



Handbook

RESIDENT ORIENTATION

As a resident of Raven House, upon admission I have been instructed in or given written materials regarding:

- Expectations,
- Hours of operation,
- Access to after-hour services,
- Code of ethics,
- Philosophy of behavioral interventions,
- Confidentiality policy, and
- Requirements for follow-up for a mandated person served, regardless of discharge outcome.

An explanation of the:

- Rights and responsibilities of the person served,
- Grievance/Complaint and appeal procedures, and
- Ways in which input is given.

Information that may be used for:

- Research,
- Billing,
- Reporting, and
- Evaluation.

Administrative discharge criteria.

When applicable, a description of:

- The purpose and process of the assessment,
- How the individualized plan will be developed, and
- The person's participation in goal development and achievement

A copy of the program rules provided to the person served that identifies:

- Any restrictions the program may place on the person served,
- Events, behaviors, or attitudes that may lead to the loss of rights or privileges for the person served, and
- Means by which the person served may regain rights or privileges that have been restricted.

The program's policies, when applicable, regarding:

- The use of seclusion or restraint,
- Use of tobacco products,
- Potential substances of misuse brought into the program,
- Prescription medication brought into the program, and
- Weapons brought into the program.

An explanation of the program's procedures, when applicable, regarding:

- Expectations for court appearances, and
- Identification of therapeutic interventions for:
 - Sanctions
 - Incentives

Information regarding transition criteria and procedures, including:

- Familiarizing the person served with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits, when applicable.

Resident Name:

Signature of Resident

Signature of Guardian

Date: _____

AGENCY EXPECTATIONS OF SERVICE RECIPIENTS

Raven House expects that all service recipients will provide the agency and staff with clear, complete and honest information at all times so the agency can provide the most effective and efficient services possible. Raven House clearly states the agency and program requirements for proper participation to all recipients and expects that each individual will honor their responsibilities.

AGENCY HOURS OF OPERATION

Raven House hours of operation are 24 hour a day, 7 days a week.

Services are available on an emergency basis 24 hours a day 7 days per week with the capacity for 24-hour face-to-face services.

Raven House has an after-hours crisis number that is monitored by qualified staff. The number is 216.772.7012.

CODE OF ETHICS

Resident Welfare

Primary Responsibility. The primary responsibility of Raven House is to respect the dignity and to promote the welfare of residents.

Positive Growth and Development. Raven House encourages resident growth and development in ways that foster the residents' interest and welfare; Raven House avoids fostering dependent resident relationships.

Service Plans. Raven House staff and their residents work jointly in devising integrated, individual service plans that offer reasonable promise of success and are consistent with abilities and circumstances of residents. Raven House staff and residents regularly review service plans to ensure their continued viability and effectiveness, respecting residents' freedom of choice.

Family Involvement. Raven House recognizes that families are usually important in residents' lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

Career and Employment Needs. Raven House works with their residents in considering employment in jobs and circumstances that are consistent with the residents' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Raven House neither places nor participates in placing residents in positions that will result in damaging the interest and the welfare of residents, employers, or the public.

Respecting Diversity

Nondiscrimination. Raven House does not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Respecting Differences. Raven House will actively attempt to understand the diverse cultural backgrounds of the residents with whom they work. This includes, but is not limited to, learning how the agency's own cultural/ethnic/racial identity impacts the values and beliefs about the therapeutic process.

Resident Rights

Disclosure to Residents. When service is initiated, and throughout the service process as necessary, Raven House staff informs residents of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Raven House staff takes steps to ensure that residents understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Residents have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or service team professionals; to obtain clear information about their case records; to participate in the ongoing service plans; and to refuse any recommended services and be advised of the consequences of such refusal.

Freedom of Choice. Raven House offers residents the freedom to choose whether to enter into a therapeutic relationship and to determine which professional(s) will provide services. Restrictions that limit choices of residents are fully explained.

Inability to Give Consent. When treating minors or persons unable to give voluntary informed consent, Raven House staff acts in these residents' best interests.

Residents Served by Others

If a resident is receiving services from another health care professional, Raven House, with resident consent, informs the professional persons already involved and develops clear agreements to avoid confusion and conflict for the resident.

Personal Needs and Values

Personal Needs. In the therapeutic relationship, Raven House is aware of the intimacy and responsibilities inherent in the therapeutic relationship, maintain respect for residents, and avoid actions that seek to meet their personal needs at the expense of residents.

Personal Values. Raven House is aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on residents.

Dual Relationships

Avoid When Possible. Raven House is aware of their influential positions with respect to residents, and they avoid exploiting the trust and dependency of residents. Raven House makes every effort to avoid dual relationships with residents that could impair professional judgment or increase the risk of harm to residents. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with residents.) When a dual relationship cannot be avoided, Raven House takes appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

Superior/Subordinate Relationships. Raven House does not accept as resident's superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

Sexual Intimacies with Residents

Current Residents. Raven House does not have any type of sexual intimacies with residents and do not counsel persons with whom they have had a sexual relationship.

Former Residents. Raven House employees do not engage in sexual intimacies with former residents within a minimum of 2 years after terminating the therapeutic relationship. Raven House employees who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of service, amount of time since services, termination circumstances, resident's personal history and mental status, adverse impact on the resident, and actions by the employee suggesting a plan to initiate a sexual relationship with the resident after termination.

Multiple Residents

When Raven House agrees to provide therapeutic services to two or more persons who have a relationship (such as husband and wife, or parents and children), Raven House staff clarify at the outset, which person or persons are residents and the nature of the relationships they will have with each involved person. If it becomes apparent that Raven House staff may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately.

Group Work

Screening. Raven House screens prospective group counseling/therapy participants. To the extent possible, Raven House staff selects members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well being will not be jeopardized by the group experience.

Protecting Residents. In a group setting, Raven House staff takes reasonable precautions to protect residents from physical or psychological trauma.

Fees and Bartering

Advance Understanding. Raven House staff clearly explains to residents, prior to entering the therapeutic relationship, all financial arrangements related to professional services.

Bartering Discouraged. Raven House refrains from accepting goods or services from residents in return for therapeutic services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship.

Termination and Referral

Abandonment Prohibited. Raven House does not abandon or neglect residents in service. Raven House assists in making appropriate arrangements for the continuation of services, when necessary, during interruptions such as vacations, and following termination.

Inability to Assist Residents. If Raven House determines an inability to be of professional assistance to residents, they avoid entering or immediately terminate a therapeutic relationship. Raven House is knowledgeable about referral resources and suggests appropriate alternatives. If residents decline the suggested referral, Raven House should discontinue the relationship.

Appropriate Termination. Raven House terminates a therapeutic relationship, securing resident agreement when possible, when it is reasonably clear that the resident is no longer benefiting, when services are no longer required, when services no longer serves the resident's needs or interests or when agency or institution limits do not allow provision of further therapeutic services.

PROCEDURE:

If there is a claim that an employee or contractor has violated the Code of Ethics, the following steps will be followed:

1. A verbal report will be made to the Administrator.
2. The verbal report will be summarized in writing and the claim will be investigated within 48 hrs.
3. After completion of all required investigations and a clear understanding of the violation, the Administrator will meet with and address the violation with the party (ies) involved.
4. A decision will be rendered as to the sanctions, if any, for the violation and this will be written and placed into the individual's personnel chart, if applicable.

REFERENCES: http://www.counseling.org/resources/ACA_Ethics.pdf

BEHAVIORAL INTERVENTIONS

POLICY: Raven House attempts to utilize the most effective and positive behavioral interventions possible in the execution of its services. Positive approaches are always the first choice in an effort to improve the behaviors of a resident. All behavioral interventions will be addressed in the treatment/service plan or documented in a progress note.

PROCEDURE:

1. During employee trainings, Raven House emphasizes and promotes building positive relationships with each resident served in an attempt to create an environment most conducive for improvement.
2. Raven House staff is required to evaluate the resident's environment to assess the intervention that best fits their needs.
3. Raven House emphasizes to staff to develop appropriate relationships with residents to assist in establishing a relationship that will promote improved de-escalation and behavior management skills.
4. Raven House works with residents to develop an understanding that they are in charge and responsible for managing their behaviors. The agency will only intervene in behavior management when the resident is demonstrating inappropriate actions or behaviors.
5. Raven House will work with the resident and any other requested parties in the development of a safety plan to address the resident's needs if appropriate.

CONFIDENTIALITY/PRIVACY OF RESIDENT INFORMATION

POLICY: All information, written and verbal, regarding resident care or services is to be treated as confidential information in accordance with local, state, and federal guidelines. Raven House will adhere to all HIPAA requirements regarding confidentiality of resident information. It must be understood, however, that all such information is to be discussed only with those individuals participating in the resident's care and only as necessary to meet an identified need. All Raven House employees and contracted staff must at all times be aware of the responsibilities in maintaining resident confidentiality. Raven House will not release any information, written or otherwise, without a properly executed release of information form.

PROCEDURE:

1. Staff is ultimately responsible for ensuring the privacy and respect due each resident in each unique situation.
2. The information in the resident case record and billing records is inaccessible to all except authorized staff of Raven House organization and any contracted organizations or individuals.
3. Records or copies of the record will be made available for review by licensing, regulatory and/or accrediting bodies authorized by Raven House agency administrator as well as for Quality Assurance reviews.

Confidentiality can and will be broken, by law, if an individual discloses information that expresses intent to harm themselves or others or discloses information regarding abuse or neglect towards themselves or others.

RESIDENT RIGHTS

POLICY: To ensure the process that a resident will be an active, informed participant in his/her plan of care, the resident will be empowered with certain rights as described in the Resident Rights policy. A resident may designate someone to act as his/her resident representative. This representative, on behalf of the resident may exercise any of the rights provided by the policies and procedures established by the agency.

All policies are available at all times to the agency personnel, residents and representatives as well as other organizations and the interested public to assist with fully understanding the resident's rights.

PROCEDURE:

1. Before or upon admission, the staff will provide each resident and/or their representative with a copy of the Resident Orientation Packet that includes the Resident Rights policy.
2. The Resident Rights will be explained and distributed to the resident prior to the initiation of agency services and annually. This explanation will be in a language he/she can reasonably understand. Communication of these rights can occur through:
 - a. Verbal
 - b. Written
 - c. For non-English speakers, all related information will be translated

RESIDENT RIGHTS

The resident is informed at admission and annually of:

- a. Confidentiality of all personal and treatment related information.
- b. The right to privacy, security, and respect of property as required by OAC5101:2-5-35(a)(2).
- c. The right to enjoy freedom of thought, conscience, and religion or to abstain from the practice of religion.
- d. The right for protection from abuse, neglect, retaliation, humiliation, exploitation as required by OAC5101:2-5-35(a)(5), OAC5101:2-5-35(a)(6).
- e. The right to have access to their own records for review and to obtain copies of pertinent information needed to make decision regarding treatment in a timely manner.

- f. The rights to informed consent or refusal or expression of choice regarding participation in all aspects of care/services and planning of care/services to the extent permitted by law including: 1) Service delivery, 2) Release of Information, 3) Concurrent services, 4) Composition of the service team.
- g. The right to access or referral to legal entities for appropriate representation.
- h. The right to access to self-help and advocacy support services.
- i. The right to investigation and resolution of alleged infringements of rights.
- j. The right to equal access to treatment for all persons in need regardless of race, ethnicity, gender, age, sexual orientation, or sources of payment.
- k. The right to a grievance procedure that includes the rights to: be informed of appeal procedures, initiate appeals, have access to the grievance procedures posted in a conspicuous place, receive a decision in writing, and appeal to an unbiased source.
- l. The right to have his or her opinions heard and be included, to the greatest extent possible, when any decisions are being made affecting his life as required by OAC5101:2-5-35(a)(3).
- m. The right to receive appropriate and reasonable adult guidance, support, and supervision as required by OAC5101:2-5-35(a)(4).
- n. The right to receive adequate and appropriate medical care as required by OAC5101:2-5-35(a)(7).
- o. The right to receive adequate and appropriate food, clothing, and housing as required by OAC5101:2-5-359(a)(8).
- p. The right to his or her own money and personal property in accordance with the child's service or case plan as required by OAC5101:2-5-35(a)(9).
- q. The right to a clean, safe surroundings as required by OAC5101:2-5-35(a)(10).
- r. The right to participate in an appropriate educational program as required by OAC5101:2-5-35(a)(11).
- s. The right to communicate with family, friends and significant others from whom he is living apart, in accordance with the child's service or case plan as required by OAC5101:2-5-35(a)(12).
- t. The right to be taught to fulfill appropriate responsibilities to him or herself and to others as required by OAC5101:2-5-35(a)(13).

If any restrictions are placed on a resident's privileges, the Executive Director/Administrator will meet with the resident to inform them of any and all restrictions and regularly evaluate the restrictions placed on the persons served through resident interviews, case notes, staffing minutes, incident reports, and any formally filed grievance reports. Only Executive Director/Administrator are able to make decisions that will place limits or return the restricted privileges of the persons served.

RESIDENT GRIEVANCE/COMPLAINT POLICY

POLICY: Raven House provides a formal method of documenting and reporting any and all resident grievances or complaints. It is imperative that resident have a means to openly discuss and document issues that are interfering in the recovery process. Raven House wants to be informed of any resident grievances/complaints and will resolve all issues to the best of their ability. Resident's actions will not result in retaliation or barriers to services.

PROCEDURE:

Formal Complaint/Grievance: If a resident believes that a staff member or other resident has violated their rights, the resident is encouraged to complete the Resident Grievance form and submit it to an Administrator. If the resident's rights were not violated but they have a complaint to air with the organization, the resident is encouraged to complete the Resident Grievance form and check the complaint box.

1. We have an obligation to provide a method to address any grievance/complaint for which the resident may feel that we have done to any of his/her rights
 - a. "Grievance/Complaint" is defined as; "any circumstance for which there is just cause for protest"
 - b. The grievance/complaint procedure at Raven House shall be as follows:
 1. The agency shall provide the resident with a written statement on the "grievance/complaint procedure."
 2. The resident will sign the Receipt of Resident Orientation Packet form to document his or her receipt and understanding of the rights of each resident.
 3. Resident Grievance/Complaint forms are readily available at all locations.
 4. All grievances/complaints shall be made in writing to the Executive Director/Administrator at the local office of Raven House within (72) hours of the occurrence. If the complaint is made by telephone, Raven House personnel will connect the resident or family member with the appropriate Executive Director/Administrator. The Executive Director/Administrator will document the complaint either by phone or at a scheduled meeting to assure an understanding of the nature of the grievance.
 5. The Executive Director/Administrator is required to review and acknowledge the complaint within forty-eight (48) hours of the submission of the written report.

6. The Executive Director/Administrator is required to make a written determination of his/her findings including action to be taken to address the complaint within a reasonable amount of time depending on the complexity of the grievance. When a determination has been reached, the Executive Director/Administrator will complete the written report and present the determination to the resident. A copy of the written report will be given to the resident upon its completion.
7. The Executive Director/Administrator is required to refer the grievance/complaint and his/her report to the Administrator/Board of Directors.
8. Should the grievance be of such a nature that it is reasonable to consider that a legal question has been raised, the administration shall refer the grievance and his/her report to the attorney of record for the agency.
9. On the advice of said attorney, the administrator shall make the resident grievance to the appropriate law enforcement authority.
10. In all cases, all parties will make every attempt to resolve grievances informally within thirty (30) working days.
11. The resident has a right at any step of the grievance review process to take his/her grievance directly to:

Patrick Smith
1-216-787-3541
patrick.smith@jfs.ohio
12. Raven House is required to comply with and adhere to the Civil Rights Act of 1964 and all subsequent amendments; including religious, age, sex, and political affiliation as all relate to any and all civil rights which are granted/or implied by statute of law.
13. Each new resident will be given a copy of the grievance procedure and have this procedure explained at intake.

REFERENCES:

Civil Rights Act of 1964

RESIDENT INPUT ON QUALITY OF CARE

Quality of care, achievement towards goals, and resident satisfaction are all essential aspects of effective and efficient services. Our team formally addresses these issues, verbally or in writing through the Resident Suggestion boxes, Accessibility/Request for Accommodation/Removal of Barriers and Resident Satisfaction Survey. The Administration uses this input to improve the services delivered. Residents are encouraged to meet directly with the Supervisor/Administrator at any time that they feel there is an issue related to quality of care, achievement toward goals, or satisfaction of services.

DISCHARGE POLICY

POLICY: Raven House will discharge any and all residents for the following reasons:

Discharge Criteria

1. Resident Driven

- a. Upon the death of the resident.
- b. Voluntary withdrawal or relocation, or resident is unavailable for services (e.g., hospitalized)
- c. Consent for treatment is withdrawn by the parent/custodian/guardian and there is no court order requiring such placement
- d. Pattern of non-compliance with program rules.
- e. The youth exhibits severe disruptive or dangerous behaviors that require immediate attention in a more secure and/or intensive level of care; and efforts to supplement the resources at the facility have failed.

2. Treatment/Service Driven

- a. Treatment/habilitation goals have been accomplished, or treatment is ended by mutual consent. Evaluation and/or screening had been completed.
- b. Improvement of resident's condition to a degree as to warrant a service of less intensity, or discontinuation of services.
- c. The resident's condition has deteriorated to the extent that a service of greater intensity is necessary in order to protect the individual's safety and security.

- d. The resident ages out of service.
- e. The resident no longer meets eligibility criteria and/or the program in which the resident is admitted is no longer the most appropriate, least restrictive service.
- f. Services appropriate to resident needs are unavailable.

PROCEDURE: At the time of discharge, the primary counselor will:

1. Responsible staff member will discuss the need or purpose for resident discharge with their supervisor and/or treatment team.
2. If the discharge request is not coming from the resident or legally responsible person, lead staff will discuss the recommendation with the resident or other, obtaining consents if necessary.
3. If the resident or legally responsible person is not in agreement with the discharge, either will be informed in writing of the reason for discharge within 5 working days of the date service was terminated of the right to appeal the discharge, if applicable.
4. A written Discharge/Transition summary will be completed per the Discharge and Transition policies and procedures. The Discharge/Transition Summary must include the designation of alternative service determined to meet the resident's needs and a discharge plan.
5. The organization will follow up with the discharged residents as soon as possible for unplanned discharges and within 30-days for planned discharges, if applicable.

ASSESSMENT PURPOSE AND PROCEDURE

The purpose of the assessment is to gather all needed data through interviews with the resident, family members, essential others, and other stakeholders. The supervisor will design a service plan that will address the identified issues and develop strategies to resolve each issue. This assessment is the original information that guides services. There is a constant effort to assess the needs and desires of the person served throughout the individual's time in services.

DEVELOPMENT OF INDIVIDUAL PLAN OF CARE

Raven House develops an individualized plan of care for each person served. Staff uses the historical data collected at the time of evaluation and the current information gathered during assessment to identify issues and develop strategies to address these needs. The person served has input into this process from the beginning of services. The person served has the right to change or refuse any of the goals that are developed over the course of services.

RESTRICTION OF SERVICES

Raven House does not solely have the right to restrict services. Any situation that is believed to be significant enough to request restrictions of services would have to be presented to and authorized by the County.

PHYSICAL RESTRAINT/EMERGENCY INTERVENTION POLICY

SCOPE: All residents receiving services from Raven House.

PURPOSE: To clearly articulate Raven House Policy about Emergency Interventions of Restraint.

POLICY:

In the event of a behavioral emergency Raven House staff are **not authorized** to use any form of restraint to stop or divert a resident's behavior. Raven House staff may attempt to defuse potentially violent situations using verbal preventive intervention techniques and strategies but if these strategies are unsuccessful, Raven House staff is expected to call 911 to contain the behavioral emergency.

SECLUSION POLICY

SCOPE: All residents receiving services from Raven House.

PURPOSE: To clearly articulate Raven House Policy about Emergency Interventions of Seclusion.

POLICY:

In the event of a behavioral emergency Raven House staff is **not authorized** to use any form of seclusion to stop or divert a resident's behavior. Raven House staff may attempt to defuse potentially violent situations using verbal preventive intervention techniques and strategies but if these strategies are unsuccessful, Raven House staff is expected to call 911 to contain the behavioral emergency.

TOBACCO/SMOKING

POLICY: In keeping with Raven House intent to provide a safe and healthful work environment, smoking or tobacco use in the workplace is prohibited except in those locations that have been specifically designated as smoking/tobacco areas. Smoking or tobacco use in any vehicle occupied by a resident is strictly prohibited. In situations where the preferences of tobacco users and non-tobacco user are in direct conflict, the preferences of non-tobacco users will prevail. This policy applies equally to all employees, customers, and visitors. The use of tobacco and tobacco products by minors is strictly prohibited.

HANDLING OF WEAPONS AND DRUGS

POLICY: Raven House will assure the safety and well-being of residents, staff personnel, Resource Families and Prospective Adoption Parents in regards to dangerous weapons, legal, illegal, and prescription drugs. Raven House has the right and responsibility to remove and confiscate any items deemed to be dangerous or illegal.

PROCEDURE: Raven House will adhere to the following procedure if legal, illegal, prescription drugs, or weapons are discovered on the agency premises.

Legal Drugs: (Over the Counter, Vitamins, Herbs, and Alcohol)

1. If legal drugs are present on the person of a resident, personnel, Resource Family or Prospective Adoption Parent, the resident, personnel, Resource Family or Prospective Adoption Parent is required to keep all legal drugs concealed and not freely visible.
2. Residents, personnel, Resource Families or Prospective Adoption Parents are not allowed to dispense any legal drugs to any other resident, personnel, Resource Families or Prospective Adoption Parents while on the organizations premises.
3. The consumption or distribution of alcohol on the organizations premises is strictly prohibited.

Illegal Drugs:

1. If illegal drugs are discovered on any resident, personnel, Resource Family or Prospective Adoption Parent, Raven House staff members will attempt to isolate the resident, personnel, Resource Families or Prospective Adoption Parent from the other residents and staff members. Staff will immediately notify the Social Worker for further instructions.
2. Raven House personnel will call the local authorities to report the findings, if applicable.
3. Raven House will cooperate fully with local authorities in completing all required reports and questions.
4. A critical incident report should be completed within (24) hours of the incident.

Prescription Drugs:

1. Prescription drugs are allowed for residents, personnel, Resource Families or Prospective Adoption Parents when the medication is in a prescription bottle with the resident, personnel, Resource Family or Prospective Adoption Parents name on the bottle.

Weapons:

1. If any weapon is discovered on any resident, personnel, Resource Family or Prospective Adoption Parent, Raven House staff members will attempt to isolate the resident, personnel, Resource Family or Prospective Adoption Parent. Staff will remove all other residents, personnel, Resource Family or Prospective Adoption Parent from the agency and immediately call the local authorities. Staff will focus on assuring the safety of the residents, staff members, Resource Families and Prospective Adoption Parents. Staff will avoid attempting to secure the weapon and will wait for proper authorities to arrive.
2. Raven House staff will immediately notify the Social Worker to receive any additional instructions on how to handle the current situation.
3. Raven House will immediately notify the resident's County Social Worker regarding the situation.
4. Raven House may press charges with the local authorities and participate fully in their investigation.
5. Raven House will meet with resident and legal representative within 48 hours (if possible) of the incident to discuss the resident's status in the program, if applicable.
6. A critical incident report should be completed within (24) hours after the incident.

REFERENCES:

TRANSITION PLANNING POLICY

POLICY:

Raven House approach to transition planning is to discuss and develop the expected steps that will lead to a successful completion of services and proper transition to alternative levels of care, discharge, and after care. Proper transition planning allows input from the resident, family members, significant others, referral sources, and staff. The plan that is developed is formally written upon the residents exit from their current level of care or the agency. All individuals that participate in the transition planning are offered copies of the written transition plan. All residents that transition or discharge from agency services will be contacted after departure from the agency to determine the status, needs, or to confirm contact with the referrals offered, if applicable.

PROCEDURE: At the time of transition, the:

1. Designated staff member will discuss the need or purpose for the resident's transition with their supervisor and/or treatment team.
2. Designated staff member will discuss and seek input from the resident, family members, significant others, referral resources, and staff to determine the most effective and proper transitional needs and services.
3. A written transition planning summary will be completed. This summary must include the designation of alternative services determined to meet the resident's needs.
4. All information will be documented on the Discharge/Transition Summary Form and filed in the resident's record.
5. The organization will follow up with the transitioned residents after the transition date, if applicable.

Unplanned Transitions:

When a resident is involved in an unplanned transition, the designated staff member will, if applicable:

1. Provide notification to the resident, family members, and significant others regarding the transition to a different level of care, to another facility, or to after care as soon as possible after leaving services.
2. Discuss with the resident any need for further services or assistance.
3. Provide the resident with the services or assistance requested.
4. All information will be documented on the Discharge/Transition Summary Form and filed in the resident's record.

FIRE AND SAFETY NOTIFICATION

All recipients accepted into the program are oriented to all emergency exits, fire suppressant equipment locations, and how to access first aid supplies prior to beginning services.