

ARFSTROM FAUNT TEEN HOME II
SUPPORTIVE INDEPENDENT LIVING

POLICIES AND PROCEDURES
LICENSING RULES FOR CHILD PLACING AGENCIES

PART 1: GENERAL PROVISIONS

R 400.12101 Definitions. Rule 101. As used in these rules:

- (a) “Act” means 1973 PA 116, as amended, being MCL 722.111 to 722.128.
- (b) “Agency” means a child-placing agency as defined in section 1 of the act, MCL 722.111.
- (c) “Case record” means the individual file, including electronic records, kept by an agency concerning a child who has been placed by the agency.
- (d) “Chief administrator” means the person designated by the licensee as having the day-to-day responsibility for the overall administration of a child placing agency and for assuring the care, safety, and protection of children and families served.
- (e) “Concurrent planning” means simultaneously planning for reunification and alternative permanence.
- (f) “Contractor” means a person contracted to perform services or to provide supplies to a child placing agency.
- (g) “Corporal punishment” means hitting, paddling, shaking, slapping, spanking, or any other use of physical force as a means of behavior management.
- (h) “Department” means the Michigan department of health and human services.
 - (i) “Deemed status” means a status conferred on an organization based on professional standards review by a national accrediting organization that recognizes that the organization’s programs meet certain effectiveness criteria.
- (j) “Emergency placement” means a placement that is made in response to a sudden unexpected occurrence which demands immediate action.
- (k) “Foster care” means a child’s placement outside the child’s parental home by and under the supervision of a child placing agency, the court, or the department. Foster care does not include the delegation of a parent’s or guardian’s powers regarding care, custody, or property of a child or ward under a properly executed power of attorney under the safe families for children act, 2018 PA 434, MCL 722.1551 to 722.1567.
- (l) “Foster child” means a person who meets all of the following criteria:
 - (i) Resides in an out-of-home placement based on a court order or is temporarily placed by a parent or guardian for a limited time in a foster home as defined by the act or has been released by a parent to the department or a child placing agency pursuant to section 22 of chapter X of the probate code of 1939, 1939 PA 288, MCL 710.22.

(ii) Is either of the following:

(A) Placed with or committed to the department for care and supervision by a court order under section 2 of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.2.

(B) Is 18 years of age or older, was in foster care prior to turning 18, and agrees to remain in care following termination of court jurisdiction.

(m) “Foster parent” means the person or persons, including tribal members, to whom a foster home license is issued.

(n) “Gender” or “gender identity” means a person’s internal identification or self-image as a man, boy, woman, girl, or another gender identity.

(o) “Gender expression” means how a person publicly expresses or presents their gender, which may include behavior and outward appearance such as dress, hair, make-up, body language, and voice. Components of gender expression may or may not align with gender identity.

(p) “Human behavioral science” means a course of study producing a degree from an accredited college or university that is approved by the department for the specific positions when required by the act and these rules.

(q) “Independent living” means the placement, by an agency, of a youth who is not less than 16 years of age in his or her own unlicensed residence, the residence of an adult who does not have supervisory responsibility for the youth, or in a residence under the control of the agency. The authorized agency or governmental unit retains supervisory responsibility for the youth.

(r) “Infant” means a child between birth and the date of the child’s first birthday.

(s) “Licensing authority” means the administrative unit of the department that has responsibility for making licensing and approval recommendations for a child placing agency.

(t) “Parent” means a legal parent and includes a custodial parent, noncustodial parent, or adoptive parent.

(u) “Placement” means moving a child to an out-of-home living arrangement for purposes of foster care, adoption, or independent living, or from out-of-home placement to another out-of-home placement. (v) “Sexual orientation” means a person’s identity in relation to the gender or genders to which they are attracted.

(w) “Social service aide” means an individual who is employed, contracted, or a volunteer who has specified case-support duties as defined by department or agency policy.

(x) “Social service supervisor” means a person who supervises a social service worker. A social service supervisor may also function as a social service worker in the temporary absence of the social service worker if the provisions of R 400.12205 are met.

(y) “Social service worker” means a person who performs social services functions covered by these rules.

(z) “SOGIE” means an individual’s sexual orientation, gender, identity, and expression.

(aa) “Staff” means an individual who is 18 years of age or older and who is employed by a child placing agency for compensation.

(bb) “Tribe” means a federally recognized tribe.

(cc) “Volunteer” means a person who is not an employee and does not receive compensation but donates his or her work and acts at the direction of and within the scope of duties determined by the child placing agency.

(2) A term defined in the act has the same meaning when used in these rules.

History: Eff. January 1, 2001, Am. Eff. March 1, 2007, Am. Eff. January 5, 2015, Am. Eff. July 3, 2023.

R 400.12102 RULE VARIANCE

The AFTH II-Arfstrom Faunt Teen Home II has secured the appropriate personnel and oversight to be fully operational under the rules and regulations of the Michigan Department of Health and Human Services-Child Care Licensing Bureau. There is no need for the rule variance.

R400.12103 STAFF EXCEPTION

The AFTH II-Arfstrom Faunt Teen Home II acknowledges that any person in a position that is regulated by these rules and who was approved before the effective date of these rules is considered qualified for the said position within the agency.

R 400.4107 DEEMED STATUS

In December of 2021, the Arfstrom Faunt Teen Home II (AFTH II) received notification of a successful survey that provided a 1-year accreditation or provisional accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). Within one year, AFTH II will conduct an audit for the 3-year accreditation period. A certificate of accreditation has been provided to the Department of Health and Human Services-Child Care Licensing Bureau.

R400.12105 PUBLIC REVIEW

AFTH II make all policies, procedures, and program statements available for review by the public. This can be available by written copies at the facility and/or electronic copies that are available on the agency website. Reference: www.chippewacountyfamilyprojectsm.org.

PART 2. AGENCY SERVICES

All policies and procedures for AFTH II will be authorized and regulated by the Department of Health and Human Services-Department of Child Welfare Licensing-Child Placement Agency.

R 400.12202 POLICY AND PROCEDURES.

AFTH-II has and shall follow all written policies and procedures for all the areas of foster care services as provided in R400.12203 to R 400.12214.

R 400.12203 FINANCIAL STABILITY.

AFTH II contracts with a local Accounting Firm to remain in compliance with all financial accounts. Within the contract, the Accounting Firm is required to have an annual audit completed of all financial accounts for AFTH II. On an annual basis, the CCFP Board of Directors reviews and approves the annual budget for the facility. AFTH II has created policies and procedures for all financial actions within the organization.

AFTH II plan of financing includes all the following:

- A listing of all income sources and the anticipated amount of income for the current fiscal year.
- An annual budget for the current fiscal year.
- A copy of the income and expenditures from the previous fiscal year.
- A copy of the nonprofit tax return from the previous fiscal year.
- An audit of all financial accounts conducted annually by an independent certified public accountant not administratively related to the agency. A copy of the audit shall be available to the department upon request.

R 400.12204 FACILITIES.

AFTH II will comply with any/all requests for inspection of the facility, supplies, equipment, and any other services required by the Michigan Department of Health and Human Services-Child Placing Agency Bureau.

AFTH II has a physical location at 689 E 3 Mile Road, Sault Ste. Marie, MI 49783. The Business Office/satellite office is located at 2733 Ashmun Street, Sault Ste. Marie, MI 49783.

R 400.12205 REQUIRED STAFF.

AFTH II ILP will employ or contract the following staff positions:

- Chief Administrator.
- Social Service Supervisor.
- Social Service Worker.

The Chief Administrator shall possess either of the following:

- A master's degree in a human behavioral science, education, business administration, or public administration from an accredited college or university and 2 years of experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.
- A bachelor's degree with a major in education, a human behavioral science, business administration, or public administration from an accredited college or university and 4 years of post-bachelor's degree experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.
- An organization shall notify the licensing authority of a change of chief administrator within 30 days of the change.

The Social Service Supervisor, at the time of appointment to the position, shall possess either of the following:

- A master's degree in a human behavioral science from an accredited college or university and 2 years of experience as a social service worker.
- A bachelor's degree in a human behavioral science or another major with 25% of the credits in a human behavioral science from an accredited college or university and 4 years of experience as a social service worker.
- The Social Service Supervisor must possess minimally 2 years in either a Child Care Institute (CCI) or Child Placement Agency (CPA).
- The Social Services Supervisor may only provide supervision up to 5 Social Services Workers.
- Further job description qualifications are listed within the Job Description within Attachment B.

The Social Service Worker, at the time of appointment to the position, shall possess the following:

- A bachelor's degree with a major in human behavioral science from an accredited college or university or another major with 25% of credits in human behavioral sciences.
- No more than 15 children may be assigned to a Social Services Worker for purposes of providing direct services in foster care.
- Further job description qualifications are listed within the Job Descriptions within Attachment B.

R 400.12206 STAFF QUALIFICATIONS; VOLUNTEER, CONTRACTORS ON CENTRAL REGISTRY.

AFTH II has implemented an Employee Policy and Procedure Manual (Attachment C). Within the Employee Manual, the staff qualifications and background checks is described.

All employees and volunteers will undergo the same criminal history check. This includes but not limited to:

- A criminal record check as referenced in R 400.4113(f), including a fingerprint-based check of national crime information databases, unless an alternative criminal history check has been approved by the federal government.
- A check of Michigan's child abuse and neglect central registry or Canadian provincial agency as referenced in R 400.4113(i).
- A check of other states' child abuse registry where the person has lived in within the preceding five years.
- No staff member will have any convictions of:
 - Child abuse or neglect.
 - A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.
- A person who has unsupervised contact with children shall not be a person who is listed on the central registry as a perpetrator of child abuse or child neglect.

All employees will have job descriptions that are specific to the duties of the position. A person will be hired, after successful completion of all criminal history checks, to have the ability to perform duties of the position, have experience to perform duties, and/or be willing to having additional training/education to appropriately perform all duties as assigned.

R 400.12207 STAFF RESPONSIBILITIES.

AFTH II Board of Directors has assigned the Chief Administrator responsible for the onsite day-to-day operation of the institution and for ensuring compliance with these rules. The Chief Administrator shall be administratively responsible annually for all the following functions:

- Not less than once annually, conduct a written assessment and verify the agency's compliance with these rules.
- Within 6 months, develop and implement a written plan to correct, rule violations identified because of the assessment conducted pursuant to subdivision (a) of this sub-rule.
- Assess all disrupted and unplanned removals of children from foster homes, independent living, and adoptive homes to identify systemic trends and patterns of those disrupted and unplanned removals.
- Provide space to individuals served to be interviewed privately by police, regulatory staff, children's protective services, or other entities investigating activities of the agency related to safety of children and compliance with statute and promulgated rules.
- An agency shall require that social service workers be directly responsible for all the following activities:
 - Placing and supervising children in out-of-home care. Social service workers shall work directly with the children, their families, and other relevant individuals and be primarily responsible for the development, implementation, and review of service plans for the children and their families.
 - Facilitating services and parenting time for children for purposes of reunification.
 - Assessing and certifying private family homes for licensure and supervising the homes.
 - Conducting evaluations of private family homes for purposes of adoption.
 - Supervising and assessing children for adoptive placement,
- An agency shall require social service aides to be directly responsible to a social service worker or social service supervisor. A social service aide may provide clearly defined support functions but may not have responsibility for any of the following:
 - Case planning.
 - Selecting placements.
 - Foster home certification.
 - Conducting foster care and licensing case contacts for purposes of foster care or adoption case planning, or licensing certification contacts.
 - Conducting adoptive family evaluations.

R 400.12208 JOB DESCRIPTIONS.

All job descriptions at the AFTH II facility are provided in Attachment B: Job Descriptions.

The following job descriptions:

- Chief Administrator
- Social Services Supervisor
- Social Services Worker
- Direct Care Worker

R 400.12209 ORIENTATION AND TRAINING.

All staff will go through an orientation of all policies and procedures of the facility. Each employee will be expected to understand and acknowledge the key aspects of the program. On a monthly basis, a quality improvement meeting will be held. This will ensure continued team building, growth, and development for the AFTH II team. On a weekly to as needed basis, supervision will take place with individual team members. This will ensure that all staff has the tools for self-care and care coordination. The role of the staff members as related to service delivery and protection of the children. The licensee shall provide a written plan of ongoing staff training related to individual job functions and the institution's program.

At minimum, 50 hours of planned training within the 1st year of employment and minimum of 25 hours of training annually. At least 16 of the 50 shall be orientation provided prior to the assumption of duties.

A preliminary, but not limited to, list has been created for all employees as follows:

For MDHHS Training:

- Developmental Needs of Children
- Basics Group dynamics
- Appropriate Discipline
- Crisis Intervention/Response Techniques
- Child Handling Techniques
- Interpersonal Communication
- Proper and Safe Methods
- Mandated Reporting
- CPR/First Aid
- Policy and Procedure Review (including discipline guidelines)
- Emergency and Safety procedures
- Opportunities but not limit to: developmental needs of children, child management techniques, basic group dynamics, appropriate discipline, crisis intervention, child handling technique, interpersonal communication (any of these to help with hours)
- De-escalation without use of restraint***

For CARF:

- At orientation in the following areas:
- Health and Safety Practice

- Identification of unsafe environmental factors
- Emergency Procedures
- Evacuation Procedures
- Identification of Critical Incidents
- Reporting of Critical Incidents
- Medication Management, to appropriate personnel
- Workplace Violence

Recommended:

- Cultural Competency
- Technology Use (if necessary)
- Crisis Management
- ASSIT/Mental Health First Aid
- First Aid/CPR
- Food Management (safety and dispensing)

At least annually:

- Health and Safety Practices
- Identification of Unsafe Environmental Factors
- Emergency Procedures
- Evacuation Procedures
- Identification of Critical Incidents
- Reporting of Critical Incidents
- Medication Management, to appropriate personnel
- Reducing Physical Risks
- Workplace Violence

Refer to Employee Training Policy #H400 for specific training required. Attachment C: Employee Manual.

R 400.12210 GRIEVANCE HANDLING.

All residents and their families will be provided a copy of the grievance procedure with the admission information packet prior to admission. During intake to the facility, staff will review the grievance policy and procedure with resident and family/guardian (if applicable). Staff will ensure that the resident fully understands and acknowledges the grievance policy. A signature page is within the intake paperwork which the resident and staff will sign. This document will then be placed within the resident's file.

Grievance Procedure

A grievance must be filed with the Chief Administrator or designee in writing within 24 hours after an occurrence. It must concisely detail the perceived offense and must list the violated policy or procedure. A resident can request assistance in completing this form from staff if unable to complete the form and/or express the concern alone.

Complaints must be received and signed by a staff member within 24 hours of occurrence. The Chief Administrator or designee will respond to the resident within 7 days.

If the resident does not agree with the response from the Chief Administrator, they may request a formal review by the Board of Directors. This must be done within 24 hours of receiving the response from the Chief Administrator and/or designee.

If any resident believes that they have been the subject of harassment or unfair treatment he/she should report the alleged act immediately to the Chief Administrator. A confidential investigation of all complaints will be undertaken immediately. All Resident/ Family Concerns and Grievances will be followed according to the policies and procedure and understand when a Resident/ Family Concern/ Grievance Form should be generated, and the facility protocol for routing these forms to the appropriate person(s).

Grievances/Complaint form will be available in the common room areas within each section of the facility which is easily accessible to all residents. All grievances/complaints will be logged within the day and time of received by staff. All forms will be provided to the Chief Administrator or Designee. If the issue has been viewed as an imminent concern, the Chief Administrator should be notified immediately. For more information, refer to the Incident, Adverse Incident, and Compliant Policies.

Any Supervisor, employee or agent of the organization who has been found by the Chief Administrator, after appropriate investigation, to have harassed another employee, resident, visitor, or family member will be subject to appropriate disciplinary action depending on the circumstances, from a warning in his or her file, up to and including termination. All grievance reports will be kept in a secure and confidential manner.

R 400.12211 PRIVACY SAFEGUARD.

AFTH II organization will keep information obtained, and records maintained, regarding the child and child's parents and/or relatives confidential which shall not be released information to any unauthorized individual or agency. Any individual or agency requesting information will need to have proper authority or have written consent for confidential informational compliance with the Health Insurance Portability and Accountability Act (HIPAA) is a federal law that helps protect the privacy of individual health information. For individuals living with mental illness, this law is important, because it helps protect confidential mental health treatment records.

A resident's identity may be disclosed for public purposes or publicity only after both of the following criteria are met:

- The parent has consented.
- The resident has consented if the resident is capable of consent.

R 400.12212 PERSONNEL RECORDS.

As shown within the Employee Manual, all employee records will be kept with documentation of all the following prior to employment:

- Name.

- A true copy of verification of education from an accredited college or university where minimum education requirements are specified by rule.
- Verification of high school diploma or GED when specified by rule.
- Work history.
- Three dated references which are obtained prior to employment from persons unrelated to the employee and which are less than 12 months old.
- A record of any convictions other than minor traffic violations from either of the following entities:
 - Directly from the Michigan state police or the equivalent state law enforcement agency, Canadian province, or other country where the person usually resides or has resided in the previous 5 years.
 - From an entity accessing either Michigan state police records or equivalent state, Canadian provincial, or other country law enforcement agency where the person usually resides or has resided in the previous 5 years.
- If the employee has criminal convictions, the institution shall complete a written evaluation of the convictions that addresses the nature of the conviction, the length of time since the conviction, and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment in the institution.
- A statement from the employee regarding any convictions.
 - Documentation from the Michigan department of human services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that the person has not been determined to be a perpetrator of child abuse or child neglect. The documentation shall be completed not more than 30 days prior to the start of employment and every 12 months thereafter.
- A written evaluation of the employee's performance within 30 days of the completion of the probationary period or within 180 days, whichever is less, and a written evaluation of the employee's performance annually thereafter.

R 400.12213 RECORD MANAGEMENT.

AFTH-II shall maintain a case record for each employee and resident. All records shall be maintained in a uniform and organized manner, shall be protected against destruction and damage, and shall be stored in a manner that safeguards confidentiality. All records shall be maintained for not less than 7 years after discharge from the facility.

R 400.12214 COMPLIANCE WITH THE CHILD PROTECTION LAW.

The Child Protection Law Policy and Procedure, found within the Employee Handbook, is maintained and followed by all employees, volunteers, and Board Members of AFTH II organization. All employees/contractors/volunteers will review and sign an acknowledge form demonstrating the understanding of the terms and conditions of the Child Protection Law.

Hiring Procedure

- Staff receive a copy of the child protection law during orientation.

- During orientation, staff will review material with supervisor.
- Training will take place for an understanding and explanation of the definitions of mandated reporting.
- All staff must acknowledge and sign agreeing with the terms of the child protection law.
- This will be reviewed annually with all staff/volunteers and placed in HR file. If changes arise with the child protection law a staff meeting will take place for updated information and immediate implementation.

Reasonable Cause to Suspect

If an employee has “reasonable cause to suspect” any violation to the child protection law, the Housing Supervisor and/or Chief Administrator need to be contacted immediately. Staff must also contact Child Protective Services (CPS) of the Michigan Department of Health and Human Services (MDHHS) in the following steps.

Verbal Call

The information in a CPS report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the report. It is helpful, but not necessary, for the MDHHS intake worker to have the information listed below. Contact MDHHS – Centralized Intake for Abuse and Neglect at 855-444-3911 to make the verbal report.

Intake personnel will want the following information, if available:

- Primary caretaker’s (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the alleged victim and perpetrator, if known.
- Birth date and race of all members of the household, if known.
- Whether the alleged perpetrator lives with and/or has current access to the child.
- The address where the alleged incident happened, if different than the home address.
- Statements of the child’s disclosure and context of the disclosure. For example, was the child asked about the injury or did the child volunteer the information?
- History of the child’s behavior.
- Why child abuse and/or neglect is suspected.

3200 Form

Within 72 hours of making the verbal report, mandated reporters must file a written report as required in the Child Protection Law. MDHHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form, which includes all the information required under the law. Mandated reporters must also provide a copy of the written report to the head of their organization. One report from an organization will be considered adequate to meet the law’s reporting requirement. Mandated reporters cannot be dismissed or otherwise penalized for making a report required by the Child Protection Law or for cooperating with an investigation. Even though the written process may seem redundant, the written report is used to document verbal reports from mandated reporters. Any necessary or beneficial documentation may be

included with your written report and will be electronically attached to your referral upon receipt. This could include, but is not limited to, medical reports, police reports, written letters, or photographs.

Internal Documentation

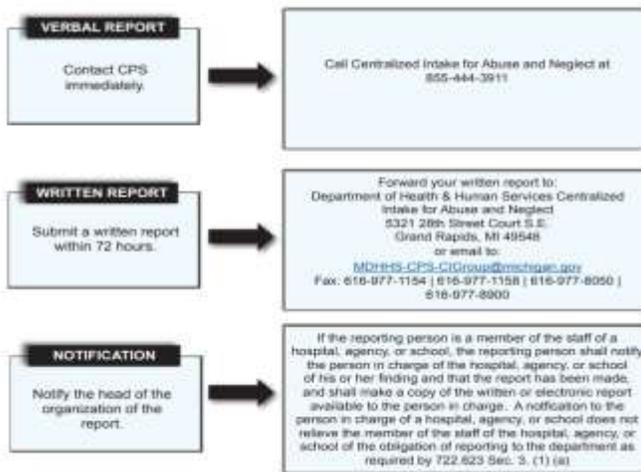
Staff involved must also complete an AFTH II incident report and attach the 3200 form. This will be kept with the Chief Administrator for review and reporting protocols.

Compliance with Law

Mandated reporters are always required to report suspected child abuse and neglect to MDHHS. Specific MDHHS personnel are required to report to MDHHS Centralized Intake when child abuse and neglect is suspected during the course of employment with MDHHS. The report must be made directly to MDHHS Centralized Intake. There are civil and criminal penalties for a mandated reporter’s failure to make a report. Likewise, there is a civil and criminal immunity for someone making a report in good faith. The reporter is not expected to investigate the matter, know the legal definitions of child abuse and neglect, or even know the name of the perpetrator. The Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with the Children’s Protective Services (CPS) division.

Reminder: All staff are mandatory reports. This means that once hired you are never considered to be off the clock so they must report reasonable suspicions even when they aren’t working and are amongst friends or family.

TABLE 1: Mandated Reporting Steps



Child Safety

If it is found that the incident being reported involves a resident of the facility then a safety plan will be implemented. A plan will be completed with staffing supervisor and Chief Administrator to control and manager danger/threats to the child. A safety plan will address the specific behavior and the emotion or condition that results from the child being unsafe. This plan will be provided to all individuals authorized in resident’s case. A safety plan will remain in effect as

long as a case remains open and parent(s)/legal guardian(s) do not have sufficient protective capacity to protect the child

INDEPENDENT LIVING SERVICES

R 400.12501 DEPARTMENT AUTHORIZATION.

AFTH II Board of Directors will ensure that all documentation is provided to the Michigan Department of Health and Human Services-Child Care Licensing Bureau. All rules and regulations as written will be followed and enforced throughout the facility and by the personnel.

R 400.12502 PROGRAM STATEMENT.

The Chippewa County Family Project (CCFP) is a non-profit 501c 3 organization which provides administrative oversight to the Arfstrom Faunt Teen Home II-Independent Living Program. The Arfstrom Faunt Teen Home II-Independent Living Program is a private, non-secure state-licensed Child Placing Agency accredited by CARF.

SECTION 1: INDEPENDENT LIVING DESCRIPTION

Located in Eastern Upper Peninsula, in Sault Ste. Marie, Michigan, the Arfstrom Faunt Teen Home II-Supportive Independent Living Program (AFTH-II SIL) supports up to (5) male and (5) female residents between the ages of 16 – 20-year-olds in building independent living skills while managing their mental health and overall wellness. AFTH-II SIL has two separate housing units with 5 single bedrooms within each housing unit that has 16-hour staff support. Upon enrollment, residents will develop life skills, self-discovery, and self-sufficiency. AFTH-II SIL is a program that is structured for long-term placement which can lead up to 24 months, but the length of placement varies with each resident and depends on the assessment that identify less intensive level of care or independence.

Residents are required to attend either school, work, or structured independent living programming daily. The AFTH-II SIL is designed for individuals who are ready to learn how to live in a less structured environment. This facility has developed a life-changing environment that helps underachieving young adults form the necessary skills that will assist them in transforming their thinking and cross the bridge that leads to adulthood.

THESE SKILLS INCLUDE:

- Goal setting.
- Financial planning.
- Cleaning.
- Time management.
- Vocational training.
- Etiquette.
- Sleep hygiene
- Ending self-defeating behaviors.
- Learning how to have fun in a safe way.
- Effective communication.
- Exercise.

- Nutrition.

AFTH-II SIL also provides services that are team-based, and include intensive case management, skill-building, fiscal management, relationship-buildings, community living activities, and overall development of individual strengths. AFTH-II SIL staff practice a young-adult-adapted version of person-centered therapeutic models, which are evidence-based practice measures that are effective in crisis prevention and intervention models for residential care providers.

AFTH-II SIL will provide access to evidence-based supported employment and supported education. By linking these two vocational programs with clinical support, our young adults will build work and school experience that prepares them for employment and post-secondary education opportunities. Furthermore, all residents will work with a transition specialist who will link them to future benefits of support services.

SECTION 2: ADMISSION/REFERRAL

A shared experience among all AFTH residents is their aspiration to achieve their life goals, even if they have not yet realized them. Whether due to trauma, mental health struggles, or acting out in some way, all our residents have deviated from their intended path and/or struggled to establish a clear path to get where they want to go in life. We assist residents in developing a sharp vision and figure out how to execute it, while also resolving whatever issues are getting in the way of their goals.

Each prospective referral received from the Department of Health and Human Services, is evaluated to ensure AFTH II SIL can provide appropriate services for the resident's overall health, safety, and success. If accepted into AFTH II SIL, the resident, family, and/or DHHS Representatives will be provided information on the admission, care, safety, supervision, methods for addressing resident's needs, implementation of service plans, and discharge of residents. Each resident will receive a designated stipend monthly from DHHS which will assist in the contracted room rent to maintain the resident's compliance. AFTH II-SIL will ensure that no resident is required to pay room rent that exceeds 30% of the monthly stipend provided. This will be monitored by the social services worker and/or designee. Any/all notifications required prior to entry will be sent via U.S. Postal Services to the family and/or designated guardian of individual.

During admission, all residents will be provided a tour of the facility, a review and hard copy of all the services offered, authorization of the contract terms and conditions for placement, and review of the facility policies and procedures. All documentation will be noted and acknowledged for understanding by all parties.

A certain level of willingness to accept assistance is valuable among our residents. Our expertise lies in nurturing their confidence and cultivating a profound sense of belonging. Through the practice of esteemed actions, self-esteem flourishes, allowing our residents to both feel their best and be their best – a reciprocal journey.

AFTH-II SIL does not hold any prejudice to a prospective resident's history for admission consideration. However, we are not equipped to service the severely mentally limited and/or disabled.

SECTION 3: SUPERVISION

AFTH-II ILP provides 16-hour onsite staffing. AFTH-II-SIL will provide a minimum of one on-duty direct care worker for every four residents during (8) waking hours. AFTH-II SIL will provide a minimum of one on-duty direct care worker for every four residents during (8) sleeping hours. At night, staff will be onsite for an emergency and/or checks on all residents. Staff are trained in various models for quality improvement, safety, and crisis intervention to provide the best services for the youth in AFTH-II SIL care and supervision.

AFTH-II SIL provides each resident with a person-centered service plan that has coordinated interventions in structured programming. Each program is modified based on the identified behaviors documented in case records, self-report, and coordination with outside agencies. All service plans will include educational services, job placement services, life skills, and community linkages.

SECTION 4: EDUCATION

Our residents come to us with a history of academic struggles including underachievement, low motivation, and learning differences. Residents who may have a combination of trauma, anxiety, depression, substance use, and ADHD often have faced difficulties with academic success. Lack of academic success due to any of these factors can have a significant impact on mood and self-esteem and can lead to a belief that higher education is unattainable.

At AFTH II SIL, our Master's-level academic coordinator and case manager offer our residents expert help in the following areas:

- College applications
- Project planning
- One-on-one tutoring
- Time management
- Understanding syllabi and planning assignments
- SAT prep
- ACT prep
- GED prep
- High School completion

We provide our residents with transportation to class, computer access, and all the tools and support they need to excel in traditional and/or online educational settings. We also provide a united front across the spectrum of our academic, residential, and clinical teams, addressing the issues that have held our residents back in the past and supporting them in innovative approaches to school that translate into real success.

High School Completion

Completing high school while at a young adult transition program can provide an excellent opportunity for residents to reach this important milestone while also gaining other necessary life skills simultaneously. At this age, returning to a traditional high school setting may feel like a step backward and depending on the number of credits a resident has left to finish, it can take quite a while. AFTH II SIL will assist high school aged residents with three options for attaining their diploma including finishing their credits by attending the Sault Area High School, attending Sault Area Alternative School, or assistance in the General Education Diploma program in Chippewa County School Districts.

College/University Enrollment

Some of the residents may have already received a high school diploma or GED from a recognized program. Residents who would like to continue their academic success will have the opportunity to enroll in different options that are available which include but not limited to: Lake Superior State University, Bay Mills Community College, Sault Area Technical Courses, or an accredited online college/university. Each resident will have a person-centered care plan that will assist toward their overall education goals.

Academic Advising

In addition to receiving individual coaching and support from their Case Manager, residents can also collaborate with our master's-level Academic Advisor. With over 15 years of experience in social worker academics, she has remarkable success helping adolescents/residents navigate the college application process and credit transfers, as well as helping residents learn to identify and access supports within their school system, a skill that will benefit the resident after they leave AFTH.

Developmentally speaking, young adulthood is naturally a time of self-discovery and decision-making as it relates to education and vocation. Many of our residents, however, come to us lacking a sense of direction, interest, or intrinsic motivation. We provide the opportunity for career development and exploration to help residents begin to conceptualize their futures.

Tutoring Services

If deemed necessary, each resident will have the option for tutoring services both in the facility and at the school of selection. All residents within this selection will have weekly reports from the school and establish a plan for course make-up and/or recovery services.

IEP/504 Plan

Prior to arriving, the case manager will confirm any previous or current IEPs or 504 Plans for a resident. This will ensure that upon entry into the facility and admission into public school/school of choice, the required 30-day review meeting is initiated immediately.

Throughout the stay of the resident, staff will be coordinating with the school on a regular basis to maintain compliance. All residents, regardless of status upon entry, will be monitored for further testing and/or services related to their educational success.

SECTION 5: CAREER/JOB PLACEMENT

While in our program, residents have access to a career matching and personality report. This assessment generates helpful, individualized information that residents can use to make decisions about educational paths and future career directions. The Greenwood System is a research-tested, dependable, and valid career matching process that uses up-to-date psychometric tests to explore four domains which include Abilities, Interests, Values, and Personality. The intersection of these four domains is where the Greenwood System finds the best career matches.

Residents who choose to complete the assessment review the findings with their treatment team and formulate short-term and long-term plans that can help them reach their career goals. For residents who previously lacked motivation, direction and a sense of purpose, this process can propel them forward with newfound excitement about their future. In short, if you want to work while you are here, you will. But we take it a step further, also helping identify long-term passions and a clear career path.

AFTH-II SIL residents often had little or no sustained success in the job market prior to enrolling with us. Some have had brief forays into careers that were cut short because emotional issues or negative behavior hampered their performance. Our experienced staff members specialize in helping our residents build confidence through success in the workplace.

Behavioral issues, time management, ADHD, trauma, depression, social anxiety, and substance abuse are all issues which can interfere with young adults successfully entering the workforce. At AFTH-II SIL, we help our residents overcome these obstacles and enjoy vocational success.

Each resident is assigned an experienced case manager, who helps them navigate the logistical and emotional pitfalls that might otherwise make securing and keeping gainful employment impossible.

The case managers and clinical team help in the following areas:

- Career counseling.
- Vocational training.
- Resume building.
- Job interview skills.
- Following through after an interview.
- Time management to ensure timely arrival for work each day.
- Balancing work and play.
- Handling workplace conflict.

Practical “life skills” are crucial skills that encourage balanced and healthy living. We prepare our residents to live independently and instruct them on many things including but not limited to:

- Budgeting and money management
- Cooking
- Cleaning
- Self-care
- Physical health through nutrition and exercise
- Applying and interviewing for jobs
- Time Management and scheduling
- Many other aspects of etiquette and social protocol

SECTION 6: MENTAL HEALTH SERVICES

Therapy/Medication Management

All residents have the option to be assessed for any mental health or substance abuse concern. A resident may request a referral for an outside resource which may include individual, group, or psychiatrist services. The case manager or ILP Coach may assist the resident in scheduling an appointment and/or any transportation services.

SECTION 7: HEALTH CARE

Medical/Dental

Upon arrival, all residents will be assessed for any health concerns. Staff can assist a resident with scheduling any type of health care appointment. This will be documented for coordination of care to support a resident in consistent primary care provider services. The resident will be able to utilize a pharmacy of choice to accept a new patient and coordination on delivery of medication services.

SECTION 8: NUTRITION

AFTH II SIL will educate our residents on nutrition and health, and coach them to do their own grocery shopping and cook their own meals. Exercising options will be available to our residents and to use by choice. AFTH II SIL will encourage and support healthy eating and exercising to each resident. Nutrition, when combined with therapy, exercise, supportive peer interaction, and mindfulness, works synergistically to help our residents feel their best.

AFTH-II SIL is in an optimal rural area which may provide a safe and natural atmosphere that lends itself to self-reflection and personal growth. Our user-friendly, community integrated campus is just stepping away from coffee shops, restaurants, and world-class hiking and biking trails, including just a short distance from two well-known areas attractions: Tahquamenon Falls and Mackinaw Island.

SECTION 9: OTHER RESOURCES

AFTH-II SIL has several partnerships with outside agencies to provide additional resources to the residents within the facility. Within a 5-mile radius, AFTH-II SIL has direct access to indoor skating rinks, indoor gymnasiums, a rock-climbing wall, bowling, life guarded swimming pools, parks (outdoor basketball/volleyball/tennis/baseball/football), hiking trails, and designated fishing areas. For residents interested in cultural services, two local Federally Recognized Tribes are within a 30-mile distance and can assist with traditional activities and services. Residents who would like to attend religious or spiritual ceremonies could designate a preference to join within the area.

CCFP-AFTH II SIL has a QR Code that will provide direct access to the organization's website, social media, local attractions page, hotels/restaurants page, and electronic donations methods.

R 400.12503 POLICY AND PROCEDURES.

AFTH II ILP has independent policies and procedures for employees, residents, and the facility. Within each policy manual, it will demonstrate the policy and procedure as required within this section. The following information is required to be maintained and is addressed in detail within the context of this policy manual:

- Eligibility requirements for youth to participate in the program.
- Types of living arrangements provided or approved.
- Agreement between youth and agency.
- Service plans.
- Supervision provided by the agency.
- Amount of financial support and how it is disbursed. An agency may not withhold financial support intended for the youth while the youth is actively involved in the program.
- Education, vocational training, and employment.
- Human trafficking awareness and prevention for youth.
- Medical , dental, and mental health care.
- Independent living record.
- Termination.

Upon admittance, all residents receive a copy of the agency's policies and procedures.

R 400.12504 ELIGIBILITY REQUIREMENTS.

Residents who are temporary or permanent court wards are eligible for Independent Living programs for youth in Michigan as preparation for emancipation from the foster care system.

A resident must meet the following criteria for consideration for AFTH II-ILP:

- Resident must be between the ages of 16 and 20 years.
- Resident must be a temporary or permanent court ward.
- Independent Living for teens and young adults must be the most appropriate program for the resident.
- Resident must be willing to commit to an individual contract with AFTH II ILP that specifies the living arrangement, school or vocational plan, budget, and a schedule for meetings with the IL Social Services Worker.
- Social Services Worker must observe and determine that the living situation is safe, and that the youth has access to cooking and bathing facilities.
- Resident must have specific and relevant resources that provide suitable social, physical, educational, vocational, and emotional needs to meet.
- Resident must exhibit maturity in self-care and personal judgment.
- Resident must have or agree to a suitable living arrangement.
- An evaluation must take place to determine the need and/or level of supervision necessary.
- Resident and Social Services Worker must meet to determine if the youth has financial support to meet the needs of housing, food, clothing, and miscellaneous expenses.

Each prospective referral received from the Department of Health and Human Services-Resident Placement Unit, is evaluated for the services AFTH II SIL can incorporate to ensure the health, safety, and success of all residents. If accepted into the facility, the resident, family, and/or DHHS Case Managers will be provided information on admission, care, safety, supervision, methods for addressing resident's needs, implementation of service plans, and discharge of residents.

R 400.12505 SUPERVISION.

AFTH-II ILP will work collaboratively with each other to ensure that each resident has proper supervision provided based on the evaluation determined by the Social Services Worker. On a monthly to as needed basis, the Social Services Worker will have a face-to-face contact with the resident at the facility. The Social Services Worker will review the residents' current living conditions, service plan, programming plan, appointments scheduled, and monthly budget. This will allow each resident to discuss any concerns or questions with the plans as determined. All residents are provided with an emergency contact list. This list will have all information readily available for the services offered within the program 24 hours a day, 7 days a week.

R 400.12506 EDUCATION/VOCATIONAL TRAINING/EMPLOYMENT.

It is the AFTH II SIL 's goal to assist residents with the guiding principles for a successful future. The priority is education. If the resident is not able to maintain a "passing" grade point average in the current marking period they would not be eligible for work experience. If the resident has passing grade point average they can apply for work after school hours or on weekends. The resident must request this to his/her case manager for review as proper scheduling/coordination will need to take place. If the case manager approves proper scheduling of work, then the resident will adjust this into lifestyle flow. The social services worker will assist with any transportation needs that may be needed during the process.

The AFTH II will follow written policy and documentation for all residents, if work is applicable which includes but not limited to:

- How and when residents are or are not compensated for working. Residents will provide documentation on job description, location of job placement, compensation of job duties, and schedule of work assignment. This will be approved by designated staff to ensure safety, guidance, and ability of resident. Once approved, staff will add all information within residents' file.
- Means of protection from exploitation. During staff review of resident's proposed job placement, exploitation of the resident will be examined. If found, resident will not be able to seek employment with job placement.
- The types of work experience that residents will engage in. Depending on the resident's case plan, residents will be assisted in appropriate job placement to ensure appropriate environments for success.
- Work experiences for a resident shall be appropriate to the age, health, and abilities of the resident. Staff will ensure all residents considering job placement is appropriate. All State

of *Michigan* laws and regulations will be followed for underage working abilities. Staff will ensure all measures are followed.

- Residents shall not be permitted to work for staff members' personal gain and shall be protected from personal exploitation.

R 400.12507 MEDICAL, DENTAL, AND MENTAL HEALTH CARE.

Within 24 hours, AFTH staff assess the medical, dental, and behavioral health needs of each resident. If an individual needs immediate attention within these areas staff will contact providers within the designated area of specialty to ensure proper health care.

All staff are required to assist residents with previously documented health plans. This includes all prescribed medications by a physician, health authority, or the agency.

Routine and Emergency Medical Care

Routine Medical Care

During orientation into the facility, all residents will be assessed on current health care conditions. A medical intake form will be completed. If any medical, dental, behavioral health or other medical care concern has been identified staff will take steps to ensure that care is provided as necessary.

- If a resident has an established health care provider, AFTH will assist a resident with scheduling appointments and maintaining care.
- If the resident does not have established care and needs health services, the staff will ensure proper health care is established and maintained to meet the needs of the individual.

AFTH has formal and informal agreements in place with key providers to ensure immediate services are provided to residents:

- Weber and Devers-Behavioral Health Services
- Sault Tribe Health Center-Medical, Dental, Pharmacy, Optical, and Behavioral Health
- Bay Mills Health Center- Medical, Dental, Pharmacy, Optical, and Behavioral Health
- Diane Eppler Crisis Center-Victim Services
- Great Lakes Recovery Center-Substance Abuse Services

Emergency Medical Care

If it is found that a resident needs emergency medical care services staff will transport resident by:

- Car-to a walk-in clinic, after-hours care facility from established provider, or local emergency room (My Michigan Health)
- By ambulance to the nearest emergency room (My Michigan Health)

Staff will remain with the resident until the treatment and/or medical service plan has been completed. Staff will notify the Chief Administrator who will contact all essential personnel and/or agencies for emergency care.

All service plan options will be reviewed by the Social Services Worker and/or Parent/Guardian/resident to determine proper course of treatment for resident. All documentation will be placed within the resident file. All contact with various parties will be charted within the resident file. All medical information will be placed in a resident file which is in a secure double locked location and not accessible by unauthorized staff, residents, or volunteers.

Health Screening Procedure

As previously discussed, all residents will have an initial health screening survey. This will determine any underlining conditions and/or the need for further treatment. If no emergent or life-threatening concerns are found, the residents will have established well-child/annual health care visit to ensure proper medical evaluations. If other health concerns are found, staff will take steps to assist a resident to scheduling additional care within 30 days of entry.

Documentation of Medical Care and Maintenance of Health Records

All residents will have a medical documentation section within their charts. This section will have any/all necessary health information which includes but not limited to:

- Health History Record.
- Intake Health Screening Form.
- Physical Examination Records.
- Medical Sheet.
- Notes from Medical scheduling and appointments.

All residents' files will be kept in a secure and double locked location that is not accessible by unauthorized personnel. Records will be reviewed regularly to ensure all medical needs are being resolved and maintained.

Medication Distribution

Upon admission, the staff member will verify the medication selected for administration is the correct medication based on the medication order, medication product label, and residents MAR fact sheet. The staff member will then assist the resident in proper administration of all medication(s) to ensure the resident will be aware of the following information concerning each medication before administration:

- Resident Name
- Medication
 - Medications will be in the original pharmacy container.
- Dosage
- Route
- Day/Time
- Understand resident right to refuse
 - If refusal, this must be documented in the chart and supervisor notified.
 - No medication will be left unattended by a resident during any time unless specific instructions are provided (example: inhaler or respiratory medications)

Medications Storage

All medications will be kept in original medication bottles. All refrigerated medication will be placed in the refrigerator. Temperature checks will be conducted for the refrigerator to ensure proper maintenance and control.

Medication Change/Review

During the initial primary care provider visit, a medical history is provided which includes the current medication list and previous diagnoses. The primary care provider will assess the medications for continuation and refill. If any changes are requested, this will be discussed with the Social Services Worker.

If an emergency arises, staff will have resident assessed at My Michigan Emergency Room or My Michigan Urgent care for evaluation and/or recommendation. The discussion will be documented in the residents' chart.

Medication Refill/Pick-up/Drop-Off

It is the resident's responsibility to ensure all prescriptions are filled. The Social Services Worker or other designed staff will work with the resident to ensure all prescriptions are filled out on a monthly to as needed basis. If the prescription needs to be called to the primary care provider, then the resident will call for a refill. If necessary, staff will coordinate any additional information with the primary care provider. Unless urgent pick-up, all medications are filled and delivered by the pharmacy. If urgent, the resident or designee will pick up the medication.

R 400.12509 INDEPENDENT LIVING RECORD.

AFTH II ILP maintains a case record for all residents placed in the independent living facility. All information obtained, and records maintained, regarding the child and child's parents and/or relatives confidential which shall not be released information to any unauthorized individual or agency. Any individual or agency requesting information will need to have proper authority or have written consent for confidential informational compliance with the Health Insurance Portability and Accountability Act (HIPAA) is a federal law that helps protect the privacy of individual health information. For individuals living with mental illness, this law is important, because it helps protect confidential mental health treatment records. All records shall be maintained in a uniform and organized manner, shall be protected against destruction and damage, and shall be stored in a manner that safeguards confidentiality. All records shall be maintained for not less than 7 years after discharge from the facility.

Within the first 30 days of acceptance into the facility, all case records shall have the following information which will be reviewed and updated every 90 days:

- Name.
- Social security number.
- Address and telephone number.
- Date of birth.
- Gender.
- Race.
- Height.

- Weight.
- Hair color.
- Eye color.
- Identifying marks.
- A photograph updated on an annual basis.
- Documentation of the agency's legal right to place a youth.
- The names, addresses, dates of birth, and social security numbers of the youth's parents, if any.
- The names, dates of birth, and addresses of the youth's siblings, if applicable.
- The names and addresses of any offspring.
- The names and addresses of any other significant persons.
- Current documentation of financial support sufficient to meet the youth's housing, clothing, food, and miscellaneous expenses.
- The date, location, documented purpose, and a summary of the findings of each contact between the youth and the social service worker.
- Current adjustment.
- The youth's relationship with family members and agency efforts to resolve family conflicts.
- Medical and dental records.
- Birth certificate
- Current and change of placement documentation.
- All services plan completed (initial/updated)
 - If the youth has biological children, the service plan must address the living arrangement for the child or children, visitation/ 30 parenting time with the youth's biological children or a clear explanation why this is not possible or appropriate.

R 400.12510 INDEPENDENT LIVING AGREEMENT.

AFTH II-ILP has a mutual agreement that will be reviewed, acknowledged, and signed by the resident and the authorized representative of the organization. This agreement will provide the specific responsibilities of the agency and the youth. The agreement will contain the plan for education, work, and AFTH II ILP programming. It will be required that the resident must meet with the Social Services Worker at least one time per month for supervision. All residents reside at the AFTH II ILP at: **689 E 3 Mile Road, Sault Ste. Marie, Michigan 49783.** The physical address will be listed within the service agreement. This agreement will be reviewed with the resident every quarter during supervisions. The resident will be provided with a copy of the executed agreement.

R 400.12511 TERMINATION.

AFTH II-ILP reserves the right to terminate the independent living services for any resident in violation of the rules and regulations set forth for AFTH II-ILP. Within 30 calendar days the following information will be provided within the said resident's case record:

- The reason for the termination.
- The youth's new location.
- A summary of the services provided during care and the needs that remain to be met. (d)
Provision for any follow-up services.

Prior to discharge, AFTH II ILP will ensure that each resident will have the following:

- Basic information about health, housing, counseling and mental health services, and emergency resources.
- A birth certificate.
- A social security card.
- The youth's funds and personal property.