the facility opened in 2007. We do not want to operate a program that does not push residents toward future success, which means the program is challenging. Keep in mind that ways of thinking, choices, and poor behavior have led residents to Elkhorn, changing these patterns is not simple or easy. Our staff genuinely wants to see residents complete the program, avoid future criminal activity, and manage their own physical and behavioral health issues moving forward. The treatment team is here to support each resident, to encourage their growth, and to impart the necessary skills to achieve their short-term and long-term life goals.

"Are there things I can do prior to coming to ETC that will help me be more successful in making changes?"
Absolutely! Many people referred to Elkhorn have already started making personal changes. That said, the biggest factor that will assist in your success is to come in with an open mind and a willingness to make personal changes. Residents often come to Elkhorn at different points on the readiness to change continuum. Having the insight that past ways of thinking, poor choices, unmanaged or poorly managed mental health issues, and chronic substance use has led to placement at Elkhorn. The more willing a person is to look inward and make positive changes, the more likely they will achieve success in multiple areas. Trust takes time, changing a lifetime of habits takes even more time, and our staff at ETC are ready to meet each resident where they are. Our goal is to walk and work alongside our residents toward graduation and better life outcomes.


Increase prosocial approaches to decision making and action taken by residents. This includes replacing old criminal thinking patterns with healthy actions and behaviors. The overarching goal of ETC is to reduce future placement in correctional facilities upon discharge.
Support residents in gaining and maintaining abstinence from substances of abuse. This is reached through professional support that includes learning and practicing skills that will assist residents in sustaining long term recovery.
The Elkhorn Treatment Center
A program that blends the Risk Needs & Responsivity treatment approach with a Modified Therapeutic Community Model.
Improve resident mental health through gaining and utilizing skills to manage personal struggles. Medication, if medically necessary, will support the management of mental health symptoms as well. Residents will be prepared to apply skills learned at ETC upon discharge.
Improve resident's physical health and increase their active engagement in managing physical health needs beyond their stay at ETC.

Staff

All staff at ETC are expected to demonstrate the qualities we expect of residents in order to build a trusting professional and therapeutic relationship. Staff are expected to provide residents with frequent feedback about their behaviors including positive changes and improvements that have application outside of this facility. Staff should maintain a supportive stance with residents and if behavior correction is needed it should be done respectfully and in such a way that the resident can learn prosocial ways of being.

The Therapeutic Community Perspective

ETC adheres to the basic principles of a modified therapeutic community (TC). Historically, therapeutic communities have two unique features. First, the fundamental philosophy of the TC model is its view that the therapeutic milieu provides a foundation for psychological and behavioral change. Second, as described below, the modified therapeutic community (TC) model is based on an explicit and unique set of views concerning the nature of drug abuse, the process of recovery, and fundamental percepts, beliefs, and values required of persons who commit to change. The TC environment simulates a healthy family and sustains accountability 24 hours a day. It allows for the practice of new behavior, which in turn leads to pro-social change. The treatment environment relies on interactions, modeling, and leadership.

View of Recovery at ETC and Beyond

1. Recovery emerges from hope. The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process. Recovery is person-driven.
2. Recovery occurs via many pathways. Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds— including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals.
3. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the preferred goal for those with substance use disorders. We understand that there are various options for medication supported recovery which can be addressed with a primary care provider when you are engaging in continuing care within the community.

4. Recovery is holistic. Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.
5. Recovery is supported by peers and allies, mutual support, and mutual aid groups as well. These may include the sharing of experiential knowledge and skills, as well as social learning. Peers encourage and engage others and provide each other with a vital sense of belonging, supportive relationships, and valued roles. Through helping others and giving back to the community, one helps oneself.
6. Recovery is supported through relationships and social networks. An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, and employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and prosocial engagement.
7. Recovery is supported by addressing trauma. The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote empowerment, and collaboration.
8. Recovery involves individual, family, and community strengths and responsibility. Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.
9. Recovery is based on respect. Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage.
10. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in oneself are particularly important.

View of the Person

Residents are people struggling with criminal thinking patterns, substance use, mental health, and physical health issues. Residents are responsible for making changes to better themselves with the support of staff who partner with them and model healthy behavior.

View of the Recovery Process

Recovery is a process of change through which individuals improve their health and wellness, to live a self-directed life, and strive to reach their full potential.

Key Elements that Characterize the TC Community

- Use of Participant Roles: Residents are expected to contribute directly to all activities conducted within the TC. Thus, each resident assumes an active and a prescribed role in the maintenance of community functions. Assumption of social roles provide learning opportunities for residents. These roles are targeted at the developmental stage of each member of the community, and new roles, requiring more responsibility, are awarded as participants make therapeutic progress.
- Use of Membership Feedback: One source of therapeutic change is feedback provided by other members of the community. All members of the community are expected to provide responsible concern for other members; this concern is manifested by providing honest, authentic reactions to others.
- Use of Members as Role Models: In addition to providing feedback to others, members are also expected to serve as role models of the change process for others in the community.
- Use of Shared Norms and Values: Successful functioning of the TC requires that all members adhere to a shared set of beliefs and standards of behavior regarding prosocial living. These standards are expressed in the language of the TC and are reinforced by residents and staff.
- Use of Structure and Systems: The recovery process is predicated on recognition of community procedures and structures as legitimate sources of social influence. The attainment of status, responsibility, and privileges depends upon accepting supervision from others, abiding by consensually accepted rules, and behaving as a responsible member of the community.
- Use of Open Communication: The sharing of experiences of all community members is regarded as essential to the therapeutic process. The use of public forums in which members discuss feelings, experiences, and behavior and its consequences promotes social learning.
- Use of Relationships: Engagement in the therapeutic change process is facilitated by development of positive relationships with peers and staff members. Peer relationships also provide the core social support network on which recovery can be maintained upon return to the broader community.
- A Community Environment: The environment of the TC contains ample shared living space to promote affiliation and a sense of common purpose. Community walls are adorned with simple messages conveying shared norms and values. Visual displays of the organization of the TC are posted to facilitate identification with the community.

- Staff as Community Members: The TC staff is composed of both traditional professionals (e.g., health providers, Licensed Addiction Counselors, Case Managers) and security staff. The role of all staff is that of community member. As such, they serve as role models and guides within the TC model.
- Work as Therapy: All activities required for the successful day-to-day functioning of the community (e.g., meal preparation, cleaning, meetings are performed by members. All members contribute to these functions in accordance with their prescribed roles. Involvement in these activities is regarded as central to therapeutic change in as much as participation enables acquisition of new skills, promotes self-awareness, and contributes to the assumption of personal responsibility. The specific roles played by a member at any given time are a function of the needs of the community and the personal resources of the member, as well as a reflection of that member's progress in treatment. Members meeting work requirements are rewarded with higher-level job functions, which entail greater status, authority, and privilege.
- Phase Format: All aspects of therapeutic and educational process (i.e., all community activities) are organized around the principle that recovery proceeds in stages. When members meet the expectations associated with a given stage of recovery, they advance to the next stage.
- TC Concepts: The TC view of recovery and prosocial living are embodied by a framework of concepts, taught as part of an organized curriculum. Members are repeatedly exposed to these concepts in various groups, meetings, and seminars, as well as in conversations and personal writings. They include "honesty," "responsibility," "no free lunch," "you are your sister's keeper," "what goes around comes around," and others described later in this handbook.
- Peer Groups: The core community group is the peer group. The aim of the peer group is to promote awareness of specific beliefs, attitudes, and behaviors that must be changed. Members ventilate and explore feelings in the group, gaining personal insight and emotional management skills. The group process also promotes interpersonal and positive relationships among members, as they resolve personal differences constructively and share common feelings and experiences.
- Awareness Training: The TC model holds that awareness of one's attitudes, core beliefs, and behavior along with their personal and social impact must precede change. Therapeutic and educational activities are aimed at bringing about this self-awareness and in changing core beliefs.
- Emotional Growth Training: One aspect of personal development is emotional growth. Emotional growth requires that members learn to identify, express, and manage emotions effectively. Opportunities for emotional growth are provided by the interpersonal and social demands of community life and are facilitated by therapeutic activities.
- Continuity of Care: Continuing treatment in prerelease and community Chemical Dependency and Mental Health programs is essential. Be aware that as a person in recovery must continue to do the things that support recovery on a daily basis even after he or she is no longer under the auspices of the Department of Corrections or involved in a behavioral health treatment program.

The Admission Process

Security

During the security intake process staff will provide education on the Prison Rape Elimination Act (PREA) policy and perform a PREA Risk Assessment for safe housing placement of residents. Additionally, an overview of the Resident Handbook which includes, but is not limited to, expectations surrounding house duties, disciplinary infractions, allowed possessions, commissary privileges, visitation, mail and packages, exposure to security procedures, room standards, and Sister's Keeper Rules. Upon intake processing, all residents are subject to security functions which include breath analysis, urine analysis, pat down, and strip search.

Case Management

The case management intake process is as follows:

- Confirm VO/SO status-and if they are a VO/SO register them via email to the Jefferson County Officer Amanda Morgan amorgan@jeffersoncounty-mt.gov
- Review admission stipulations—includes no tolerance for violence, self-harm, etc.
- Review PSI and WRNA scores—if WRNA is less than 6 months old it is not necessary to re-screen.
- If the WRNA is greater than 6 months old, it will be completed again.
- Ensure that past convictions are entered into TOMS so that information is available if the resident receives a Class 1 or 2 write-up during her stay.
- Review the Intake Checklist as well as any other pertinent case management documentation. Ensure each resident signs that they have read the escape policy and confidentiality policy, borrowing money from the facility.
- Record if each resident has an outside checking or savings accounts and if so, have the statements sent to ETC while they reside here.
- Confirm DNA (where and when taken if it was),
- TB testing (schedule with Nursing if it has not occurred), restitution (where owed and how much).
- Have resident sign necessary Releases of Information (ROI) for DOC, their PO, anyone they want to release information to (child protective services, etc.).
- Start the Predictor Variable form, turn completed information over to the Clinical Coordinator for finalization.
- Answer any questions resident may have about ETC.
- Complete individual case plan and take it to Staffing for approval or overrides into different classes, then forward it to COO for class assignments. Have resident sign completed plan and give them a copy of their signature page as it has the classes they have screened into.
- Set up 1:1 schedule for continued participation in classes and community.

Boyd Andrew Community Services will make reasonable accommodations at your request for a documented disability. Should you need accommodations for a disability, please notify the COO in writing immediately.

Substance Use

Shortly after admission to the ETC program, the assigned Licensed Addiction Counselor to each resident's case will meet briefly with them to answer any questions they may have about the program and to complete intake paperwork. The resident will be given the following screenings to complete to the best of their abilities. These screenings will help determine what areas of the resident's addiction are a primary and secondary focus for treatment planning and case planning.

URICA: The University of Rhode Island Change Assessment assesses stage of change and readiness to make change throughout the program.

SMAST: Short Michigan Alcohol Screening Tool, this will assess any concerns or problems with Alcohol use disorders.

DAST-10: Drug Abuse Screening Test, this will assess the level of risk with substance use disorders as well as correct level of placement for treatment.

SOGS: South Oaks Gambling Screening, this will assess a resident's problems or concerns with gambling.

Once the assessments/screening portion of the intake is complete, each resident will be given a brief questionnaire that encompasses general questions about their early development history, family history, medical history, and chemical use history. This section of the intake will aid the Licensed Addiction Counselor in completing and updated chemical dependency evaluation as well as build therapeutic rapport with the resident. Finally, after all assessments/screenings and evaluations are complete the resident will be assigned a time and date for weekly individual therapeutic sessions. This assignment is subject to change as the resident is enrolled in more classes throughout their program.

Mental Health

Upon completion of COVID-19 quarantine, staff will begin the process of collecting screening information regarding mental health. This information will be used to assist in the assessment process, but also during case planning. These screenings include the following:

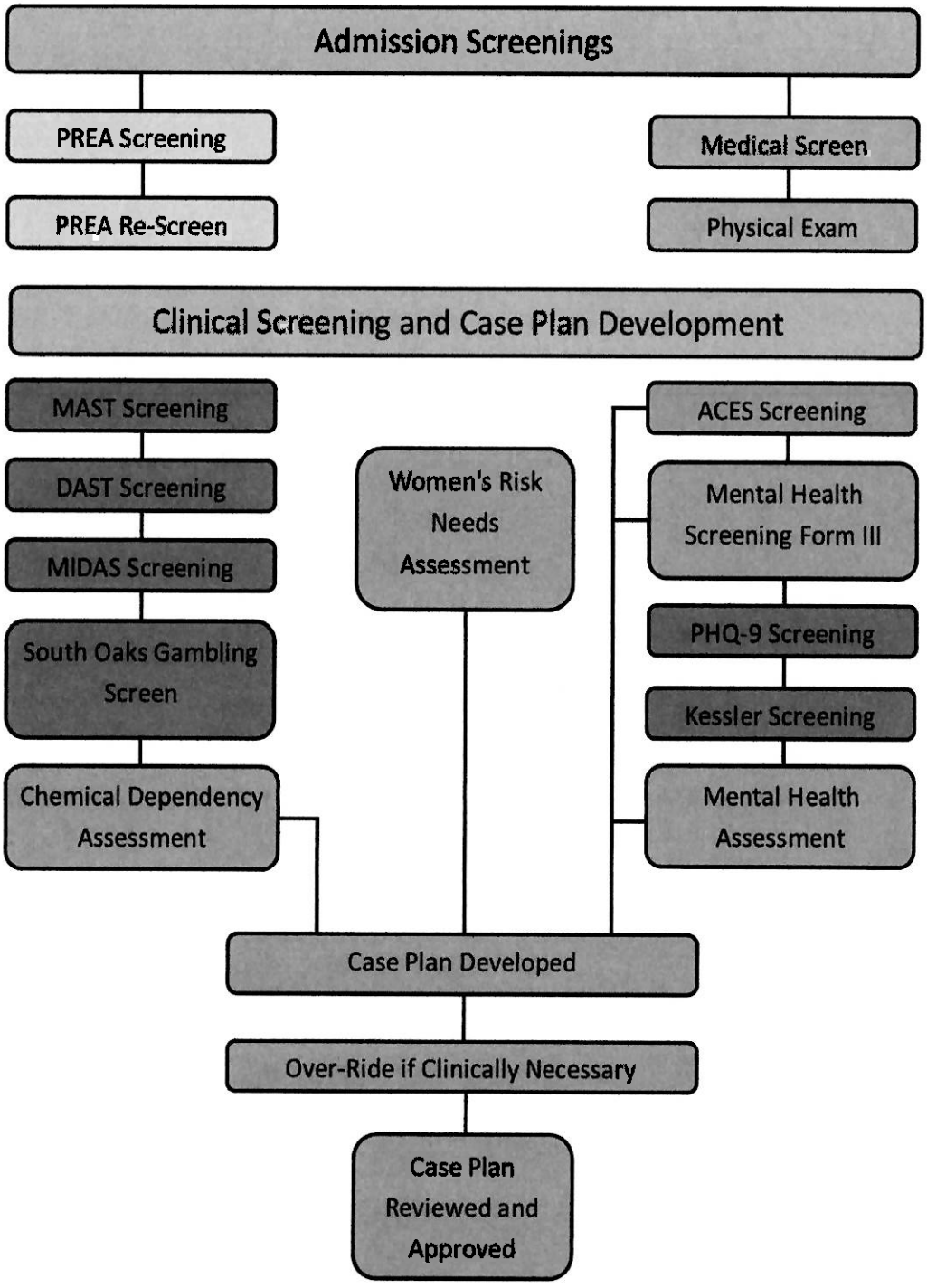
ACES: Adverse Childhood Experiences Survey identifies the scope of childhood trauma between birth and age 18.

Kessler-9: The Kessler 10 measures the degree in which mental health issues have impacted an individual over the course of the past 30 days.

MHSFIII: Mental Health Screening Form III identifies past mental health related areas over the course of one's lifetime.

Once the screening portion of the mental health intake is complete it is provided to the mental health counselor who will also review the brief questionnaire encompassing

general questions about early development, family history, medical history, and chemical use history. The mental health clinician will conduct a full mental health assessment which will be used to guide mental health care and case plan development.



Medical and Dental Services

Medical and dental services are available from consulting physicians (or Physician Assistants or Registered Nurse Practitioners), dentists, mental health therapists, and staff nurses, or through linkages with community clinics and medical centers. All newly admitted residents will receive a review of their medical history and a physical examination. This will include a tuberculosis (TB) screening test (if applicable) and a review of immunizations records and laboratory tests, as needed. Special attention is paid to medical issues that might require a referral that would require clearance by a physician before allowing the resident to participate in the program, or that would interfere with program participation (*e.g.*, untreated TB).

After the initial exam, the nursing staff monitors each resident's health and is responsible for making referrals, if necessary, for all medical problems. Mental health therapists or licensed counselors, in consultation with a mental health therapist, provide the same service for mental health issues. Additionally, non-medical staff members are trained to handle emergency first aid and to help residents with self-administered medications. "Sick Call" will be held seven days a week from 10:30 a.m. – 11:30 a.m. Residents requesting to see the nurse may complete a 'Request to See the Nurse' slip and place it in the locked box located outside the nurse's station. These slips are located on the right-hand side of this box. If you are too ill to attend groups and other scheduled activities, you will need to receive permission from the nursing staff to remain in your room for the day. You will only be allowed out of your room for meds and use of the bathroom and meals.

Scheduled medication disbursement will be provided at the Nurse's Station from 8:15 a.m. to 10:30 a.m., 1:45 to 2:00 p.m., and 6 to 7:45 p.m., Monday through Friday. Nursing staff is on site weekends from 8:00 a.m. to 6:00 p.m., and evening med pass is from 4:45 to 6:00 p.m., unless otherwise indicated by doctor's orders.

A dentist will come to the facility bi-weekly to conduct exams and perform dental procedures for residents.

Case Plan

All residents will have a case plan that delineates which courses she will attend while at ETC. This is plan is individualized and based upon screening and assessment information that is obtained within the first two weeks of admission. Screening and assessment information that is used to devise a case plan includes the following: ACES screening, Mental Health Screening Form III, Women's Risk Needs Assessment, Substance Use Disorder Assessment and Mental Health Assessment. ETC does not take a cookie cutter approach to treatment as needs within our resident population varies person to person. Residents will be expected to complete all offerings identified on their case plan that are required for graduation to successfully complete the program.

Treatment Plan

In addition to the Case Plan, an individualized treatment plan will be developed and maintained. The plan will be based upon the unique barriers to recovery that are identified upon admission and will be updated to reflect new issues identified during treatment and as issues are resolved. Each treatment participant at ETC will receive a unique treatment plan and treatment experience based upon her identified needs.

The treatment plan will contain problems, goals, objectives, and methods. The methods are the actual activities of treatment. The resident will work with her counselor to create this plan and together they will monitor it and modify it on a regular basis. The plan will also monitor standard program activities. Standard program activities are those that all residents must complete during the course of their treatment regardless of their individual needs.

Clinical Staff Meeting

Each week, all clinical staff, nursing staff and support staff meet to discuss each resident's progress in the program. Treatment plans are updated as necessary and resident's progress in phase progression is noted and changed if appropriate.

Program Rules

Cardinal Rules

1. No physical violence
2. No drugs, alcohol, and/or tobacco use or trafficking
3. No sexual acting out, including romantic or sexual physical contact
4. No weapons
5. No arson or attempted arson
6. No escaping

Major Rules

1. No destruction of property, including ETC property
2. No disrespectful behavior toward staff, volunteers, or other residents
3. No lying
4. No walking out of groups without staff permission
5. No racial, ethnic, or sexual slurs
6. No gambling
7. No profanity or profane gestures
8. No involvement in cliques
9. No negative contracting
10. No gang representations
11. No threats of violence
12. No stealing or other criminal activity

13. No contraband

House Rules

1. Completing assigned tasks
2. Maintaining one's room and picking up personal items
3. Doing laundry
4. Acceptance of instructions from authority
5. Punctuality—be on time and prepared with appropriate supplies
6. Maintaining a neat appropriate appearance and maintaining personal hygiene
7. Participate in groups, resident activities, etc.
8. Attend all meals
9. No horseplay or rough housing
10. Put things back where they belong
11. Abide by phase privileges/limitations
12. Curbing impulsive behavior
13. Good manners
14. No lending or borrowing
15. No receiving gifts without staff approval
16. No smoking
17. Residents may not be in another resident's room, or hang out in the doorways
18. Appropriate sleep clothing must be worn with shirts buttoned and robes closed
19. Appropriate daytime clothing must be worn according to phase requirements. Pants must be worn on your natural waistline.
20. Undergarments must be worn and covered at all times
21. All consumable items must be kept in their original container(s)

Violation of any of these rules or the refusal to accept appropriate disciplinary actions may lead to discharge (see "Disciplinary Procedures").

Group Rules

1. Everything said in group, stays in group
2. Everything is confidential
3. Listen attentively to everyone who shares
4. Do not leave the group without staff permission
5. One foot on the floor at all times – do not put feet on furniture
6. Nothing in hands during group
7. No food or drinks in group except water with staff permission
8. No name calling or put downs
9. No getting out of chairs or assigned locations without staff permission
10. Use of personal pronouns when speaking
11. Be as open and honest as you can while being sensitive to the needs of other residents
12. Keep attention focused on the here and now

Security

Headcounts: All residents are required to report for mandatory headcounts. At Intake, all residents are presented with the Rules Surrounding Mandatory Headcounts. Be aware that you are required to line up for headcount 5 minutes prior to the time of the headcount which is delineated below.

1. 5:55 AM: All residents are to present just outside their personal room door in the hallway where staff will verify the resident to the resident's nameplate. Residents on sick pass will not be required to present.
2. 3:30 PM: Headcount at the duty station. All residents are required to line up alphabetical in the common area and then file past the duty station window stating their own name for staff who will verify the resident's presence through the resident roster. Residents on sick pass or full room restriction will not be required to report to the 3:30 mandatory count.
3. 8:30 PM: All residents are to present just outside their personal room door in the hallway where staff will verify the resident to the resident's nameplate. Residents on sick pass will not be required to present.

Evacuation Drills (Fire Drills):

1. All residents are required to participate in any type of drill that requires residents and/or staff to evacuate the building. Drills will be conducted at staff discretion at any time or any day.
2. All residents will follow all staff directives.
3. Once the alarm has been activated all residents are to report as expeditiously as possible to the primary evacuation route, through the patio door. If the primary route is not accessible the residents will report to the secondary routes as directed by staff which are at the end of B-wing and end of C-wing.
4. Residents will be required to line up alphabetically on the track directly in front of the yard gate once a staff is available to escort them outside.
5. Residents are to remain silent during drills except for communication with staff that would be pertinent to the evacuation process.
6. Residents will not be allowed to re-enter the building until the "All Clear" is given.

Facility Lockdowns:

1. Once an announcement has been made by staff that the facility is in lockdown all residents will report immediately to their room by the most direct route and as expeditiously as possible and close their door until further notice.
2. Residents will not be allowed to stop to use the restroom or use any other amenities during lockdown.
3. Emergency use of the restroom will be with staff approval only and through the lead security person on duty or their designee(s).

Random Checks scheduled and unscheduled (UAs, BAs, Pat Downs, Strip Searches and Room Searches): All residents are required to cooperate and/or provide any and all checks.

1. UAs (urine collection to analyze) can be random at our staff discretion according to policy.
    - Once notified by staff residents are not allowed to leave the common area or dining area unless escorted by staff.
    - Residents are only allowed to drink 24 ounces of water.
    - Residents must provide the sample within 2 hours of notification by staff.

Privileges

As residents spend more time in the program and meet program goals, they advance through the phases of the program. With each phase advancement comes the opportunity to earn additional privileges. These include more frequent communication with persons outside of the TC, greater access to personal property, more free time, and enhancements to a resident's responsibility or status within the community (e.g., more responsible job, assignment to a more desirable room, and being asked to conduct seminars and presentations.

Positive Reinforcement

Staff at ETC are expected and encouraged to use positive reinforcement to promote pro social behavior and attitude in a community setting. This includes identifying and rewarding repetition of positive thinking, behavior, and actions towards self and pers. Reinforces are presented in many forms and should occur immediately following a desired behavior. Staff are trained and updated on current research regarding the effects of positive reinforcement in a correctional setting and with persons recovering from addiction. Residents are encouraged and expected to be helpful and courteous to their peers and staff. Residents can also receive positive reinforcement for being vulnerable in treatment groups, engaging or resolving difficult emotional or traumatic experiences, or showing empathy towards another peer.

Positive incident cards or PI cards:

These are laminated cards the size of a business card that staff document and hand out to residents when a prosocial behavior or action is observed in a resident's day to day activities. Prosocial behaviors range from volunteering to cover extra chores, being helpful at staff request, or showing empathy to a peer that is struggling. More importantly however, we want to catch you engaging in activities that will help you in the real world once you graduate. These are things such as engaging well in group, applying things learned at ETC in your day-to-day interactions, handling a difficult situation in a positive way, setting boundaries, etc. Cards are collected throughout the week by the resident and redeemed for rewards in the PI box.

> **PI box**: offered once a week by a designated staff member and has prizes or rewards worth varying amounts of PI cards. Rewards range from 1 to 7 PI cards and some levels have a food-based reward.
>
> **Examples of rewards:**
> 1-2 PI cards can be redeemed for a bite size piece of chocolate, pens/pencils, toothbrush caps, hair ties/scrunchies, socks, erasers, post it notes, highlighters,

various greeting and holiday cards with stamps, and other simple yet practical items.
3 PI cards can be redeemed for chap stick, fruit snacks, mini bottles of lotion, small decorative notepads, travel sized toothpaste, toothbrush, small hairbrush, extra phone calls, extra outside time, coloring books.
5 PI cards can be redeemed for Kind bars, large decorative journals, large hairbrushes, sunglasses, baseball caps, stress relief balls, small packs of colored pencils, puzzle books.
7 PI cards can be redeemed for headphones, shampoo and conditioner, large packs of coloring pencils or crayons, small stuffed animals, other items that may no be available on canteen.

Verbal Praise:
Staff are expected and encouraged to engage positively with residents and give verbal praise for various pro social behaviors. Residents are regularly thanked by staff for a job well done or being open and vulnerable in a treatment setting. Staff can also give brief feedback to a resident on a specific behavior or action identifying how the positive behavior will benefit the resident as they transition to a community-based environment upon discharge from ETC.

Compliment Box/Push Ups:
Staff also manage a compliment box that is used regularly by residents to complement each other or give positive feedback on personal changes in the program. The complement box is located in the common area of the facility and residents are able to place small slips of paper with words of encouragement or praise to each other that are less formal than a push up. Push Ups are formal documentation on a job well done regarding specific therapeutic programming such as seminars or being a sister keeper.

Sanctions

The TC imposes sanctions on residents whose actions run counter to approved standards. Sanctions are not used merely to punish a resident for negative behavior. Sanctions are intended to serve as a learning experience for the resident, stimulating individual growth. Sanctions are imposed in proportion to the severity of the infraction and length of time in the program. Sanctions may be grouped into verbal correctives and disciplinary actions

Verbal Correctives

Instructions are usually one-to-one conversations with the resident based on observations of the resident's negative or unacceptable behavior or attitudes. Peers (or members of the staff) provide information in a positive frame about how individuals are expected to behave. This conversation is expected to be supportive and unemotional.

Awarenesses are statements from one or more peers to another peer. These statements are reminders of any lapse in awareness of expected behavior and attitudes

Written pull-ups are used under certain circumstances: (a) when verbal pull-ups have been repeated for the same behavior, (b) when the target behavior is viewed as serious, or (c) when it actually violates minor house rules. The written pull-ups states the peer observations about a particular resident and is presented at 9:00 am in front of the duty station or following 3:30 pm head count in the same location.

Treatment Team Interventions the most severe verbal correctives: are delivered by staff for repeated negative behavior or attitudes. Residents alone are prohibited from delivering reprimands.

Disciplinary Procedures

Earned privileges can be taken away for disciplinary purposes. Termination from the program is used as a last resort.

Disciplinary Actions for Minor Infractions

Unlike verbal sanctions, the main forms of disciplinary actions include a punitive as well as a corrective component.

Written Warning Staff can provide a written warning if the resident is newer to the program or if they have received a verbal warning or Awareness previously. Staff will log the warning in the TOMS system.

Learning Experiences are actions employed to address less serious negative behaviors that usually include persistent noncompliance with community expectations.

Demotions in job functions such as from mentor to the service crew may be accompanied by transfer from a single room to a multi-occupancy room. Demotions are usually applied for minor infractions such as overall general negative attitudes.

Loss of privileges is generally commensurate with the severity of the infraction and the stage in the program.

Separation Task instructs one or more residents to refrain from physical proximity of a 10-foot boundary. This includes no physical gestures or eye contact.

Disciplinary Actions for Major Infractions

Violation of cardinal rules, drug or alcohol usage, or repeated infractions of other rules can lead to a variety of other punitive actions. These may apply to individuals or the entire community.

Loss of phase status involves regressing a resident back one or more levels in the peer hierarchy which encompasses loss of privileges.

House bans are applied to all residents in the facility and consist of taking away all privileges for a period of time. Such bans are instituted to redress negative attitudes that appear to be pervasive in the facility.

Termination from the program involves expelling the resident from the program usually for violations of the cardinal rules or repeated infractions of other rules, other threats to the safety of the community (e.g., fire setting, drug possession, violence) or attempted escape. Termination from the program will result in transfer to prison status.

DOC Infraction System

DOC has established a Misconduct Infraction system that is used in all facilities under their control **(please see Appendix A).** This system contains numbered infractions divided into the following categories:

> Class III – Minor Infraction: Misconduct violation, which does not jeopardize the security and/or orderly operation of the facility. These violations are considered less serious.
>
> Class II - Major Infraction: Misconduct violation considered serious and poses a threat to the facility.
>
> Class I – Severe Infraction: Misconduct violation, which jeopardizes the security and/or orderly operation of the facility. These violations may be a felony and may be prosecuted in a district court or any court of greater authority.

Disciplinary System

Class IIIs-Minor Infractions

- ETC's Hearings Officer will conduct Class 300 hearings.
- The resident may choose to accept the recommended sanctions or request a hearing.
- If the resident chooses a hearing, she shall be given the notice at least 24 hours prior to the hearing.

- Disciplinary hearings are to be held within ten working days of the filing of the infraction report unless there are exceptional circumstances, which result in postponing or delaying the completion of the hearing.

- Hearings will be conducted in the Housing Unit.

- The resident will be provided opportunity to appear at the hearing and to provide documentary evidence to support her case.

- Following the hearing, the Hearing's Officer will inform the resident of the decision, what evidence was relied upon, the reasons for the disciplinary action, and the sanctions imposed.

Class I and Class II Severe and Major Infractions

- A Probation and Parole Hearings Officer will conduct Class 100 and 200 hearings.

- The resident shall be given a copy of the IR and notice of hearing at least 48 hours prior to appearing before a disciplinary Hearing Officer.

- The resident may waive the 48-hour notice.

- The resident will first meet with the Hearings Officer or designated staff who will present the resident with her rights in the hearing process and determine if the resident requests any witnesses or requires a Lay Advisor. The Lay Advisor is a staff member who the resident may request to appear with her at the hearing. If the hearing is at a time the requested Lay Advisor is off duty, the ETC COO or designee will assign the Lay Advisor. The Lay Advisor is there to assist the resident in understanding the disciplinary procedures.

- The resident will be given an opportunity to explain the circumstances surrounding the IR and, if necessary, the COO or designee will review any issues that need to be resolved.

- Once presented with her rights the resident may be placed into In-House Detention or placed into the county jail, determined case-by case. If placed into In-House Detention, she will not be allowed out of her room except for 20 minutes to shower, and one bathroom break an hour (unless an emergency. Other exceptions to this will be determined by staff per facility and individual needs). Failure to follow In-House Detention rules and/or unruly conduct will result in the resident being placed into county jail.

- A hearing will be scheduled with Parole and Probation. At that time the IR will be read along with a review of the issues. The resident will have an opportunity to discuss the circumstances of the IR.

- If found guilty of the infraction, a variety of sanctions may be imposed by the DOC Hearings Officer.

It is important that the resident read this handbook, which details the violations that may result in an IR. If questions arise, the resident is reminded to ask a staff member. Please review Appendix A.

Incident Hearing Procedure (Class IIIs)

- The hearing will be convened.
- The Hearings Officer will review the IR to ensure it is properly completed and signed.
- The possible consequences will be reviewed with the resident.
- The Hearings Officer will ask the resident for verification or rebuttal and provide opportunity for discussion of facts surrounding the incident.
- The Hearings Officer will decide responsibility and consequences to be imposed if applicable.
- The resident will be provided with:
  a. A statement of the Officer's decision
  b. A written copy of the decisions.
  c. Notified of her right to appeal
  d. Instructions as to the appeal process if she wishes to appeal

INCIDENT HEARING PROCEDURE (Class I & Class IIs)

- The hearing will be convened.
- The Hearings Officer will review the IR to ensure it is properly completed and signed.
- The incident will be read aloud to the resident.
- The possible consequences will be reviewed with the resident.
- The Hearings Officer will ask the resident for verification or rebuttal and provide opportunity for discussion of facts surrounding the incident.
- If a Lay Advisor is required, they will be provided opportunity for comment. The role of the Lay Advisor is to help the resident understand the proceedings.
- The COO or designee will investigate the incident. Any evidence or documents pertinent to the incident will be examined and reviewed by all parties.
- The resident will be asked to make a plea of guilty or not guilty.

- In the resident's absence, the Hearings Officer will decide responsibility and consequences to be imposed if applicable.

- The resident will be provided with:

  a) A statement of the Hearings Officer's decisions.

  b) A written copy of the decisions.

  c) Instructions as to the appeal process.

APPEALS

Class III Incidents:

- At the conclusion of an incident hearing the resident will be advised that she has the right to appeal the decision of the Hearings Officer.

- The resident must notify the Hearings Officer of her intention to appeal the decision at the close of the hearing. The resident must then file a written statement stating the grounds for an appeal within 5 days and by 5:00 pm on the 5th day.

- The appeal will be decided within 10 days, absent exceptional circumstances, of its receipt by the COO or designee and the offender will be promptly notified in writing of the results.

- The resident may appeal if: 1) the offender can provide documentation that there is not evidence to support the charges, 2) there was not substantial compliance with the applicable discipline and hearing procedures, 3) the sanction imposed was not proportionate to the rule violation.

- The COO or designee will consider the merit of appeals based on the following factors: 1) whether there was evidence to support the charges, 2) whether there was substantial compliance with applicable discipline policies and procedures, and 3) whether the sanction(s) imposed were proportionate to the rule violation.

- The COO or designee may: 1) Affirm: Agree with the actions of the Hearings Officer and affirm the recommendation, 2) Dismiss: Disagree with the actions of the Hearings Officer and dismiss the sanction, 3) Modify: Reduce or suspend the action. The Hearings Officer may not increase the consequence imposed.

- Failure to comply with the time limits will constitute grounds for dismissal of the appeal. The Hearings Officer may, at his/her discretion, grant a stay of the consequences pending appeal.

- The appeal decision must be in writing, with a copy of the decision going to the resident.

- No further appeals will be granted regarding the same incident.

Class I and Class II Incidents:

- At the conclusion of the hearing, the resident must inform the Hearings Officer of her intention to appeal the decision. The resident must then submit written documentation which, supports her argument to the Probation and Parole Division (PPD) Administrator or designee within 7 days of the hearing.

- The following items are those on which a resident may file an appeal if they were not afforded them at the hearing process.

  a. Notice of disciplinary hearing.

  b. The resident may request a lay advisor at the hearing. The function of the lay advisor is to help the resident understand the proceedings.

  c. The resident may appear and speak on her own behalf.

  d. The resident may bring documents or individuals who can give relevant information to the Security Coordinator.

  e. Upon request by the resident, persons who have given relevant information may be available for questioning on the resident's behalf.

  f. Furthermore, the resident may appeal the Hearings Officer's decision if:

     - She can provide documentation that there is not substantial evidence to support the charges.

     - That there was not substantial compliance with applicable disciplinary policy and procedures; or the sanction imposed is not proportionate to the rule violation.

     - If the appeal is based on items a, b, or c, the resident must attach written documentation that supports her argument. The PPD reserves the right not to consider the appeal if the written documentation is not within the seven (7) days or there is not adequate documentation.

This system will be explained to new residents, and it runs parallel to the rules and sanctions discussed above. If there is a conflict between the two systems, the DOC system will prevail.

Grievance Procedure

The purpose of a grievance procedure policy is to provide residents an internal mechanism for the resolution of complaints arising from facility/program matters and the procedure for doing so. Any resident of BACS Elkhorn Treatment Center has a right to file a grievance for any reason without alteration, interference, or delay, and without fear of any adverse action occurring as a result. Staff and residents are asked to keep in mind that the grievance procedure is to be used when informal procedures do not work or are felt to be inadequate.

- The resident will complete a Statement of Grievance form clearly stating the grievance, how the grievance has adversely affected the resident, the informal action taken to resolve the grievance, and what action she is asking the staff to take to remedy the grievance. Copies of the Statement of Grievance form are located next to the Grievance Box located outside of the Nurse's Station.

- The Statement of Grievance will be put in a sealed envelope by the resident and placed in the locked "Grievance Box" located outside the Nurse's Station. The resident may retain a copy, if desired. The Program Director (or his designee) will check this box daily, excluding weekends and holidays.

- The Program Director (or his designee) will review the grievance and assign an investigator.

- The investigator may, in a non-accusatory manner, interview the staff member(s) involved (if applicable) and the resident within 10 business days of receipt.

- If the grievance is resolved, it is routed to the COO (or designee) for signature and routed to the COO to file. If the grievance is not resolved, it will be returned to the COO.

- In the case of an unresolved grievance, the COO will call a hearing, within 10 business days of the receipt of the grievance, before a three-member Grievance Committee. With the COO or designee acting as facilitator, this Grievance Committee will be appointed and arranged by the investigator and will consist of staff members not involved in the grievance. The investigator will call witnesses requested by the resident or staff involved in the incident. The Grievance Committee will listen to the resident state her grievance orally. All witnesses will present their evidence orally or by written statement.

- The Grievance Committee will make a decision as to what action to take and this decision will be written as a Response to Grievance. The resident is given the opportunity to accept the action of the Grievance Committee or request a review of the grievance by the CEO.

- One copy of the Response to Grievance will be given to the resident who filed the complaint.

- The resident may appeal any grievance to the CEO via the Grievance Appeal. A copy of the CEO's decision may be provided to the resident lodging the grievance and any other appropriate parties.

- In exceptional cases (in which the grievance allegations indicate a violation of the program's contract with DOC), appeals of the CEO's decision may be made to the Department of Corrections. The appeal in this case will be made via a Grievance Appeal (To Higher Authority) form. In cases where violation of the contract is not at issue, the CEO's decision will be final.

- Residents may file emergency grievances when adhering to established time frames would subject her to a substantial risk of personal injury or cause other serious and irreparable

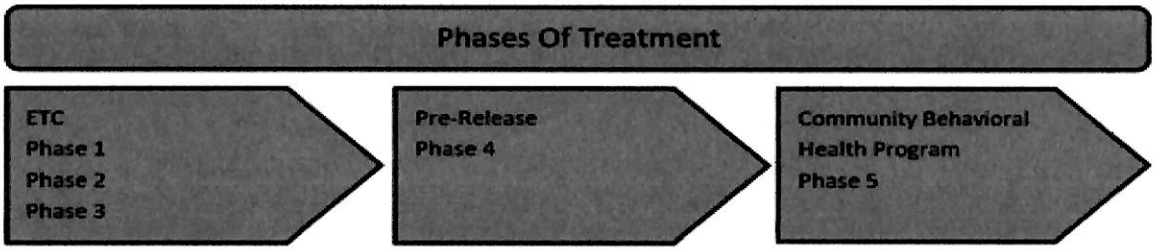
harm. In this case, residents may report to any staff member, verbally or in writing to the shift or Security Coordinator an emergency grievance (i.e., staff misconduct, offender on offender sexual misconduct, staff on offender sexual misconduct, etc).

NOTE: If at any time the resident wishes to drop the grievance, she must inform the COO in writing.

A resident may not file a grievance if there is a pending disciplinary action related to the same incident. The disciplinary action must be resolved first.

Position and phase eligibility

Position	Phase Requirement
Crew Lead	Phase 2
Assistant Crew Lead	Phase 2
Crew Secretary	Phase 1 or 2
Chore Representative	Phase 2
Inspection Representative	Phase 1 or 2
Expeditor Representative	Phase 2
Education Representative	Phase 2
Celebration Representative	Phase 1
Motivation Representative	Phase 1
Big Sister Representative	Phase 1
Recreation Representative	Phase 1



The treatment program consists of five phases. The first three phases occur here at ETC. Phase four continues at a prerelease center, treatment court, recovery home, etc. and in phase five continuing care continues at a behavioral health program. Phase five may be in the form of monthly monitoring or an outpatient behavioral health treatment program. The nature and duration of treatment in phases four and phase five depend on progress at ETC and progress in prerelease and beyond. ETC will make recommendations regarding continuing care in your Progress Summary Report upon discharge. The continuing care plan will be modified as progress is, or is not made. ETC has strong linkages with probation and parole, prerelease centers, and community behavioral health programs. Female prerelease centers exist in Billings, Butte, Great Falls, and Missoula. Outpatient community behavioral health services exist in all major cites in Montana. Transitional residential programs that accommodate women, and sometimes their children, exist across the state. ETC has strong links with all of these programs. Probation and parole officers exist in every major city in Montana. You will be made aware of the names, addresses, and phone numbers of all of the relevant people and institutions upon

discharge to prerelease. Probation and parole and your local behavioral health provider will be informed of your status and the expected date of your contact. We will follow-up with them, and they with us, to insure all your obligations are met.

Please note that Levels of Privilege and Phases of Treatment are not always consistent. Residents may lose a level of privilege while remaining in a different phase of treatment, depending on the nature of the infraction.

Phase 0 Privileges, Goals and Completion Criteria

Phase 0 Privileges (new admissions)

- Limited jewelry (phase 0)
- Use of exercise equipment, with medical approval (phase 0)
- Send letters with Case Manager approval (phase 0)

Phase 0 Goals:

- Complete COVID-19 quarantine if unvaccinated
- Begin understanding of the program and rules
- Become oriented to ETC's staff, begin showing motivation to make personal change, show respect toward staff and peers, show positive attitude

Phase 0 to Phase 1 Completion Criteria:

- Read and complete big sister packet with big sister (phase 0)
- Copy Sister's Keeper rules (phase 0)
- Complete phase up sheet and present to community with big sister after 14 days in the community (phase 0)

Phase 1

Phase 1 consists of both an orientation component (phase 0 for two weeks) and a pre-treatment motivational component. The pretreatment phase (phase 1) generally lasts 90 days for residents referred to the 9-month program and 6 weeks for those in the 90 day program. In some cases, phase 1 can be extended for those residents who challenge staff, and or exhibit behavior that is disruptive to others in the facility making personal changes. See the table below for important phase 1 information.

The pre-treatment motivational component consists of assessments that identify a resident's willingness to change and others that will assist in the development of a case plan as well as a treatment plan. Residents will then begin working issues including but not limited to anti-social thinking, denial, ambivalence, passivity, fear, and anger in individual and group sessions.

The orientation phase is devoted to orienting participants to the basic philosophy, concepts, and rules of the facility as well as learning the basic concepts of cognitive restructuring. Rules and expectations are presented and the resident signs forms that acknowledge their understanding of the rules and their commitment to follow them. All

assessments are completed during this phase. Your Big Sister shall conduct a review of the handbook with you during this phase. The primary goals of phase 1 are beginning a curriculum of cognitive restructuring; begin group and individual therapy sessions.

During this phase, new residents are introduced to a number of responsibilities. They learn program terminology and begin to use these terms in their daily activities. Residents at ETC are grouped into "crews". Each crew has up to 15 residents. Each resident is assigned to a crew and to a big sister to guide them through the program. They are also given their first job function within the community. Job functions require adherence to community rules and acceptance of authority; they also emphasize teamwork. New residents attend crew meetings and receive individual counseling sessions with a counselor. During the orientation/pre-treatment phase, members are required to complete and present an autobiography. Allowances will be made for residents with learning disabilities. Please see your Case Manager about this.

Privileges: Residents in this phase live in multi-person dorm rooms (if available) and wear "scrubs" provided by ETC. These garments will be one of four colors to match the crew into which the resident is assigned. During phase 1, new residents earn privileges (e.g., books, last to shower). ETC residents will not be permitted to wear any makeup at any phase. Phase 1 residents must be in bed by 10:00 pm. In this early phase of treatment. **After fourteen days, and with staff permission residents may receive one or more of the following privileges**: Visitation once they have received the appropriate authorization; receive up to (1) package per phase (pre-authorized by staff) in the mail (please see Appendix D); send and receive letters; receive an allowance; and use of exercise equipment with a medical release. Residents must attend all community meetings but may not participate until the community has accepted her '0 to 1' phase up letter. Residents may not serve as a member of the elected or appointed crew hierarchy except as noted under privileges during phase 1. Phase 1 residents must be in bed by 10:00 p.m. and will shower after phase 2 and 3 residents.

Toward the end of phase 1, residents begin to participate as fully integrated members of the community, engaging in a broadening range of community activities. The objective of this phase of the program is to become fully engaged in the treatment process and to comply with program rules. During this period, residents are expected to begin establishing positive relationships with their peers and to assume responsibility as a big sister for newer residents. Control of impulses, management of frustration and other feelings, and responsible behavior (e.g., relating to work, hygiene, and order in rooms) are emphasized. During this period, residents gradually assume more responsible job functions designed to teach skills and improved work habits. Seminars help residents examine previous lifestyles and values, and learn prosocial thoughts, behavior, and action. Recovery and treatment issues are explored, which involves various programs and courses founded upon cognitive behavioral therapy as well as motivational enhancement. The primary aim of seminars is to provide intellectual challenges, helping the residents to develop interpersonal and conceptual skills. Speaking in front of a group is seen as a way to bolster self-esteem. Involvement in treatment and counseling activities begin during this phase, and include but not limited to peer group meetings, individual

counseling with assigned counselors (LAC & MH) and case manager, and group therapy as residents progress in this phase of treatment, they begin to earn an expanding range of privileges. Residents may not put anything on their walls, window, or furniture. All such items must fit on your bulletin board. Successful progression through this phase of the program is marked by compliance with the core principles of the programs, connections with peers, social assimilation into the community, adjustment to work, and insights into personal value systems.

Phase 1 Privileges, Goals and Completion Criteria

Phase 1 Privileges:

- Phone calls per policy
- Limited use of the commissary (hygiene, undergarments, and writing materials)
- Limited visitation
- Receive up to one (1) package in phase 1 in the mail-contents must be preauthorized by Security Staff
- Send and receive letters
- Receive an allowance
- Use of small personal items

Phase 1 Goals:

- Complete screening process
- Complete MH and CD assessments
- Review and receive case plan
- Begin full immersion in ETC's community life
- Begin group and individual therapy
- Learn and practice prosocial behaviors and action
- Readiness to change begins to move from pre-contemplation, toward planning and action
- Gain understanding of theoretical foundations of treatment presented at ETC. This includes MET, CBT, Contingency Management, and trauma-oriented programming as well.

Phase 1 to Phase 2 Completion Criteria:

- Sign up for and conduct seminars
- Proof that you are holding others accountable as evidenced by completing 3 pull-ups weekly
- Increase motivation for change as evidenced by URICA screening and clinical team consensus.
- Two weeks clear conduct
- Resident has completed all Individualized phase 1 activities listed on treatment plan
- All rule infractions have been resolved prior to petition date and not on restrictions or sanctions.
- Life story is completed and turned in
- Actively participates in groups, one to ones and activities. Demonstrates mastery of subject matter as reported by group facilitator

- Help others and show leadership within the community as evidenced by a vote by peers and a review and vote by staff. Areas of focus include applying for leadership positions, not isolating, and assisting your crew with various duties, showing integrity, and exhibiting prosocial behaviors.
- Completed all goals identified on your petition to move to phase 1
- Is able to explain and demonstrate the importance of concepts from the Elkhorn Treatment Center Handbook (including treatment philosophy; mission statement; basic concepts; terminology; expectations; phases; and progression through treatment process) and how these relate to recovery.
- Recognizes problems in the treatment community and actively work towards resolving them and promote harmony.
- Uses peer pull-ups and push-ups in an appropriate and timely manner.
- Is willing to work on conflict resolution by accepting and giving constructive feedback using "reflective" type of listening and "I statements."
- Presents a written statement of treatment issues and goals needing to be addressed while in Phase 2 and signs a contract to commit to these treatment issues and goals.
- Approval from Staff (CDT's, nurses, clinical staff) evidenced by a unanimous vote of their crew.

Phase 1 Jobs	
Janitorial	Celebration Team Representative
Kitchen	Recreation Representative
Laundry	Education Representative
Motivation Team Representative	

Phase 2: Substance Abuse Education and Treatment

Phase 2 of the treatment process usually takes place during months 3 – 7.5 in the program. Residents are eligible to phase up 6 weeks prior to anticipated discharge to phase 3. The primary goal of this phase is to change behavior as it relates to behavioral health and criminal thinking. Cognitive Behavioral Therapy (CBT) will help residents examine patterns of thought and actions that recur with negative consequences and replace these with prosocial thoughts and actions. Residents will also continue working through Stages of Change with clinical and peer support. Internalization of values and intrinsic motivation for prosocial personal growth is accomplished in this phase. This phase will build on the basic concepts introduced in phase 1, such as teaching skills needed for pro-social change and a recovering life-style, providing self-help as well as peer activities. This phase is characterized by continuing changing of criminal thinking as well as learning basic elements of recovery, and addressing individual needs identified on the case plan and individualized treatment plan. An aim of this phase is to make initial preparation for the transition and re-entry to the community. During this period, residents are encouraged to continue their work on interpersonal relationships, improving their social and assertiveness skills and will be given opportunities to practice speaking in public, including preparation of seminars and workshops for other residents.

Residents assume more responsible job functions of higher status within the community and also assume leadership responsibility. Residents may be elected to certain positions in the crew hierarchy. Residents in phase 2 will conduct educational seminars. The treatment team develops a re-entry plan in collaboration with prereleases. Residents participate in educational and vocational counseling as well as workshops and seminars to prepare them to meet the demands of re-entry.

Privileges: Residents in phase 2 may wear jeans and colored polo shirts (polo provided by the program). Residents become eligible for committee participation. Again, the shirts are one of four colors that match the crew that the resident belongs to. Residents become eligible for computer training, use of the television during designated times, increased personal possessions, and residents may stay up until 10:30 p.m. Privileges also include showering before phase 1 and after phase 3, an allowance increase, and may receive up to three packages during this phase. A major tenet of the re-entry plan is to encourage greater involvement in activities in the larger community of ETC. Residents participate actively in crew meetings and receive individual counseling sessions with their counselor. Individual and group counseling place emphasis on building and practicing skills, instilling positive attitudes, and addressing prerelease entry concerns. Other privileges that can be earned during phase 2 include making more telephone calls with immediate family members or approved friends and expanded privileges to have additional personal approved items. Residents will be eligible to purchase any item available from the ETC commissary list. Food and beverage items are limited to two (2) food and one (1) beverage item that you can reasonably consume on the day of commissary delivery. Food and beverages may not be stored. Residents may serve as a member of the elected and appointed crew hierarchy.

Phase 2 Privileges, Goals and Completion Criteria

Phase 2 Privileges:

- All phase 1 privileges remain
- Crew committee participation
- Stay up until 10:30 p.m.
- Shower before phase 1
- Increase in allowance
- Increased television access
- Other committees after 120 days
- Clothing includes jeans and colored polo shirts
- Increase in telephone use time
- More personal items
- Increase use of commissary
- Receive 3 packages, preauthorized by staff

Phase 2 Goals:

- Continue progress completing programming identified on case plans.
- Show mastery and knowledge of skills learned that will assist in the management of SUD, MH, and Criminal Thinking.

- Enhance resident skills in managing SUD, MH, and Criminal Thinking.
- Practice the use of skills learned that will assist residents in managing SUD, MH, and Criminal Thinking.
- Show prosocial behavior and act as a role model for others.

Phase 2 Completion Criteria:

- Sign up for and conduct seminars
- Proof that you are holding others accountable as evidenced by completing 3 pull-ups weekly
- Increase motivation for change as evidenced by URICA screening and clinical team consensus.
- All current treatment assignments are up to date.
- Resident has completed all individualized phase 2 activities listed on her treatment plan.
- Resident has received the endorsement of a majority of her treatment family.
- Show increased engagement in the program as evidenced by the TCU Engagement Screening as well as clinical team consensus.
- Show reductions in criminal thinking as evidenced by the TCU Criminal Thinking Scale Screening as well as clinical team consensus.

Phase 2 Jobs	
Janitorial	Expediter
Kitchen	Rules Committee
Laundry	Jobs Committee
Maintenance	Curriculum Committee
Work Group Leads	Structure Board Lead Positions

Phase 3: Relapse Prevention & Continuing Care

Phase 3 of the treatment process usually takes place during months 8 through 9 of the program and can last from four to six weeks. The objectives of this phase are to complete final preparation for transfer to prerelease centers and to develop an individualized relapse prevention plan. Goals of this phase include: connecting each individual's aftercare goals to specific methods to accomplish them; learning community resources; continuing overall case plan offerings to meet treatment dosage needs; learning and practicing skills necessary to gain and maintain stable employment; learn the rules and expectations of prerelease centers and the conditions of parole and probation, including the role of probation and parole officers; and contacting behavioral health providers, probation and self-help groups. During phase 3, residents are expected to continue to serve as positive role models for others in the community, participate in peer offerings in support of new residents and maintain interpersonal relationships with peers and newer members of the community. Residents will emerge as leaders of their crews and become mentors and role models for phase 1 and 2 crew members. During this period, residents participate in individual and group counseling with their counselors, attend seminars and workshops, and continue to attend group offerings identified on their case plan. Phase 3 residents will also participate in group sessions with other members of the community. These may include attending

pre-treatment and orientation group as a senior peer or by presenting a senior peer seminar.

Privileges: During this phase of the treatment program, residents receive an expanded range of privileges. They retain all privileges of phase 1 and 2 and they become eligible for individual rooms (if available). Residents may stay up until 11:00 p.m. and be the first to use the showers. Residents are allowed more television time, personal books, may check out fictional reading, and receive an allowance increase. During this phase residents wear their own clothes, as long as those clothes are appropriate and approved by staff (please see Appendix B). Residents will learn about the expectations of prerelease centers and the conditions of probation and parole, including the role of probation and parole officers. Phase 3 completion criteria are the criteria used for program discharge.

Phase 3 Privileges, Goals and Completion Criteria

Phase 3 Privileges:

- All phase 2 privileges
- Individual rooms (if available)
- Stay up until 11:00 p.m.
- More Television
- First to use the showers
- Clothing - own clothes
- Increase in allowance
- Receive up to 1 package preauthorized by staff

Phase 3 Goals:

- Sign up for and conduct senior seminars
- Proof that you are holding others accountable as evidenced by completing 3 pull-ups weekly
- Increase motivation for change as evidenced by URICA screening and clinical team consensus.
- All current treatment assignments are up to date.
- Resident has completed all individualized phase 3 activities listed on her treatment plan.
- Resident has made progress on her case plan and is on track to complete all identified programming upon discharge
- Resident has received the endorsement of a majority of her treatment family.
- Show increased engagement in the program as evidenced by the TCU Engagement Screening as well as clinical team consensus.
- Show reductions in criminal thinking as evidenced by the TCU Criminal Thinking Scale Screening as well as clinical team consensus.

Phase 3 Jobs	
Committee Leads	Jobs Committee
Steering Committee	Curriculum Committee
Steering Committee Lead	Morale Committee
Rules Committee	Expediter

Community Structure

ETC is divided into four units called crews (based on the physical location of rooms) with color-coded names (e.g., Blue, Maroon, Purple, and Green). Residents perform many activities within their crews. Each crew has a maximum size of 15 residents. Functions and meals are often conducted with residents in their own crew. Community members meet in crew meetings each week and set goals and discuss program-oriented information. Crew members also sleep in the same area of the building. The unit structure at ETC is somewhat based on the physical layout of the building and the census.

Self Governance

ETC allows and encourages a degree of resident governance. Ideally, we view the staff role as providing accurate information and guidance to assist residents toward self-empowerment, peer leadership, and self-governance to the greatest extent practicable. Peer leadership and supervision are important elements of the therapeutic community model. Peer self-monitoring and accountability are also core elements of the TC. Resident run committees at ETC allow for residents to decide on daily job assignments, promotions, and certain facility-run functions. The Steering Committee may make recommendations to staff about community concerns or remedies. Residents are voted onto committees by their peers. Every attempt is made to have each crew equally represented on facility wide committees. Each committee will have lead positions selected by staff through an application process. ETC staff may attend all committee meetings and ETC reserves the right to approve or disapprove a committee's decision that is submitted via a proposal.

Residents are eligible to be on crew committee(s) depending on their phase. Please see the Phase Privilege Charts for Phase 1, 2, & 3. Steering committee membership is limited to residents in phase 3 whenever possible, and if phase 3 is not available, for residents in good standing. All other committee assignments are determined by residents, with staff review of the results. Any exceptions will be approved by the Clinical Coordinator.

Specific committees include:

> Steering Committee – One (1) resident selected by staff as a steering lead, plus one (1) resident from each of the other crews (selected by staff from applications), this person is responsible to represent their crew on community wide matters. Steering Committee meetings will focus upon issues identified by staff which

may include disciplinary issues, proposals, requests or recommendations to staff on issues of concern. See your crew lead for individual job descriptions.

Expeditor Committee – Three (3) members from each crew plus a single lead. This position monitors and directs resident activities and enforces community rules, including monitoring phone and exercise logs, observing and enforcing pull up procedures and communicating with staff in the Duty Station.

Jobs Committee – Three (3) members from each crew (two (2) Inspection Reps and one (1) Chore Rep) – See your Chore Lead or Inspection Lead for job descriptions.

Rules Committee – Three (3) members from each crew (Crew Lead, Assistant Crew Lead, and Crew Secretary) – this position is responsible to assist in maintaining order and responsibility within their crew. This position is key in terms of the continual health and function of the team. See your Crew Lead for job descriptions.

Education Committee – One member from each crew – this position is responsible to facilitate educational development, resident library, and growth in the community. See your Education Lead for job descriptions.

Morale Committees – Four (4) members from each crew (Motivation, Recreation, Celebration, and Big Sister) this position is responsible to energize, inspire, and motivate their crew and community. See your Steering Lead for job descriptions.

Job Functions

Work has an important function within a TC. As stated above, ETC is structured to allow a degree of self-governance. See the tables for each level. The ability to successfully hold a job in mainstream society is seen as an important part of stable recovery. All residents have a job or a job function in the community. These jobs are expected to help the resident build good work habits, skills, ethics, and a sense of responsibility. The structure of the job functions in the TC closely parallels the occupational hierarchy in our society. Advancement is based on good job performance as well as psychological growth and attainment of treatment goals. Attaining a higher position is expected to improve self-esteem and sense of competence. By learning to negotiate the world of work in a TC, members acquire the skills needed for employment in society.

Entry Level: Service and Kitchen Crews. This category involves assisting with the preparation of meals for the community, such as setting tables, or with janitorial and laundry work. The major goal of working in these job functions is to conform to community rules and to accept authority. Residents are introduced to the concept of "pride in quality" and urged to do their very best work on every job. Work is seen as an extension of themselves, with no job being too simple to be done well. Residents shall also take responsibility for maintaining their living quarters. These responsibilities do not

constitute full-time, reimbursable work, but are an integral part of therapeutic treatment. These positions are often supervised by a senior peer.

Second Level: Facility Maintenance. These job functions include building maintenance as assigned. At this level, residents are expected to develop better work motivation and to begin working for internalized rewards.

Third Level: Crew Leads. At this level, residents begin to assume leadership roles and assume responsibility for the work done by the workers they supervise. Residents must improve skills in planning, problem solving, organization, and interpersonal skills (especially assertiveness) in order to work at these job functions.

Fourth Level: Expeditors. Expeditors are the "eyes" and "ears" of the community, who monitor and direct resident activities and enforce community rules. This level requires an even greater capability to balance various demands from supervisors and supervisees, as well as more responsibility. Through the process of enforcing the community norms and rules, residents are thought to internalize the norms of the TC. The "act as if" concept is very important at this level. Expeditors must also relinquish lingering negative attitudes and values and shed their street image if they are to be effective in this role. This is a phase 2 position. Any exceptions will be approved by the Clinical Coordinator or Treatment Team.

Fifth Level: Community Leads and Crew Reps. Residents at this level supervise the Committee and Crew Reps, and the Lead Expeditor supervises the other Expeditors. This level requires managerial skills, such as giving directions, accepting and delegating responsibility, managing systems and people, and coping with conflicting demands. Residents who achieve this level are expected to serve as role models for newer residents, embodying the behavior and attitudes of substance-free people. They are also expected to be able to withstand the peer pressure and negative opinions of some residents, which are seen as a critical task for people in recovery.

Sixth Level: Steering Lead. Steering Lead supervises the Steering Committee and reports directly to the clinical staff. Residents who get to this level are consistently demonstrating the abilities necessary in the lower levels, have strong motivation and leadership skills, and are resilient in their ability to handle a variety of stressors and challenges.

Typical Schedule

A typical schedule is presented on the following page. The daytime activities are highly structured, with little free time. Each unit follows a somewhat different schedule, but all follow the general scheme presented below.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:55 AM	**Wake Up 5:55 Mandatory Headcount**	**Wake Up 5:55 Mandatory Headcount**	**Wake Up 5:55 Mandatory Headcount**	**Wake Up 5:55 Mandatory Headcount**	**Wake Up 5:55 Mandatory Headcount**	**Wake Up 5:55 Mandatory Headcount**	**Wake Up 5:55 Mandatory Headcount**
6:00 AM	Showers	Sleep In	Showers	Showers	Showers	Sleep In	Sleep In
7:00 AM	7:00 Breakfast/Chores 7:30-8:00 Window Time	7:00 Wake Up 7:30 Window Time	7:00 Breakfast/Chores 7:30-8:00 Window Time	7:00 Breakfast/Chores 7:30-8:00 Window Time	7:00 Breakfast/Chores 7:30-8:00 Window Time	7:00 Wake Up 7:30 Window Time	7:00 Wake Up 7:30 Window Time
8:00 AM	8:00 Seminar 8:30-9:00 Community Meeting	8:00 Breakfast/Chores 8:30 AM Window	8:00 Seminar 8:30-9:00 Community Meeting	8:00 Seminar 8:30-9:00 Community Meeting	8:00 Seminar 8:30-9:00 Community Meeting	8:00-9:00 Breakfast Chores	8:00-9:00 Breakfast Chores
9:00 AM	9:00-10:00 Parenting Inside Out	9:00 Community Meeting 9:15-11:15 HISET	9:00-10:00 SSIC	9:00-11:00 Victim Impact 9:00-10:30 Beyond Trauma 10:00 Snack	9:00-10:00 employABILITY	9:00 Super Clean	9:00 Self Structured Time 9:00-10:00 Steering Meeting 10:00-12:00 Self Structured Time, Recreation, Crafts
10:00 AM	10:00 Snack 10:30-11:45 DBT	Self Strucutred Time 10:00 Snack	10:00-11:00 SSIC 10:00 Snack		10:00-11:30 Beyond Trauma 11:00 Self Structured Time 11:35 Line Up 11:45 Lunch 12:45 Senior Peer Skills Seminar 12:45-2:00 Relapse Prevention	10:00 Crafts/Quiet study 10:30-11:30 Nurses Seminar	
1100 AM	Self Structured Time	11:15-11:45 Crew Meeting	11:00 Graduation	11:00 Phase Ups			
1200 PM	11:35 Line Up 11:45 Lunch/Chores	11:50 Line Up 12:00 Lunch/Chores 12:45-2:45 HISET 1:00 Educational Video 1:00-2:15 Religious Study 1:45-2:15 Break 2:00-3:00 CBI-CC	11:50 Line Up 12:00 Lunch/Chores	11:50 Line Up 12:00 Lunch/Chores		11:35 Line Up 11:45 Lunch/Chores	11:35 Line Up 11:45 Lunch/Chores
1:00 PM	1:00-2:00 Women's CD Group 1:00-2:00 CD Module 1 1:45-2:00 Break Community Meeting		1:00-1:45 CD Module 1 1:00-1:45 Yoga and Mindfulness	1:00-1:45 CD Module 2 1:45-2:00 Break 2:00-3:00 MRT (2 Concurrent Groups)		Self Structured Time Recreation, Crafts	Self Structured Time Recreation, Crafts
2:00 PM			1:45-2:00 Break 2:00-3:00 Women's CD Group 2:30-3:30 PI Box 2:00-3:00 CBI-CC (Marsh)		2:00-3:00 CBI-CC	2:00-4:00 Visitation 3:00-3:25 Quiet Time **3:30 Mandatory Headcount** 3:30-5:00 Self Strucutred Time, Recreation, Crafts	
3:00 PM	3:00-3:25 Quiet Time			3:00-3:25 Quiet Time	3:00-3:25 Quiet Time		3:00-3:25 Quiet Time
	3:30 Mandatory Headcount	**3:30 Mandatory Headcount**	**3:30 Mandatory Headcount**	**3:30 Mandatory Headcount**	**3:30 Mandatory Headcount**		**3:30 Mandatory Headcount**
3:30 PM	3:30-4:45 DBT 4:00-5:00 Self Structured Time	3:40-2:40 House Meeting	3:30-5:30 Beyond Anger and Violence Self Structured Time 5:00 Family Game Night 5:50 Line Up Dinner	3:45-4:45 CD Module 1	3:40-4:40 Crew Seminar		Self Structured Time Recreation, Crafts
4:00 PM	Self Structured Time	4:00-5:00 Body Image 4:40 Committee Meetings 4:00-5:00 Beyond Anger and Violence			4:40-5:00 Committee Meeting		
5:00 PM	5:00 Window Time	5:00 Window Time 5:50 Line Up Dinner		5:00 Banking 5:50 Line Up Dinner	5:00 Window 5:50 Line Up Dinner	5:00 Window 5:50 Line Up Dinner	5:00 Window 5:50 Line Up Dinner
6:00 PM	Dinner/Chores	Dinner/Chores	Dinner/Chores	Dinner/Chores	Dinner/Chores	Dinner/Chores	Dinner/Chores
7:00 PM	7:00-8:00 Celebrate Recovery Seminar	7:30 Seminar or NA	Crafts or Recreation Phase2/3 TV Time	7:00 Quiet Study	Optional for all Phase 1 Movie Phase 2&3 TV Time	Family Movie	7:00-8:00 Religious Study
8:00 PM	**8:30 Mandatory Headcount**	**8:30 Mandatory Headcount**	**8:00 PM Window** **8:30 PM Mandatory Headcount**	**8:30 Mandatory Headcount**	**8:30 Mandatory Headcount**	**8:30 Mandatory Headcount**	**8:30 Mandatory Headcount**
9:00 PM	Quiet Study	Quiet Study	Quiet Study	Quiet Study	Quiet Study	Quiet Study	Quiet Study
10:00 PM	Phase 1 Curfew TV Time Phase 2&3	Phase 1 Curfew TV Time Phase 2&3	Phase 1 Curfew TV Time Phase 2&3	Phase 1 Curfew TV Time Phase 2&3	Phase 1 Curfew TV Time Phase 2&3	Phase 1 Curfew TV Time Phase 2&3	Phase 1 Curfew TV Time Phase 2&3
10:30 PM	Phase 2 Curfew	Phase 2 Curfew	Phase 2 Curfew	Phase 2 Curfew	Phase 2 Curfew	Phase 2 Curfew	Phase 2 Curfew
11:00 PM	Phase 3 Curfew	Phase 3 Curfew	Phase 3 Curfew	Phase 3 Curfew	Phase 3 Curfew	Phase 3 Curfew	Phase 3 Curfew

Updated 10/15/21

TC Groups and Meetings

Morning Meetings

The morning meeting is divided into two parts: (1) public announcements and community push-ups, and (2) community building. The first part of the meeting consists of public announcements calling the attention of the community to important events that will be taking place, activities or important business that some residents must attend, or general information of which the community must be aware. This includes clarification or changes in rules and problems which impact the community and need to be addressed. The morning meeting focuses on reviewing how well the community as a whole went about its business the previous day. Residents share public affirmations for good deeds (called push-ups), commendable displays of responsible concern, or unselfish acts by some residents. The community suggests a "word of the day" which sets the tone or direction for what the community should strive to achieve. A member of the Educational Team will present the 'word of the day' and an inspirational reading. The second part of the meeting, usually lively and entertaining, is designed to raise the morale of the community as everyone leaves the morning meeting and starts the day.

Seminars

Seminars are held several times a week and range from 20 minutes to 1 hour. Residents are encouraged to work with their peers to present educational information or concepts central to recovery. Presenting seminars is a way to work through fear of public speaking and to teach a topic that is interesting to the presenter. This is a required expectation if a resident wishes to advance from phase 1-2. Addiction Counselor's oversee the printing of material used during the presentation. They also approve all seminar requests. To present a seminar, a resident must coordinate with the Education Lead to look through binders with a vast array of topics already approved by clinical staff or request new material from an Addiction Counselor. Once a topic is chosen, a Seminar request form is filled out with each presenter's name and given to the corresponding LAC for approval. Once the request is approved a resident will again work with the Education Lead to schedule a time during that month to present their chosen topic to their community.

Types of Seminars

1. Senior Peer Seminar: 1 hour, every resident within their 6 weeks prior to discharge is required to choose a therapeutic topic relevant to work they have completed throughout their program at ETC. They will work with their LAC for materials, books, and outlines of presentation. At this time a resident may also choose to incorporate aspects of their life story to share with the community. This is not an opportunity for residents to present a full testimony of their life story.
2. Educational seminars: 20 minutes to 1 hour, following the process as described above. An education seminar is a topic that ranges from entertaining to scientific.

Topics range from fun things to do sober over the holidays to advancements in addiction treatment.

House Meeting

These meetings are held every Tuesday after the 3:30 mandatory headcount and are 1 hour long starting at 3:40 and ending at 4:40. The steering lead runs this meeting with assistance from an LAC. It is divided into two parts similar to the morning meeting. The first half of the meeting is used to conduct community business, address special events, present special recognitions, crew reports, introduction to structure board, and announcements by lead positions. Once the community business is completed, staff or an assigned LAC will take the floor and announce new positions, clarify questions within the community, or give feedback on clinical observations of any positive behaviors or concerns with the community. The second half of the meeting is conducted by the Motivation Crew and again is an entertaining/lively activity to encourage and boost morale of the community.

Crew Meetings

This meeting is held every Tuesday at 11:15 and can last from 15 minutes to half an hour. This meeting is designed to allow each crew to check in with its members, crew positions, and clear up any issues that are disrupting their ability to work together. Crew meetings are overseen by an assigned clinical staff and led by the Crew Lead. Each meeting will review assigned crew positions and allow for discussion and problem solving of issues related to that position. The meeting is concluded with a brief activity suggested by and conducted by the motivation rep for that crew. Crews are encouraged to ask questions and clarify rules or expectations with clinical staff which then may be addressed later at the house meeting with the whole community.

Crew Positions/Voting

Once a month each crew member will choose what position they would like to hold for the following month and the assigned clinical staff will create a voting ballot for the crew members to individually vote whom would best suit the crew in that position for the next month. Positions may be held for up to 2 months sequentially before a new member will need to take over.

Phase Up Voting

Crew meetings are also the first stop in petitioning to phase up. Each crew member will have to request their phase up paperwork from their case manager and work with their individual LAC to create a list of goals to work on in the next phase. Once this process is concluded, a crew member may petition their crew for approval to advance to the next phase. A member will read their goals to their crew and a vote will occur where each crew member will provide a yes/no response with valid feedback on the petitioning members request to advance phases. The assigned staff will collect the votes and present

them back to the petitioning member on whether or not their crew approves of them to advance.

Laundry

Laundry equipment is available on site for your use. You are allotted 12 tokens and two boxes of laundry soap weekly – available at the duty station window. A typical load includes your sheets, towels, and blanket. Residents may do laundry as needed, but minimally must do their laundry weekly. Residents who wish to do laundry in excess of twice weekly can do so at her own expense. In addition, dryer sheets and bleach are available at a resident's own expense. Residents must log their use of the laundry facilities on the form in the laundry room. Residents must request laundry tokens from staff.

Haircuts

A beautician will be available on Tuesday mornings. Haircuts are $12.00, and bangs are $6.00. Follow–up trims must be within 1 week of original haircut. You will need to request a check payable to the beautician from your account prior to placing your name on the list prior to scheduling your appointment. You must have a positive account balance to request a haircut. If you have scheduled an appointment and decide to cancel the appointment you must do so five (5) days prior to your appointment. No appointments will be scheduled during house bans. Residents are not eligible for this privilege if on any type of restriction.

Recreation

Recreational activities are thought to help the resident develop healthy interests and abilities ("clean fun") to replace those related to chemical dependency. Residents may spend up to 1 hour a day involved in physical activities and sports which includes circuit training and yoga. ETC has equipment available for recreation including outdoor walk/run track a volleyball court, indoor cardiovascular equipment, and space for aerobics.

Visitation Policy

1. There will be no visitation on Phase 0. After phase 0, a resident may petition her Case Manager to be allowed visitation. This is not automatic. The treatment team will determine if the resident's level of participation and engagement into the treatment process warrants visitation privileges.
2. All visitors must fill out a 'Visitor Application' form that you can receive from your Case Manager or resident's library. All visitors must be approved prior to arrival at the facility.
3. Visitation is a privilege and staff may deny visitation to any person deemed to be a threat to the safety or security of the program, its participants, staff or other visitors.

4. Visitors may be subject to searches (this includes all visitors).
5. Visitors may not bring in packages during visitation. All packages must be mailed or shipped to the facility. See #8 below for items that may be brought in.
6. Visitors must sign in and out at the front desk. He/she must have a picture ID and leave the picture ID and automobile keys (if applicable) with Security Staff at the front desk. These will be returned at the end of the visit.
7. Visitors must remain in the designated visitor's area and are not permitted in the resident quarters at any time. Visitors may not leave the building for any reason during a visit. If a visitor leaves the building, he/she will not be allowed to return and continue the visit.
8. Visitors may only bring in their picture ID and car keys into the building. Purses, wallets, etc. may be left at home or must be left in their locked vehicle. Visitors bringing in infants/small children may bring in only the necessary items needed for the duration of the visit. This may include formula, diapers, etc. With prior approval of your Case Manager, a visitor may bring in a camera to take pictures. This camera must be a disposable camera in unopened factory packaging. Any exception must be pre-approved by the Security Coordinator. No food or beverage items are allowed in the facility.
9. No drug or alcohol consumption prior to attending an ETC event.
10. If there is suspicion that a visitor might be under the influence, they will be asked to leave the property.
11. All visitors must sign in at the beginning of the visit and sign out at the end of the visit with Security Staff in the Duty Station.
12. Physical contact with visitors is to be limited to a brief embrace and/or kiss at the times of both arrival and departure. Handholding is permitted as long as hands and arms stay in the open and in plain view. No fondling or sexually motivated touching will be tolerated to include, but not limited to, straddling or intertwining of the legs or arms. Braiding and stroking of the hair is not allowed. No one may lie down on the couches, chairs, tables, or floor during visits.
13. Visitors must be dressed appropriately.
14. Visitors may not arrive before visiting hours begin and are expected to leave promptly at the end of visiting hours. Visitors must arrive on time for the educational session.
15. ETC is a no-smoking campus.
16. Children (under 18 years old) must be accompanied by a parent or legal guardian. All exceptions must be pre-approved, case-by-case, by your Case Manager.

As of June 2, 2021, the following visitation rules apply.

1. Visitation will occur on Saturdays from 2:00 PM to 4:00 PM.
2. We have limited space that will allow a total of 10 people to attend (6 visitors/4 residents or 5 visitors/5 residents).
3. Family members wishing to visit will need to call ahead (406-447-5300) to be placed on the list for visitation.
4. Be aware that if you are late, you will not be able to enter the facility for visitation.

5. Residents and visitors are allowed a brief embrace at the beginning of visitation as well as another brief embrace at the end of visitation.
6. We will continue to require the use of face masks for visitors 5 years of age or older and require continued social distancing at this time.
7. A resident is allowed one visitation per week. This also can be changed on a case-by-case basis depending on the number of visits scheduled for the week.
8. If the resident population at ETC remains at or above a 60% vaccination rate, visitation in this format will continue.
9. Should the resident population of vaccinated residents fall below 60%, visitation will be temporarily suspended.
10. There is no requirement that those visiting be vaccinated, nor will we require that residents having visitors be vaccinated.
11. Security staff will conduct a Covid-19 symptom questionnaire and will take the temperature of visitors. Any visitor who answers yes to any question or has a temperature of 100.00 or greater will be turned away and told to reschedule the visit.
12. Any refusal to wear a mask, answer the symptom questionnaire, or have his/her temperature taken will result in the visit being discontinued for that visitor and our resident.
13. If you are cleared for visitation and start experiencing symptoms en route to our facility, please understand that you will not be allowed admission to visitation. Be aware that this is an effort to keep COVID-19 from entering our facility and rapidly spreading as it does in a congregate setting such as ours.

Residents or visitors who fail to adhere to the visiting rules may have their visiting privileges suspended or terminated.

Commissary

ETC provides a commissary where residents may purchase clothing, personal hygiene items, stamps, and stationary. Use of the commissary is a privilege that may be revoked. Please see Appendix C for a list of allowable commissary items for each phase [some items on Appendix C are not allowable items at ETC; all orders are pre-approved by Case Managers].

Canteen orders must be placed into the commissary folder by 6 p.m. on Sunday. Delivery of canteen orders will be on the following Sunday. Residents may only purchase commissary (limited to $50.00/Month) as guided by your phase (please see Appendix B & C). **Residents must have the appropriate amount of money in your account at the time of order to pay for your order.** Residents must work within an established budget with your Case Manager when placing a commissary order. Priority use of funds will be for restitution, court fines/fees, medical expenses, program fees, etc. Canteen order forms are located on the bookshelf in the Day Room.

Religious Activities

ETC maintains an area for religious services and activities. Residents will be afforded the opportunity to participate in practices of their religious faith subject only to those limitations necessary to maintain the order and security of ETC. ETC has a variety of volunteer religious leaders to assist residents if they desire. Residents may also be authorized for visitation by their ministers once screened by the COO or designee. Residents will not be required to attend or participate in religious services or discussions. Services are scheduled for 7:00 p.m. every Sunday morning in the Chapel; worship services/book studies are provided on Tuesdays, 1:00p.m.-2:15 p.m., pursuant to resident requests and volunteer availability.

Library

There is plenty of reading material provided by a public community organized library or LAC's private library to occupy resident down time. The Education Lead and committee are responsible for maintaining, organizing, and checking out of books through the community/public library in the day area. The community library is available to all residents without expectation other than to be respectful. Community books may only be checked out for a 14 day or 2-week period. In order to check out a book from the community library a resident must request assistance from either the Education Lead or a member of the Education Committee.

LAC or Private Library

Each LAC has a plethora of reading material that is maintained and supplied by the individual LAC. This reading material is a privilege that may be revoked at any time if a resident is not engaging in their program or slacking on treatment plan work. A resident must be in good standing with their program and LAC to check a book out of the private library. A resident must receive written approval from their individual LAC to request a book from another LAC library. The material provided by private library can range from memoirs and true crime to fiction.

Phone Calls

Phones for resident use are located in the common area. Long distance phone calls may be made using a calling card that a family member sends or purchased at ETC. The maximum time allowed for phone calls is 15 minutes.

1. Phase 1: Residents on this phase may have five phone calls per week.
2. Phase 2: Residents on this phase may have seven phone calls per week.
3. Phase 3: Residents on this phase may have up to nine phone calls per week.

Residents, can place facilitated calls with their case manager's authorization, at different times. Phone calls may be placed from 6:00 AM to the appropriate curfew, pending your phase.

Residents may receive calling cards in the mail but may only possess a maximum of 2 at any time. Misuse of phone privileges and/or loaning of phone cards to other residents

will result in disciplinary action. Absence from any scheduled activity due to phone use will not be allowed.

Mail

Residents may send and receive mail, per phase restrictions. All packages must adhere to the guidelines (see Appendix B). You may only receive up to one package during phase 1, three packages during phase 2, and one while on phase 3. Packages may only contain allowable items per the allowable items list for your phase, must be pre-authorized by staff, and may not contain items that can be purchased on commissary (exception is specified items-see allowable items). If contraband is found in mail or packages or if it contains items not pre-authorized by staff, you will receive notice that the package is undeliverable/ and or some items returned at your expense. If undeliverable, you will receive notice, and it will be: 1. returned to sender at your expense, 2. returned to third party at your expense, or 3. donated to a charitable organization, and; you may receive consequences that may include a write-up, no further mail or packages will be allowed from the person(s) who sent the contraband, and loss of the privilege to receive further packages, etc. Any items unallowed must be removed from the facility within 30 days, pursuant to policy.

All outgoing general correspondence and packages must be left unsealed when turned into staff and may be read and inspected by facility staff.

All incoming general correspondence will be opened, read, and inspected prior to delivery. Money orders or cashier checks will be removed, receipted, and placed into your mailbox for signature. No personal checks will be accepted.

All incoming correspondence designated as privileged, will be opened to inspect for contraband and only in the presence of the resident, unless waived in writing, or in circumstances which may indicate contamination as approved by the COO or designee. Staff will not read incoming privileged correspondence.

All outgoing correspondence designated as privileged shall remain opened and inspected for contraband in your presence before it is sealed. Staff will not read outgoing privileged correspondence.

Privileged correspondence includes:

- Licensed attorneys.
- State or federal and tribal court judges and their law clerks.

All incoming general correspondence must clearly state your name and A0# number. Incoming correspondence must have the correct full name of the person writing the letter on the envelope and on the enclosed letter. Their full address must also appear on the envelope. If either of these criteria is missing the letter will be returned to sender at your expense. Envelopes may not contain any writing or markings other than names and

addresses (no stickers, drawings, perfume/cologne, etc). These conditions apply to packages as well.

All outgoing general correspondence must display a complete return address, including "Your name and AO#, Elkhorn Treatment Center, PO Box 448, Boulder, MT 59632". Envelopes may not contain any writing or markings other than names and addresses (no stickers, drawings, perfume/cologne, etc). The letter will not be mailed if this information is incomplete. All of these conditions apply to packages as well.

Correspondence is prohibited between an offender and any individual committed to the same or another correctional facility, program, or jail unless 1. The persons communicating are a member of the offender's immediate family, and 2. The facility administrator approves an exception to the policy on a case-by-case basis.

Any correspondence between offenders must have the prior approval of the facility administrator, or designee from both facilities. If you would like to request such permission, please fill out the form entitled 'Inmate-to-Inmate Correspondence' and submit this to your Case Manager. This form is located in the library dining room. Your Case Manager will forward the request to the Clinical Coordinator who will forward the request, if approved, to the appropriate facility administrator. Once we have received approval or denial from the other facility administrator, you will receive notification from your Case Manager.

Outgoing mail with insufficient postage will be returned to you.

Finances

Residents will be subject to strict accounting and bookkeeping standards. Residents will receive a statement of their accounts weekly. It is the resident's responsibility to review their account statements for accuracy weekly, and to live within their established budgets.

Residents may receive a maximum of two (2) money orders whose combined total dollar amount does not exceed $50.00 from outside sources per calendar month. Residents may only receive money from immediate family members, persons on the resident's correspondence/visiting list, a person or organization with which the resident has an authorized contract, funds such as US Treasury Department checks, refunds, personal savings or checking withdrawals, tribal checks. This money may also be in the form of a cashier's check. The only exception to this will be institution-to-institution transfer of funds, and government checks. No personal checks will be allowed. All resident funds will be maintained in a non-interest-bearing account while the resident is at ETC. All residents will be permitted to spend up to $50.00 per month, absent extenuating circumstances, with pre-approval by her case manger. Expenditure must be on your monthly budget.

Residents will earn a daily allowance throughout your stay at ETC as follows:

1. Phase one-Orientation (Phase 0) will earn $0.00 per day.
2. Phase One-Pre-treatment with staff approval will earn $2.45 per week.
3. Phase Two will earn $3.95 per week.
4. Phase Three will earn $9.45 per week.

Residents are required to budget toward a savings goal of $50.00 to complete the program. A resident found guilty of a class 1 or class 2 violations will not earn a daily allowance for the time she was on in-house restriction and or jail.

As part of the program residents must submit a monthly budget report to their Case Manager no later than the 25th of the current month for the following month. This report will be used to verify that budget contracts have been adhered to and determine the following month's budget.

Residents will be charged a stop payment recovery fee if needed. This cost will approximate the amount charged by the bank.

Resident Weekly Deposit Expense Request Forms are due to your Case Manager no later than noon on Friday each week.

Checks issued on a resident's account may not be returned for reimbursement more than 30 days after the check has been issued.

We encourage you to budget your money appropriately and to save as much as you can while you are in the program. While in prerelease, you may need money for appropriate clothing for job searching, and for your job, as well as for transportation, etc.

Appendix A

Montana Department of Corrections

Facility Rules: These rules are governed by Montana Department of Corrections policy and apply to all correctional programs and facilities. These rule violations may result in adjudication through the formal disciplinary process.

CLASS I VIOLATIONS

CLASS I VIOLATIONS: These violations result in revocation from the program facility, return to the institution, and the possible loss of all or part of good time earned.

101 ASSAULTING ANY PERSON (S): Participating in activity that directly results in the intentional injury of another person(s).

103 ESCAPE: Any unauthorized absence from the community corrections facility or transitional living program, resulting in the issuance of a Warrant for escape under the authority of the Department of Corrections.

104 INCITE TO RIOT – RIOTING: Encouraging the actions of others to disrupt or endanger the community corrections facility, transitional living program, persons or property; participating in such actions.

106 SETTING A FIRE: Intentionally or recklessly starting a fire that poses a threat to life or a threat to serious bodily harm.

107 ENGAGING IN ENCOURAGING A GROUP DEMONSTRATION: Banding together without administrative approval for the purpose of demonstration, work stoppage, hunger strike, etc., or involvement in writing, circulating or signing a petition that poses a threat to the security of the facility.

108 FIGHTING WITH ANOTHER PERSON: Physical confrontation between two or more persons, done with anger or intent to injury.

109 SEXUAL ASSAULT; SEXUAL MISCONDUCT: Including, but not limited to, sexual penetration of, or sexual contact with another person without that person's consent; non-consensual physical contact for sexual purposes; indecent exposure; bestiality; prostitution and/or sexual favors for personal gain.

110 POSSESSION OF DANGEROUS CONTRABAND: Possession of or use of a weapon such as a gun, firearm, sharpened instrument, knife, dangerous chemical(s), explosive(s), or ammunition.

112 EXTORTION, BLACKMAIL, and PROTECTION: Demanding or receiving money, favors, or anything of value in return for protection, to avoid bodily harm, or under the threat of informing.

123 COUNTERFEITING, FORGING OR UNAUTHORIZED REPRODUCTION OF ANY SIGNATURE, DOCUMENT, ARTICLE OF IDENTIFICATION, MONEY, SECURITY OR OFFICIAL PAPERS:

124 FELONY-VIOLATION OF STATE OR FEDERAL LAW: Violation of any Federal, State, County, or City law (felony) that results in the filing of charges or being arrested on the suspicion of the violation of a law may result in termination from the facility.

125 VIOLATING THE PROVISIONS OF A TEN-DAY FURLOUGH: Failure to report to a parole officer. Drinking or using drugs while on furlough.

128 ASSAULT WITH INTENT, OR LIKELIHOOD, TO TRANSMIT A COMMUNICABLE DISEASE:

129 PROGRAM INELIGIBILITY: Ineligibility for the facility based on information withheld by the resident at the time of referral or information related to program suitability obtained subsequent to transfer to the facility.

CLASS II VIOLATIONS

CLASS II VIOLATIONS: Violations resulting in sanctions ranging from a verbal warning to revocation from the program facility based on the Hearing Officer's assessment of the circumstances and seriousness of the offense. Sanctions may also include temporary jail placements or loss of all or part of good time earned.

200 Giving anything of value to or accepting anything of value from another resident, or any other person without staff authorization with a value in excess of $24.99.

202 THREATENING ANOTHER PERSON OR HIS/HER POSSESSIONS: Physical abuse or threat to do bodily harm to another resident, staff member, or community member. Words, actions, or other behavior expressing intent to injure a person or damage their possessions.

204 FAILURE TO ABIDE BY THE CONDITIONS OF A DISCIPLINARY DISPOSITION: Breaking a condition of restriction or other sanction. Failure to comply with a negotiated disciplinary agreement. Failure to complete disciplinary sanctions imposed in the prescribed time period.

205 BRIBERY: Giving or offering an official or staff member a monetary bribe or anything of value.

207 UNEXCUSED ABSENCE FROM WORK, COUNSELING APPOINTMENTS, SCHOOL, COMMUNITY SUPPORT GROUPS, COMMUNITY SERVICE, ETC., OR ANY ASSIGNMENT: Including, but not limited to, any unauthorized absence, except when an escape warrant is issued by the Department of Corrections.

209 INAPPROPRIATE SEXUAL ACTIVITY: Making sexual proposals to another person; physical contact with another in the facility or on the facility grounds other

than a brief embrace and/or kiss at the time of arrival and departure of an approved visitor. Includes engaging in a sexual act with an unauthorized person(s); being in an unauthorized area with a person of the opposite sex without staff permission; homo-heterosexual activities on the program(s) site(s); fraternization among residents, clients, or staff of the facility.

210 CONTRABAND: Possession, manufacture, or introduction of tattooing paraphernalia, sharpened instrument or chemical that is not being used as a weapon and are not capable of doing serious bodily harm to others; other items designated as contraband in the facility handbook.

211 REFUSING AN ORDER: Failure to comply with staff requests or instructions, whether verbal or written, including failure to perform work as directed by staff, and failure to allow any written, posted, or verbal order of any staff member that may result in endangering another individual or the security of the program. Also includes failure to follow any staff directive(s), whether verbal or written that is not contained or specifically identified with the community corrections resident handbook.

212 INTERFERING WITH DUE PROCESS: Assisting others in planning, committing and/or altering, destroying, concealing or removing any physical evidence when such evidence is associated with a Class I or II offense.

213 DIRECT INSOLENCE: Using abusive/obscene language directly or indirectly to a staff member, member of the community, or visitor, making profane/obscene gestures directly to a staff member, community member, or visitor.

214 MEDICATION ABUSE: Possession of unauthorized medication(s), taking medication in amounts greater than prescribed and/or failure to take prescribed medications(s) according to the instructions authorized by medical personnel.

215 INTERFERING WITH A STAFF MEMBER IN THE PERFORMANCE OF DUTIES: Interference with a program staff member in the performance of his/her duties. Acts that are intended to disrupt, provoke or distract staff while in the performance of their duties, when such duties affect the security and/or hinder the secure operation of the community corrections facility.

216 CONDUCT WHICH DISRUPTS OR INTERFERES WITH THE SECURITY OR ORDERLY OPERATION OF THE FACILITY: Failure to follow rules in the work place; failure to use any equipment in a safe and authorized manner, and interfering with a search; horseplay.

217 DESTROYING PROPERTY: Intentional destruction, defacement, or damage of property belonging to the facility or others, or failure to report unintentional or accidental damage when it occurs.

218 THEFT OR POSSESSION OF STOLEN PROPERTY: Possession of anything reported stolen; unauthorized possession of any property belonging to others, including the facility or others. This includes long distance phone calls that have been

billed to the facility or other individuals without prior approval from administrative personnel; possession of data obtained through a communications facility or other automated equipment on which data is stored.

221 TAMPERING WITH A LOCKING DEVICE: Tampering with or blocking any lock or security device.

226 ATTEMPTING TO COMMIT; BEING AN ACCOMPLICE OR A CONSPIRATOR IN THE COMMISSION OF A CLASS I OR CLASS II VIOLATION:

227 OFFENSE IN THE COMMUNITY (MISDEMEANOR): Violation of any Federal, State, County, or City law that constitutes a misdemeanor offense.

230 CONTRACT VIOLATION: Failure or refusal to negotiate a program contract within the prescribed time period, or once a contract is established, failure to abide by the terms and conditions outlined therein. Includes resignation from employment or dropping all or part of an educational or vocational program without prior staff approval. Includes being fired from your job or being expelled from school or counseling. Also includes resident's failure to attend or fully participate in educational, counseling, and employment, community service or any additional assignments as scheduled.

231 FAILURE TO COMPLY WITH SECURITY PROCEDURES: Refusal to submit to urinalysis testing, breathalyzer tests, or any other form of drug/alcohol testing at staff's request within prescribed time limits. Failure to participate as required in room search, count procedures or any other security procedure required by the facility.

232 SAFETY MAINTENANCE VIOLATION: Intentional disregard for safety and maintenance standards. Any maintenance violation that could result in the loss of life (i.e. including, but not limited to, smoking in an unauthorized area, blocking a fire exit with a bicycle, taking batteries from smoke alarm, and/or failure to participate in an emergency drill).

233 SELF-MUTILATION: Intentional cutting or bruising of one's body, tattooing or any form of self-mutilation.

234 FINANCIAL MISMANAGEMENT OR MISAPPROPRIATION OF FUNDS: Includes the following:

a. Giving/receiving money for illegal purposes.

b. Failure to submit all income to the facility for deposit to facility account.

c. Entering into a financial contract (either verbal or written) without prior approval of appropriate program staff.

d. Withdrawing money from an existing bank account without prior staff approval.

e. Loaning of property or money for profit or personal gain.

f. Failure to fulfill financial responsibilities including medical, counseling.

g. Incurring debts without prior approval of appropriate program staff.

h. Securing a checking or savings account without prior approval of appropriate program staff.

i. Charging or opening a charge account without prior approval of appropriate program staff.

j. Gambling

k. Possession of unauthorized funds or funds in excess of authorized amounts.

235 EXCESSIVE RULE VIOLATIONS: Four or more rule violations in a six-week period.

237 AGENDA/SCHEDULE VIOLATION: failure to remain within the assigned areas of a written schedule or agenda without first receiving prior authorization from a staff member.

238 USE OF OR POSSESSION OF ALCOHOL OR DRUGS (IN THE COMMUNITY CORRECTIONS FACILITY OR COMMUNITY): Use of alcohol or drugs or possession of alcohol or drugs in the facility. Instances of use prior to or during transfer to the community corrections facility are also prohibited and considered particularly serious.

239 LYING AND/OR MANIPULATION: Lying or providing a false statement; attempting to mislead; deliberately withholding information.

240 ALTERING FOOD OR DRUGS: Intentionally altering food or drugs.

245 BEING WITH UNAUTHORIZED PERSON (S): Includes but is not limited to adolescents, former program residents, and any person who is not recognized as an approved sponsor/visitor by the facility.

259 COMMUNITY GROUP MEETING VIOLATION: Any inappropriate activity/contact among residents while attending a community support group or an approved community activity or event. This includes, but is not limited to Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Gambler's Anonymous, Community Service Projects, and facility-sponsored outings. This violation also includes any inappropriate behavior occurring while residents are signed out of the facility.

CLASS III VIOLATIONS

300 LOANING OF PROPERTY OR POSSESSION OF PROPERTY BELONGING TO ANOTHER PERSON: Giving anything of value to, or accepting anything of value from another resident, or any other person without staff authorization. Residents are not to trade, borrow, sell or donate personal property to others without written permission from their assigned case manager. Residents are not allowed to borrow from each other, any member of staff for any member of the community.

301 GAMBLING: Participating in any games of chance or any gambling operation; possession of any sports pool slips, lottery tickets, etc. May be categorized as a Class II #234 violation.

302 CONTRABAND: Possession or use of anything not authorized by policy and procedure where there is no evidence of theft.

303 UNAUTHORIZED AREA: Failure to follow check-in/check-out procedures of the facility; being anywhere not authorized by program staff, including the outside defined boundaries of the facility. Offices unoccupied by staff are off-limits; the food service operations are off-limits, unless the resident is assigned to a specific house duty in this area. Other resident's rooms are off-limits to any resident except to which the resident is currently assigned.

304 DRESS CODE VIOLATION: Residents are required to wear phase appropriate clothing, and are expected to be neatly and fully attired (fully attired is defined as wearing a shirt, pants, brassiere (female residents), underwear, and appropriate footwear at a minimum. Shirts containing logos for any type of alcoholic beverages may not be worn; nor shall any shirt or blouse that espouses the virtues of an alternative or radical lifestyle. Final decisions on these matters are at the staff's discretion.

305 PROVIDING A FALSE STATEMENT: Knowingly providing false information to a staff member. May be categorized as a Class II #239 violation.

306 SETTING A FIRE: Burning anything in the facility or on the grounds when there is no danger to life and property and the person's intent is not to damage property or threaten life.

307 MALINGERING: Claiming to be ill for the purpose of not reporting to a work detail, group or any assignment; failing to perform work as instructed by program staff.

308 Out of Area: Offices unoccupied by staff are off limits to all residents. The kitchen and all pantry areas are off limits to residents at all times unless they are specifically assigned to a house job within these areas.

309 CONDUCT WITH A VISITOR: Conduct with an approved visitor where there is not a threat to the security of the facility. Excessive hugging, kissing; failure to responsibly control children; any violation of the facility visitation policy.

310 HEALTH AND SAFETY HAZARD: Residents are responsible to clean their rooms on a daily basis and to perform a maintenance task assigned to them relating to the upkeep of the building. Residents are also required to complete tasks upon staff request. Being unsanitary or untidy; failing to keep one's person and one's room in accordance with facility standards.

311 SANITATION VIOLATION: Absolutely no food, glasses, dishes, or silverware are to be taken out of the dining area. All residents are expected to shower at least every two days and clothing is to be kept stain and odor free. Linens and bedding are to be laundered with a minimum of once weekly.

312 UNAUTHORIZED COMMUNICATION: Any contact, by letter, gesture, telephone or verbally with an unauthorized person or in an unauthorized manner.

313 INSOLENCE: Use of abusive or obscene language in the presence of any staff or any person.

314 SMOKING WHERE PROHIBITED: Elkhorn Treatment Center is a smoke free campus.

315 INTERFERING WITH A STAFF MEMBER: Acts that are intended to distract, provoke or disrupt staff that does not negatively affect the security of the facility.

316 CONDUCT WHICH DISRUPTS: Any act that disrupts other persons in the facility and interferes with their peace and harmony, but are not intended to cause physical harm.

317 DESTROYING PROPERTY: Destroying, altering, or damaging facility property, or the property of another person.

318 THEFT OR POSSESSION OF STOLEN PROPERTY: Possession of anything reported stolen; unauthorized possessions of state or facility property; unauthorized taking of another person's property; all with a value of less that $10.00.

319 MEAL SERVICE: Meals are served within the food service operations at specific times and program residents are expected to take their meals at those times. Pilferage or unauthorized possession of food belonging to the food service operations is a class 111 violation.

321 INDIVIDUAL DISRUPTIVE BEHAVIOR: Any physical contact or attempted physical contact, done in a prankish or playful manner, without anger or intent to injure.

322 INVENTORY VIOLATION: Residents are to have all personal items brought into the program listed on their inventories and are responsible to have items removed from the facility taken off their inventories. Possession of authorized inventory in excess of the amount allowed by Policy.

323 CONDUCTING A BUSINESS: Running any type of business from within the facility; receiving anything of value from any person(s), for any service rendered in an unauthorized manner.

324. FAILURE TO COMPLY WITH RULES, REGULATIONS, OR STAFF INSTRUCTIONS WHETHER WRITTEN OR VERBAL: Includes, but is not limited to failure to attend scheduled appointments or assignments; complete paperwork such as budgets, schedules, or work agendas, and contract mandates. Repeated offenses may result in a Class II violation. Failure to follow any directives, either written or verbal, as given by any staff member.

325 LOAN SHARKING: Loaning of property or anything of value for profit or personal gain with a value of less than $10.00.

326. ATTEMPTING TO COMMIT; BEING AN ACCOMPLICE OR A CONSPIRATOR IN THE COMMISSION OF ANY MINOR (Class 111) CATEGORY VIOLATION:

327 REFUSAL TO PARTICIPATE IN ORIENTATION: Program residents are required to participate in orientation programming shortly after their arrival as dictated by program policy.

328 REFUSAL TO PARTICIPATE IN GROUP MEETINGS: residents are required to attend various group functions and meetings that are specifically designated as mandatory.

329 EXCESSIVE VOLUME: The volume is to be maintained at a level that will not disturb.

330 TELEPHONE VIOLATION: Telephone calls may be made according to phase privilege and at authorized times for up to a max imum of 15 minutes per call.

332 MAINTENANCE VIOLATION: Residents are responsible to clean their rooms on a daily basis and to perform a maintenance task assigned to them in order to help with the general upkeep of the facility. Residents are also required to complete maintenance tasks upon request.

333 CURFEW VIOLATION: Residents are to be in their assigned rooms during curfew hours, as outlined in the handbook.

334 MISUSE OF LOCKS: Residents are not to lock themselves in their rooms or to conceal themselves in the facility in such a fashion as to make it difficult for staff to determine their whereabouts, especially during security counts.

335 FAILURE TO PARTICIPATE IN DRILL: Emergency building evacuations drills (such as fire drills) are to be conducted within the facility on at least a quarterly basis. All residents are required to fully cooperate and participate during these drills, including evacuating the building immediately when the fire alarm is sounded and

subsequently standing for count when staff employs security procedures outside of the confines of the facility.

336 FAILURE TO PROVIDE A URINE SAMPLE ON TIME (1st offense): Staff must indicate that the resident's failure to provide the urine sample was without intent to avoid providing the urine sample. A urine sample must be subsequently received, tested, and provide negative results for the presence of alcohol and/or illicit drugs.

338 AGENDA/SCHEDULE VIOLATION: Failure to remain within the assigned area of a written schedule or agenda without first receiving authorization from a staff person. May be considered a class 11 offense.

Appendix B

Elkhorn Treatment Center
On-Hand Approved Possession List

Clothing

- 1-Coat/Jacket (no inappropriate writing)
- 1-Hoodie (Must have a hood and be a pull over-no zippers or buttons)
- 1-Knit winter hat (commissary/craft/intake)
- 1-Baseball Cap (commissary)
- 1-Winter gloves (commissary/craft/package–no pockets/battery function)
- 1-Winter Boot (buckle would be at discretion of staff)
- 2-Thermal Underwear shirts and 2 thermal underwear bottom-must be plain no writing, pictures, design). No Camouflage pattern, can be two tone (commissary or package)
- 4-T-Shirts –No white t-shirts allowed. Must be plain, no writing, pictures, design, no pockets, no camo, etc. Logo allowed but must be 1X1 (commissary or package)
- 7-Socks (pairs) (any color/commissary or package)
- 5-Bras- (any color, NO under wire (commissary or package)
- 7-Panties/Underwear any color no thong (commissary or package)
- 1 – Shower shoe (ETC issued for showers only)
- 1 – Tennis shoe (commissary or package)
- 1 – Sandal/Crocs (classic) (commissary)
- 1-Bathrobe
- 2-Pajamas (includes 1 ETC issued/commissary)
- 3-Boxer shorts white (commissary)
- 1-Sweat pant (commissary)
- 1-Sweat shirt (commissary)
- 2-Gym shorts (commissary)
- 1-Slipper (commissary)
- 4-Scrub sets
- 4 Phase 3 shirts (cannot be sheer, see through or camo)
- 4 – Jeans and/or Capris or other pre-approved pants. Turn in scrubs unless otherwise approved – phase II). (Phase 3 can have capris; these count towards total of 4 pair jeans/capris) no low-rise or holes which expose skin through the hole. Jeans cannot be cuffed to make capris.
- 4- Polo shirts – turn in scrub shirts unless approved (**phase II**)
- Personal clothing (Clothing that is suggestive, revealing/sheer, or with alcohol/drug/violent logos or offensive sayings will not be permitted. Cut-offs, tank-tops, spandex, mesh, sleeveless tops, Yoga/stretch pants or any other clothing/item that will distract from the treatment process will not be allowed.) Dresses are not allowed. No rolling up of pant legs or shirt sleeves. No Camouflage pattern and no tearing/cutting or altering your clothing allowed. No white t-shirts.

Bedding Items (Issued Items):

- 1-Bath Towel (ETC issued)
- 1-Hand Towel (ETC issued)
- 2-Wash cloths (ETC issued)
- 1-Bed Spread (ETC issued)
- 2-Blankets (ETC issued; One may be crocheted on site) 3rd Blanket will be issued from Oct – May 1st.
- 2- pillows w/cases (ETC issued)
- 1 - Sheet Set (issued fitted & flat)
- 1-Laundry Hamper (issued)
- 1- crocheted on site hygiene bag made with personal yarn only (max. size of 3 inches wide x 12 inches x 12inches)
- Upon Intake up to 2 underwear, 2 socks, 2 sport bras, 1 shower shoes, 1 hygiene kit (toothpaste & toothbrush, comb, shampoo, bar soap, deodorant)

Crafts/Games

- 1-Deck of Cards (regular poker only) **(phase II) (Commissary)**
- 6 skeins of yarn (to be stored in arts & crafts room only). Skeins can be no larger than 1-pound skeins
- 2 crochet hooks (May have up to 4 in storage) (plastic or bamboo only)
- All donated yarn for community use must be checked out per the rules.

Electronics

- 1-Alarm Clock (ETC issue/or (commissary)
- 1 Book light (1 extra bulb for light to be kept in storage: commissary)
- Calculator HI SET (commissary)
- 7 - Batteries for watches, book lights, alarm clocks & Radios (commissary, **extras to go to storage**)
- 1-Radio (commissary)
- 1-Ear buds (commissary)

Eyewear

- 2-Prescription Glasses with cases.
- 2 Clear contacts with cases.

Hygiene Items

- 2-Toothbrushes (commissary, package, or dentist)
- 2-Toothbrush holders (commissary)
- 2-Toothpaste (commissary)
- Dental Floss (commissary or dentist)
- 2-Mouth Wash (commissary)
- 2 set-Dentures
- 2-Denture cup (commissary)

- 2-Fixodent (commissary)
- 2-boxes-Efferdent (denture bath – commissary)
- 2-Chapsticks (commissary)
- 2-Bar Soap (commissary)
- 2-Soap dishes (commissary)
- 2-Shampoo (commissary)
- 2-Conditioner (commissary)
- 1-Dark and Lovely Hair cream(commissary)
- 2-Deodorant (commissary)
- 2-Body Lotion (ETC program fee)
- 1-Eucrin cream (counts towards body lotion)
- 2-Face Lotion (commissary)
- 2–Acne cream (commissary)
- 1-box-Q-Tips (no more than 1000 count)
- 1- Bug Lotion (commissary)
- 1-Comb (large or small) and /or 1 hair pick (intake or commissary)
- 1-Brush (vent or paddle commissary)
- 1 pkg. of 12-Pony Tail Holders (commissary)
- 1-Sunscreen (commissary)
- 1-Foot Powder (no more than 32 oz. Max - commissary)
- 2 -Emery boards (commissary)
- 1-Finger Nail Clipper – no file attached (commissary)
- 1-Toe Nail Clipper--no file attached (commissary)
- 1-Plastic Tweezers (commissary)
- 1-panty liner (commissary)
- 1 – Odor Eater shoe insoles (commissary)
- 2 hair gels [commissary]
- 2–eye drops (commissary)
- 2–Nasal spray (commissary)
- 2-face wash Noxzema/Apricot Facial Scrub (commissary)
- 2-face soap (Neutrogena, commissary)
- Laundry supplies: 5 laundry detergent [commissary]
- Laundry supplies: 2 boxes of ALL Detergent, 2 boxes dryer sheets. (ETC program fee)
- 12 tokens issued weekly

Jewelry

- 1-ring. Value may not exceed $100.00. Must be simple band – No stones.
- 1-Watch (commissary)
- 1-Religious Medal (necklace) (No stones; must be approx. 2x2)

Medications

Medications: Medications/medical supplies are administered by the NURSE, unless the nurse has approved for you to have them in your room. **All meds/med supplies approved by the nurse to be kept in your room, must be accompanied by a signed medication exception sheet posted on your bulletin board and added to your inventory.**

MISC. ITEMS

- 1-Water bottle (ETC issued]
- 2-Ear Plugs (commissary)
- 4- Sobriety coins (coins while received at ETC)
- Social Security Card*
- Birth Certificate*
- Driver's License*
- State ID*

* Items marked with an asterisk (*) will be itemized and stored in your file until your discharge)

Religious Items

Religious Items-Variety, pending faith. Per policy.

Writing/Reading Items-

- 1-Bible (or another religious/spiritual holy book)
- Stamps-0.58 (commissary, package, letter)
- 2-Phone cards (commissary, package, letter, purchased via program fee at ETC)
- 4–greeting cards (commissary)
- 1-Box envelopes (no more than 50 /commissary)
- 3- Manila envelopes (Commissary)
- 2-Highlighter (must be NON-TOXIC)
- 4-Legal pads (commissary)
- 1-Package Notebook paper (commissary)
- 4-Ink pens (only blue or black Bic (commissary)
- 4-Pencils (commissary)
- 4-Pencil top erasers
- 1-large eraser
- 1-Picture tape (commissary)
- Pictures- No more than 24 in your room at any given time
- 6-Folders-no pocket folders (commissary)
- 2- Folders (additional for **Phase II. No pocket folders**)
- 1- Journal (from commissary if available]
- Paperwork (limited and with staff approval)
- Personal Letters (5 card limit in room)

- ❑ Legal Papers
- ❑ 1-Photo Album (commissary) (12 photos only)
- ❑ 3-Books (as approved/spiritual, inspirational, recovery oriented, puzzle and/or coloring books)
- ❑ 5 Coloring/drawing pages (drawings & puzzles includes from incoming mail)
- ❑ 1-book light with battery (commissary)
- ❑ 1- extra bulb for book light to be kept in storage (commissary)
- ❑ 1-NA book
- ❑ 1-AA Big Book
- ❑ 1- Celebrate Recovery work book or Watch Tower Workbook
- ❑ 1-Personal book – (as approved and initialed by staff. **(Phase III only)**
- ❑ 1-Address Book (commissary or upon intake with staff discretion)
- ❑ 2-Composition Books (commissary)
- ❑ 1 pkg.-Post-it flags
- ❑ 1-Post-Its (no larger than 4x4)
- ❑ 1-50 pk. Sheet Protectors. **Only 1 certificate or paper may be kept in each sheet protector.**
- ❑ 12-colored pencils– **Phase II**
- ❑ 10 gel pens (In original packaging, no red) **Phase II**
- ❑ 1- Sketch pad (no larger than 24"x 24")
- ❑ 1-Newspaper (hometown only) **Phase II**
- ❑ No alterations to books, composition books, or file folders. No cut outs in rooms. No magazine cut outs, coloring pages, or cartoons in photo albums.

Appendix C
Commissary
Phase 1 Items

These are the only items available from commissary/canteen in Phase I.

Disclaimer: Prices and product availability are subject to change without notice

Category	MSP ID	Description	Price
Dental	658	Dental Floss, single use, each	$0.09
Dental	656	Denture Bath	$0.15
Dental	659	Fix-O-Dent, 2.4oz	$5.42
Dental	657	Mouthwash, Mint	$1.09
Dental	660	Polident, 40 ct	$3.90
Dental	891	Toothbrush	$1.63
Dental	107	Toothbrush Holder-soft	$1.31
Dental	123	Colgate, clear, Cavity Protection Gel	$1.71
Dental	151	Toothpaste, Fresh Mint	$0.67
Dental	135	Sensodyne Toothpaste	$6.03
Hygiene	360	Brush, Paddle	$1.21
Hygiene	361	Brush, Vent	$0.32
Hygiene	666	Clipper, Fingernail	$0.20
Hygiene	674	Clipper, Toenail	$0.46
Hygiene	595	Comb, Large	$0.71
Hygiene	668	Comb, Small, Black, 5"	$0.01
Hygiene	488	Afro Pick	$0.06
Hygiene	670	Conditioner, Aussie	$3.66
Hygiene	160	Conditioner	$1.13
Hygiene	325	Ethnic Conditioner	$4.93
Hygiene	333	Dark and Lovely Hair Crème	$1.13
Hygiene	133	Deodorant	$1.55
Hygiene	224	Tweezers, Plastic	$0.56
Hygiene	390	Hair Gel	$1.02
Hygiene	667	Hair Ties Large 12/pkg	$0.97
Hygiene	195	Women's deodorant.	$1.60
Hygiene	429	Maxi Pads	$1.61
Hygiene	115	Shampoo Dandruff	$0.87
Hygiene	695	Pantene Shampoo	$4.30
Hygiene	633	Soap Dish	$0.34
Hygiene	630	Soap, moisturizing	$0.48
Hygiene	631	Soap, Ivory	$0.51
Hygiene	629	Soap, Deodorant	$0.35
Hygiene	427	Tampons, Regular	$6.92
Hygiene	428	Tampons, Super	$5.16
Hygiene	300	Ethnic Shampoo	$4.93
Hygiene	148	Shampoo	$1.13
Hygiene	669	Aussie Shampoo	$3.20
Hygiene	261	Panty liners	$1.14
Hygiene	636	Chap stick	$0.61
Hygiene	249	Emery board	$0.03
Hygiene	639	Sun block SPF 50	$4.59
Hygiene	611	St. Ives Facial Scrub	$3.11
Hygiene	280	Olay Moisturizer	$8.57

Health & Medical	527	Eye Drops	$1.02
Health & Medical	220	Eucerin Cream large tub	$15.06
Health & Medical	466	Eucerin cream Tube	$4.95
Health & Medical	222	Olay Regenerist Face Cleanser	$7.86
Health & Medical	221	Olay Soap	$0.99
Health & Medical	644	Ocean Nasal Spray	$0.87
Health & Medical	780	Acne Cream	$0.92
Health & Medical	507	Foot Powder	$0.67
Health & Medical	462	Melatonin	$1.67
Miscellaneous	112	Ear Plugs	$0.14
Miscellaneous	187	Detergent, Laundry	$0.34
Writing & Mailing	795	Address Book	$0.79
Writing & Mailing	763	Envelope, (10x13)	$0.13
Writing & Mailing	724	Envelope, Stamped, 55 cent	$0.64
Writing & Mailing	764	Envelopes, Plain	$0.05
Writing & Mailing	174	File Folder	$0.14
Writing & Mailing	803	Journal, Composition	$0.78
Writing & Mailing	766	Paper, Notebook	$1.21
Writing & Mailing	806	Paper, Writing Pad, 50 pg	$0.60
Writing & Mailing	760	Pen, Black Bic	$0.11
Writing & Mailing	768	Pen, Blue Bic	$0.11
Writing & Mailing	769	Pencil, #2	$0.09
Writing & Mailing	111	Picture-Tape	$2.87
Writing & Mailing	723	Book of stamps	$11.00
Writing & Mailing	1019	Sketch Pad 11x14 125 sheets	$10.66
Writing & Mailing		Greeting cards (Max of 5 per order)	
Writing & Mailing	284	Card, Birthday Asst.	$0.29
Writing & Mailing	286	Card, Friendship Asst.	$0.29
Writing & Mailing	282	Card, Sympathy Asst.	$0.29
Writing & Mailing	758	Card, Christmas	$0.29

Category	MSP ID	Description	Price
Clothing	815	Boxer Shorts, White XL	$1.98
Clothing	810	Boxer Shorts, White, 2XL	$2.99
Clothing	811	Boxer Shorts, White, 3XL	$2.99
Clothing	875	Boxer Shorts, White, 4XL, 2/pkg, 54-56	$5.06
Clothing	812	Boxer Shorts, White, L	$1.95
Clothing	813	Boxer Shorts, White, M, pair 32-34	$1.95
Clothing	814	Boxer Shorts, White, S	$1.95
Clothing	432	Baseball Cap	$2.86
Clothing	696	Cap, Stocking, Blue	$1.90
Clothing	725	Gloves, Jersey, Work, Brown, LG	$0.63
Clothing	288	Shirt, Tee, Gray, 2XL	$4.69
Clothing	289	Shirt, Tee, Gray, 3XL	$5.16
Clothing	291	Shirt, Tee, Gray, 4XL	$5.29
Clothing	292	Shirt, Tee, Gray, Large	$2.43
Clothing	293	Shirt, Tee, Gray, Medium	$2.43
Clothing	294	Shirt, Tee, Gray, Small	$2.43
Clothing	287	Shirt, Tee, Gray, XL	$2.68
Clothing	835	Shorts, Gym, Gray, XL, 1 pair	$4.84

Clothing	830	Shorts, Gym, Gray, 2XL, 1 pair	$4.84
Clothing	831	Shorts, Gym, Gray, 3XL, 1 pair	$5.32
Clothing	805	Shorts, Gym, Gray, 4XL, 1 Pair	$5.32
Clothing	832	Shorts, Gym, Gray, Large, 1 pair	$4.84
Clothing	833	Shorts, Gym, Gray, Medium, 1 pair	$4.84
Clothing	834	Shorts, Gym, Gray, Small, 1 pair	$4.84
Clothing	324	Socks Slouch	$0.81
Clothing	322	Socks, Anklet	$0.98
Clothing	327	Socks, No-Show	$0.81
Clothing	321	Socks, Quarter	$1.04
Clothing	698	Socks, Tube, White, 1 pair	$0.92
Clothing	840	Sweat pants, XL - Gray, 1pair	$8.67
Clothing	836	Sweat pants, 2XL - Gray, 1 pair	$10.26
Clothing	841	Sweat pants, 3XL - Gray, 1 pair	$11.41
Clothing	879	Sweat pants, 4XL - Gray, 1 pair	$13.61
Clothing	837	Sweat pants, Large - Gray, 1 pair	$8.67
Clothing	838	Sweat pants, Medium - Gray, 1 pair	$8.67
Clothing	839	Sweat pants, Small - Gray, 1 pair	$8.67
Clothing	847	Sweat shirt, XL - Gray, 1 each	$7.07
Clothing	842	Sweat shirt, 2XL - Gray, 1 each	$8.58
Clothing	843	Sweat shirt, 3XL - Gray, 1 each	$9.20
Clothing	880	Sweat shirt, 4XL - Gray, 1 each	$9.31
Clothing	844	Sweat shirt, Large - Gray, 1 each	$7.07
Clothing	845	Sweat shirt, Medium - Gray, 1 each	$7.07
Clothing	846	Sweat shirt, Small - Gray, 1 each	$7.07
Clothing	851	Thermal Bottom, XL, 42-44, 1 pair	$2.59
Clothing	848	Thermal Bottom, 2XL, 1 pair	$2.68
Clothing	849	Thermal Bottom, 3XL, 50-52, 1 pair	$2.78
Clothing	881	Thermal Bottom, 4XL, 54-56, 1 pair	$2.78
Clothing	850	Thermal Bottom, Large, 38-40, 1 pair	$2.59
Clothing	852	Thermal Bottom, Medium, 34-36, 1 pair	$2.39
Clothing	853	Thermal Bottom, Small, 30-32, 1 pair	$2.39
Clothing	854	Thermal Top, XL, 46-48, 1 each	$2.68
Clothing	855	Thermal Top, 2XL, 50-52, 1 each	$2.97
Clothing	856	Thermal Top, 3XL, 54-56, 1 each	$2.97
Clothing	882	Thermal Top, 4XL, 58-60, 1 each	$3.06
Clothing	857	Thermal Top, Large, 42-44, 1 each	$2.59
Clothing	858	Thermal Top, Medium, 38-40, 1 each	$2.40
Clothing	859	Thermal Top, Small, 34-36, 1 each	$2.40
Clothing-Underwear	306	Bra, Champion Sports, S-XL	$12.64
Clothing-Underwear	307	Bra, Generic Sports 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54	$2.87
Clothing-Underwear	303	Bra, Hanes S, M, L, XL, 2XL	$13.50
Clothing-Underwear	305	Bra, Bali (most sizes available)	$22.98
Clothing-Underwear	304	Bra, Just My Size 38,40,42,44,46,48, 50-C, D,DD	$12.85
Clothing-Underwear	308	Womens Hanes Briefs, 3/pkg. 5-14	$5.06
Clothing-Underwear	310	Womens Hanes Assorted Color Briefs, 3/pkg, 6-12	$5.86
Clothing-Underwear	312	Womens Hanes Hi-Cut Briefs, 3/pkg. 5-14	$5.06
Miscellaneous	688	Facial Tissue	$0.78

Health & Medical	137	Bug Stick	$5.75
Miscellaneous	771	Shoe Insole, Odor Absorbing, Foam	$1.27
Miscellaneous	683	Shoelaces, 54" Round White	$1.01
Miscellaneous	719	Shoes, Shower (7-8)	$3.45
Miscellaneous	717	Shoes, Shower (9-10)	$3.45
Miscellaneous	720	Shoes, Shower (11-12)	$3.45
Miscellaneous	718	Shoes, Shower (5-6)	$3.45
Women's Shoes	147	Womens Reebok Court Shoe, 6-9 ½, 10, 11	$36.21
Women's Shoes	341	Womens clog slippers S, M, L, XL	$9.20
Electronic	907	Alarm Clock, Digital, (AAA Batteries)	$7.41
Electronic	258	Lamp, Book light	$13.57
Electronic	738	Battery, AA	$0.42
Electronic	739	Battery, AAA	$0.42
Electronic	979	Watch Band, Black, vogue strap	$3.15
Electronic	740	Watch Battery, #377/SR626SW (clear watch)	$0.52
Electronic	743	Watch Battery, #357/SR44W/J (DateXX)	$1.44
Electronic	727	Watch Battery, #364/SR621SW/T	$0.52
Electronic	746	Watch Battery, #CR2025	$0.75
Electronic	914	Watch Battery, #ECR2016 (light for clear watch)	$0.75
Electronic	753	Watch Pins	$0.35
Electronic	362	Watch	$10.81
Electronic	239	Radio AM/FM	$7.82
Electronic	236	Ear Buds	$1.21
		Religious Items	
Asatru/Odinist			
	6050	Thor's Hammer Medallion (with chain)	$35.26
	6051	Rune Cards	$8.61
	6052	Imitation Raven Feather	$5.00
Buddhist			
	6040	Prayer Beads	$14.71
	6041	Buddha Picture	$9.77
	6042	Buddha Medallion (with chain)	$23.15
Islam			
	6060	Prayer Rug	$28.67
	6061	Kufi	$9.20
	6062	Sufi Medallion (with chain)	$25.29
	6063	Sunni Medallion (with chain)	$25.29
	6064	Islam Prayer Beads (33)	$4.20
Judaism			
	6070	Yarmulke	$8.50
	6071	Prayer Shawl	$27.76
	6072	Star of David Medallion (with chain)	$27.59
Native American			
	6020	Leather Pouch (with 24'lanyard)	$5.75
	6021	Sage (1 cup)	$5.00
	6022	Sweet Grass (12" max)	$8.00
	6023	Cedar (1 cup)	$8.00
	6024	Osha Root (1 cup)	$10.00

	6025	Bitterroot (1 cup)	$10.00
	6027	Dream Catcher	$22.95
Protestant			
	6011	Cross Medallion (with chain)	$37.92
Roman Catholic			
	6000	Rosary	$15.50
	6001	Crucifix Cross Medallion (with chain)	$20.11
	6002	Devotional Picture	$0.12
Wiccan			
	6030	Pentacle Medallion (with cord)	$9.97
	6031	Wiccan Book of Shadows Journal	$16.86
	6032	Sacred Circle Tarot Cards	$29.23
	6033	Wiccan Icon Picture	$0.25
	6034	Wiccan Alter Cloth	$18.78
	6035	Parchment Poster (limit 3 any combo)	$2.49
	6021	Sage (1 Cup)	$5.00
	6023	/cedar (1 Cup)	$8.00
Phase 2	**Phase 2**	**Phase 2**	**Phase 2**
Electronic	450	Calculator, GED	$9.60
Grocery	380	Grab Bag, Nacho Doritos	$1.22
Grocery	871	White Cheddar Popcorn	$2.56
Grocery	141	Beefstick	$1.36
Grocery	170	Peanut Butter, 1.12 oz	$0.22
Grocery	142	Peanuts	$0.68
Grocery	572	Mixed Nuts	$2.15
Grocery	504	Sausage, Summer, (All Beef) 5 oz.	$1.40
Grocery	787	Tub of Jerky	$4.41
Grocery	986	Granola Bar, Assorted	$0.22
Bakery	799	Pie, Apple	$0.66
Bakery	800	Pie, Cherry	$0. 66
Bakery	798	Honey Buns	$0.56
Beverages	622	Pop, Sprite	$1.30
Beverages	899	Gatorade, Assorted Flavors	$0.66
Candy	126	Candy Bar, Almond Joy	$0.78
Candy	589	Gummi Candy	$0.56
Candy	970	Candy Bar, Reeses Peanut Butter Cup	$0.78
Candy	590	Candy Bar Snickers	$0.78
Candy	604	Candy, Diet, Sugar-free	$0.91
Candy	126	Candy, Almond Joy	$0.78
Miscellaneous	988	Dehydrated Fruit/assorted	$2.12
Miscellaneous	722	Cards, Poker	$1.21
Miscellaneous	716	Photo Album	$2.09
Miscellaneous	721	Cards, Pinnacle	$2.01

Updated: 9/2/21-VR

Appendix D
Mail/Packages

Allowable Items for Packages

For detailed information pertaining to mail and packages, please refer to pages 49 in this handbook.

Residents must submit their request for a package slip to night shift security staff. They will compare your request slip with items already in your possession and in storage. You will receive the request slip back with either an approval or disapproval of item(s). You must resubmit your slip with the corrections. Once you receive the final approval for your package contents, you may then contact the sender to notify them of the approved package contents list. Packages will be inventoried from this approved list and only packages containing the approved items will be delivered to the resident. All others will be returned at your expense.

Phase One:

1. Residents may only receive a total of one package on this phase.
2. Packages may contain only those items allowed per phase and with prior approval of staff (please see Appendix B).
3. Packages may not contain any item that can be purchased through commissary (Please see Appendix C).

Phase Two:

1. Residents may only receive a total of three packages on this phase.
2. Packages may contain only those items allowed per phase and with prior approval of staff (please see Appendix B).
3. Packages may not contain any item that can be purchased through commissary (Please see Appendix C).

Phase Three:

1. Residents may only receive a total of one package on this phase.
2. Packages may contain only those items allowed per phase and with prior approval of staff (please see Appendix B).
3. Packages may not contain any item that can be purchased through commissary (Please see Appendix C).

Outgoing packages that contain craft items must be posted with resident's stamps. Other outgoing packages may be posted as a program fee when the resident has budgeted for this and has a positive account balance to cover the fee.

Appendix E
RESIDENT ROOM STANDARDS

Room standards are necessary for health and safety requirements. The following list provides an outline of acceptable standards for rooms. Please be respectful of your roommates by providing a neat, clean, and safe room.

Safety:	Emergency evacuation diagram must not be blocked by clothing, pictures, etc.
Baseboards:	All baseboards and windowsills must be wiped down with a damp cloth.
Windowsills:	No clutter on window ledge.
Garbage:	Must be in can; Needs to be emptied when ½ (half) full.
Sweep/Mop:	Needs to be done at least weekly and more often as needed. Must do under bed and under all furniture.
Dusting:	All furniture must be dusted.
Windowsills:	Must be wiped down with a damp cloth.
Clothing:	In wardrobes or laundry hamper. No clothing on floor, beds, chairs, desk, or under beds.
Bed:	Sheet set must be washed at least one time per week, with blankets and spread as needed. Beds must be neatly made. Nothing under bed except shoes neatly arranged. Bedspread must be on bed. Extra blanket(s) folded neatly at foot of bed.
Wardrobes:	No clothes on floor. Dirty clothes must be in laundry hamper. Must be neatly organized.
Towels:	Need to be hung up in the wardrobe or hung over your chair.
Cardboard Boxes:	No cardboard boxes are allowed. You may keep one small box for personal papers and one for craft items (craft box to be kept in craft closet). Those and any laundry detergent boxes must be kept on the shelves in the wardrobe.

All room lights must be turned off when the room is unoccupied.

- All room decorations must be attached to bulletin boards. Nothing is to be fastened directly to the walls, windows,
- ceiling, etc. Pictures and other decorations may not be left on the floor leaning against the walls.
- No cloth or other flammable material is to be attached to lamps.
- No plastic containers of any type may be kept in rooms except for the plastic shoe box for mail and trash can.
- No plants, live or artificial are allowed in rooms.
- No food or drinks are allowed in personal rooms except for your water bottle.
- No air fresheners are allowed, and no self-made air fresheners are permitted.
- Inventories must be up-to-date and within prescribed limits.
- All consumable products must be kept in their original containers.

I understand that violations of these standards may result in the issuance of incident reports for sanitation and/or maintenance violations.

_____ _____ _____ _____

Resident Signature Date Staff Signature Date

Appendix F

Boyd Andrew Community Services
Elkhorn Treatment Center

Resident Program Fees

Item Description	Fee
Copies (personal) with Case Manager approval only)	$0.25
12-step book	$7.50
Laundry soap (ETC Program Fee)	$0.00 first 2 boxes $0.48 after 2 boxes have been provided for the week
Additives/dryer sheets	$.48 per box
Laundry tokens – 12 laundry tokens provided weekly	$0.00 – first 12 tokens After 12 tokens are provided, each token is $0.25. In cases where medical issues require more laundry be done weekly (substantiated by medical staff) additional tokens will be provided free of charge.
Phone card	$20.00
*Phone calls (for residents who do not have a phone card, to call children or in case of emergency)	$0.07/min.
Water bottle (replacement)	$0.25
Razor	$0.10
Stop payment fee on check	$29.00-rate bank charges
Property destruction	Assessed per incident
Stamps: Indigent residents may receive up to 10 stamps from ETC per month	No charge for indigent residents
Envelopes: Indigent residents may order up to 10 envelopes from ETC per month	No charge for indigent residents
Postage for a package out	Postal rate

All incoming residents will be issued hygiene supplies to include soap, shampoo, deodorant, comb, shower shoes, toothbrush, and toothpaste (if needed).

***Telephone calls are time limited to a maximum of 5 minutes per child, up to a maximum of 15 minutes per call.**

Appendix G

Boyd Andrew Community Services
Elkhorn Treatment Center

Resident Acknowledgment of Handbook Rules

I, _____, received a copy of the Elkhorn Treatment Center Handbook. I read the Elkhorn Treatment Center Handbook and had opportunity to discuss questions that I had pertaining to the Elkhorn Treatment Center Handbook with my big sister and/or staff.

I agree to abide by Elkhorn Treatment Center Handbook. I understand that an infraction of the Elkhorn Treatment Center Handbook will lead to consequences that may include loss of privileges, sanctions, and in some cases, formal disciplinary action that may include removal from the facility.

_____ _____
Resident Signature Date

_____ _____
Staff Signature Date

Appendix H

Elkhorn Treatment Center
1 Riverside Road
PO Box 448
Boulder, MT 59632

NOTICE TO CLIENTS REGARDING CLIENT RIGHTS

The Director and staff of Elkhorn Treatment Center shall make all reasonable effort to assure the right of each client to:

1. Be treated with consideration and respect.
2. Be treated without regard to source or referral, race, color, creed, national origin, sex, age or handicap.
3. Be treated without regard to physical or mental disability unless such disability makes the treatment afforded by Elkhorn Treatment Center non-beneficial or hazardous.
4. Have all clinical and personal information treated confidentially in communications with individuals not directly associated with Elkhorn Treatment Center.
5. Be provided the opportunity to practice the religion of her/her choice and to decline to participate in the religious practice.
6. All forms of corporal punishment, physical and psychological abuse, and denial of hygiene articles are prohibited.

_____ _____
Resident Date

_____ _____
Staff Date

Policy#: **4.5.11**
Subject: **Infections and Communicable Diseases**
DOC Reference: **4.5.11 Health Care for Secure Facilities/Infection Control Program**

POLICY

It is the policy of ETC to implement positive controls to manage communicable and infectious diseases in the facility.

PROCEDURES

General

Residents afflicted with an infectious or communicable disease(s) will receive prompt care and treatment. Universal Precautions and the proper decontamination and/or disposal of medical supplies and biohazardous waste will be utilized.

Infectious Disease Screening

Residents admitted to ETC will be screened upon admission for tuberculosis and acute infectious diseases.

Staff members will be required to have screenings for tuberculosis upon employment and annually thereafter.

Hepatitis B

Hepatitis B vaccinations will be offered to all employees of the ETC Program. Employees who refuse these vaccinations will sign a declination form documenting this refusal.

Flu Vaccine

An influenza vaccine will be provided to all staff members on a yearly basis, contingent on vaccine availability.

Flu vaccine may be available to those residents who are identified as being at risk for complications from influenza.

Residents diagnosed with an Infectious or Communicable Disease

Residents presenting with acute or chronic infectious or communicable diseases will be treated in accordance with the American Public Health Association

guidelines, and must be provided information about transmission and methods to prevent infection of self or others. Residents and staff who are diagnosed with an infectious/communicable disease may be eligible to work in the facility food service. If a physician orders a resident to be isolated for an infectious disease, the nursing supervisor will immediately contact the COO. In consultation with the Program medical director, nursing supervisor, COO, and the DOC, a determination will be made as to the resident's ability to remain with the facility. In some cases, the resident may need to be removed from the program until he/she is now longer at risk to infect others or is stabilized.

Reporting

ETC will report any infectious and communicable diseases to the Montana Department of Public Health and Human Services (DPHHS) and to the Department of Corrections Health Services Bureau Chief. The Program will comply with any instructions provided by the DPHHS.

Prevention

ETC will additionally implement the following procedures/controls to help prevent the spread of communicable diseases:

- An ample supply of surgical gloves will be available for staff use.
- All staff will treat each incident in which they may come into contact with bodily fluids with universal precautions
- Staff and residents will have the opportunity for on-going education.
- Medical sharps and biohazardous waste will be disposed of according to established protocols and utilizing materials that are in compliance with Environmental Protection Agency Standards.

_____

Resident Signature Date