



Handbook 2011

After - Care - Community - Circle

AC3

The purpose of AC3 is to provide continuing support for youth who are struggling with chemical dependency issues. AC3 is not intended to replace existing treatment or support that is already in place, but hopefully provides additional support for youth to successfully reintegrate back into the community after chemical dependency treatment. AC3 will provide youth struggling with chemical dependency issues a place to share their story and receive support from others in recovery and community members along the way.

AC3 is guided by the fundamental philosophies of Circle to provide accountability, support, and encouragement to each other on the path to recovery. Individuals in AC3 will be encouraged to not only participate, but to also take ownership of the Circle and help determine its direction. AC3 is a Talking Circle where youth have the opportunity to address any issue, but primarily those issues related to chemical dependency, their after care plan, and recovery.

Participants in AC3 will include those interested in helping support juveniles who are reintegrating back into the community after treatment. Referrals to this Circle will be asked to have a support person with them each time AC3 meets. In addition to the Restorative Justice Coordinator, members of the community will be asked to volunteer. Personal or professional knowledge of chemical dependency issues is helpful as a volunteer in this Circle. Providers working with the juvenile and their family are also welcome to participate.

CIRCLE

“Our ancestors gathered around a fire in a circle, families gather around their kitchen tables in circles, and now we are gathering in circles as communities to solve problems. This peacemaking practice draws on the ancient Native American tradition of a talking piece and combines that with the concepts of democracy and inclusivity.”

Values of the Circle

The core values of Circles are reflective of both the necessary qualities which need to be present for each Circle to have meaning, as well as important values of the communities. No value carries more significance than any other. Participation in the Circle process indicates acceptance of these values both in word and action. The values are interdependent, sharing certain features among them. Below are some a few of the shared values common to Circle.

Respect

Respect acknowledges the dignity and worth of each individual. It ensures that every participant experiences acceptance into the Circle, and ensures that everyone is heard with equality. It requires every participant listen to everyone else. Respect means that all members of the Circle participate

within the guidelines set by the Circle. Furthermore, respect is critical in achieving the consensus decision making necessary for Circles to be successful.

Respect is also important in understanding the concept of honoring the talking piece. When others are holding the talking piece, it is important for participants to view the piece as an opportunity for reflection. When the talking piece is held out for open discussion, it continues to have importance and should be honored by conducting discussion in a respectful manner. The talking piece is a symbol of the interconnectedness and shared responsibility of the participants in the Circle, and it should be held respectfully.

Humility

The strength of character to recognize the humanness of self and others, and to be inclusive and thankful for everyone's participation in the Circle, is to have humility. Humility helps create partnership between participants. Humility is closely tied with the value of honesty, mostly in terms of honesty with self.

Compassion

Compassion indicates a genuine concern for the welfare of others. For the supportive relationships of Circles to be built, participants need to enter the Circle process open to feeling compassion for others whom they will join on the Circle journey.

Honesty

Accountability is an indisputably important element in the Circle process. Trust is necessary for accountability, but neither can be achieved without honesty. People need the support of others to make affirmative changes in their lives and honesty is the basis for building those strong relationships within communities. Furthermore, dishonesty can quickly result in hostile feelings which undermine the Circle process. It is necessary for each participant to strive for honesty with themselves and others to help provide a positive experience for everyone involved.

Confidentiality

Confidentiality in Circle is often stated as, "What is said in Circle stays in Circle." Personal and sensitive issues are often discussed in Circle by all present. This shared value promotes honesty and respect. All participants are expected to honor this value. The only exceptions to confidentiality in Circle are mandated reporter requirements.

Holding a Circle means creating a safe space, where these values are honored.

(* Pranis, Kay. *The Little Book of Circle Process; A New/Old Approach to Peacemaking (Intercourse, PA; Good Books, 2005)*,

Referral Sources:

Redwood County Rule 25 Assessor	Woniya Kini	Redwood County Human Services
Minnesota Department of Corrections		Restorative Justice Advisory Board

Referral Criteria:

A current Redwood County resident
Is between the ages of 12 and 19 years old
Is returning to the community from CD Treatment
Chemical use is a major reason youth is involved in the Criminal Justice System
Is likely to relapse without continued support

Referral Process:

The referral source identifies possible participant and discusses AC3 with youth and parent/guardian. Once the youth and parent/guardian are identified, page one of the Referral Form can be filled out and sent to the Redwood County Restorative Justice Coordinator along with a copy of the most recent Rule 25 or related information.

The Restorative Justice Coordinator and AC3 members may meet with the family prior to completion of treatment if possible to discuss AC3 and answer any further questions the family may have. At this time page two of the Referral Form and the Release of Information are signed.

Participants will be given a brief Entrance Form to fill out to bring to their first scheduled Circle. The applicant will read the form and then answer any questions from those in the Circle. Once the participant has finished their Entrance Form and accepted the guidelines, they will be accepted into the Circle. The referral source will be notified and a copy of the Release of Information will be sent.

Expectations:

Expectations and guidelines for involvement in AC3 will be determined by all those in the Circle through consensus. Participants referred to AC3 are expected to follow their after care plan, attend the AC3 Circle as scheduled, participate and be respectful of all involved.

As part of their aftercare plan, participants are expected to commit to AC3 for the first 6 Circles following their return to the community from chemical dependency treatment. Unexcused absences or chemical use before completing the attendance requirement could result in additional Circles, to be determined by those in AC3. Once the attendance requirements are complete the participant may choose to discontinue their participation in AC3. Participants will be encouraged to continue attending as long as they want support and also to help support those who remain in the Circle.

If attendance, participation, or safety becomes an issue, Circle members, through consensus, may refer the participant back to the referral source. The referral source along with any other providers will be notified if a participant is no longer involved in AC3 for any reason.

Confidentiality and Mandated Reporting

Personal and sensitive issues that are discussed in the Circle are kept confidential between all Circle members, including names of juveniles who may be involved as participants or family members. One of the primary values of the Circle is that what is said in the Circle stays in the Circle. All participants are expected and required to honor that value. Participants in AC3 do relinquish a degree of privacy to gain the benefits of the Circle process. The Restorative Justice Coordinator will keep brief summaries of Circle meetings which will remain factual and objective. The following are exceptions to the confidentiality of Circles. If any of the following are disclosed in Circle, the Restorative Justice Coordinator or Circle Keeper will report it immediately to the appropriate agency.

- Threats of homicide
- Threats of suicide
- Abuse of a child
- Abuse of a pregnant woman
- Abuse of a vulnerable adult

Redwood County AC3 Referral Form

Participant's Contact Information

Name: _____
Address: _____
Phone: _____ Home: _____
Email: _____

Parent or Guardian's Contact Information

Name: _____ Relationship: _____
Address: _____
Phone: _____ Home: _____
Email: _____

Name: _____ Relationship: _____
Address: _____
Phone: _____ Home: _____
Email: _____

Referral Source Contact Information

Name: _____
Agency: _____ Phone: _____

Send Necessary Referral Information To:
Mark Triplett Restorative Justice Coordinator
Redwood County Courthouse
250 S. Jefferson St. P.O. Box 130
Redwood Falls, MN 56283

Redwood County **AC3** Referral Form

I am applying to AC3 and I agree to the following conditions:

1. I understand participation in AC3 is part of my after care plan. As a member in AC3 I agree to all guidelines set in Circle. I agree to fully participate, be respectful of the Circle process and its members. I agree to all attendance requirements. If I am asked to leave AC3 for any reason or decide to discontinue my participation, the referral source will be notified.
2. Under various Minnesota laws, I am entitled to a certain extent of privacy. By entering AC3 and the Circle process, I give up some of my right to privacy. While all members in Circle are encouraged to respect my privacy and keep discussions confidential, there are no guarantees or assurances that my privacy will be protected.
3. I understand and agree that if during this process I disclose information about physical abuse, neglect or sexual abuse of a child, or maltreatment of a vulnerable adult, that information must be reported to Human Services, Police Department, or the County Sherriff under Minnesota Statute 626.556 or 626.557. This may result in court proceedings or criminal prosecution.
4. I agree to sign the Release of Information Form which may include new or updated assessments or evaluations.

Witnessed and Approved By Parent/Guardian

(Signature of Applicant)

(Signature of Parent/Guardian)

Send Necessary Referral Form To:
Mark Triplett Restorative Justice Coordinator
Redwood County Courthouse
250 S. Jefferson P.O. Box 130
Redwood Falls, MN 56283

Redwood County **AC3** Release of Information

Release of Information

I, _____, authorize Redwood County Restorative Justice Coordinator and AC3 Circle members to receive, release and exchange information with the following:

- Restorative Justice Advisory Board _____
- Redwood County Rule 25 Assessor _____
- Woniya Kini _____
- Redwood County Human Services _____
- MN Department of Corrections _____
- CD Treatment Center _____
- Redwood Area Law Enforcement _____
- School _____
- Employer _____
- Other _____

Please release any required information concerning my personal history, all psychological, psychiatric, chemical dependency evaluations, treatment records, and all other personal data within your agency.

Purpose of Release: Attend Redwood County's After Care Community Circle

I understand that my records are protected under the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, and cannot be disclosed without my written consent or unless otherwise provided by law. I understand that this data may, after release to the above named entity, be defined as Court Services Data, as defined by Minnesota Statutes Section 13.84, subdivision 1, and as a result may be classified as either public, private or confidential data as defined by the provisions of Minnesota Statutes, Section 13.02. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, supervised release, work release, etc). I also understand that if I do revoke this consent prior to the expiration date, the revocation must be made in writing by me and delivered to the agency listed above. In any event this consent expires automatically as described below.

Specifications of the date, event or condition upon which this consent expires: Until Court jurisdiction ends.

Executed this ____ day of _____, 20__.

Signature of Participant

Signature of Parent or Guardian

Redwood County **AC3** Entrance Form

Name: _____ Date: _____

1. Share what you think would be helpful for others in the Circle to know about you and your history. What brings you here today?
2. What do you consider your greatest strengths?
3. What do you know you struggle with?
4. What is important to you? What do you make a priority?
5. How do you feel AC3 can help you?

I understand the expectations of AC3 and agree to follow the guidelines Circle members create. If I am asked to leave AC3 for any reason or I choose to no longer participate, I understand the referral source will be notified.

Signature of Applicant

Date

Signature of Restorative Justice Coordinator

Date

AC3 Supports:

Please list at least 2 support people. Preferably these individuals will be family members or friends that you would feel comfortable talking to about personal issues during times of need. Support members must read the following and agree to the required activities.

As a support person, I will attend AC3 meetings and work with the Circle to help carry out the plan for this applicant. I will be honest and respect the values of Circle.

1. _____
Name Phone Date

Signature E-Mail

2. _____
Name Phone Date

Signature E-Mail

ACCEPTANCE INTO AFTER CARE COMMUNITY CIRLE

Redwood County AC3 accepts _____ rejects _____ applicant into the Circle.

Signature of Restorative Justice Coordinator

Date

Redwood County **AC3** Volunteer Form

Name: _____

Address: _____

Phone: _____ Work/Cell: _____

Email: _____

1. I read the AC3 manual and met with the Restorative Justice Coordinator to discuss AC3 and the Circle process.
2. I understand the purpose of AC3 is to provide support to juveniles with chemical dependency issues returning to the community after treatment and to increase the likelihood they remain drug and alcohol free.
3. I understand the seriousness of my role in AC3 and the Circle process. Confidentiality is extremely important and if I disrespect confidentiality, I will be asked to discontinue my participation in AC3.
4. I understand that if I plan to have any one to one contact with a youth outside of AC3, I will be asked to share my plan with the Circle and the Restorative Justice Coordinator prior to meeting with the youth.
5. I understand that in order to participate in AC3 I must submit to a background check. This is done to protect all participants from volunteers with backgrounds of predatory behavior. This does not exclude volunteers based solely on past convictions.
6. I understand that AC3 has the right to refuse/reject a volunteer's request to participate at any time if they are a threat to the integrity of AC3 and the values of Circle.

Signature of Volunteer

Date

Redwood County **AC3** Background Check

I, _____, authorize Redwood County's Restorative Justice Coordinator to receive, release and exchange information with the following:

- Restorative Justice Advisory Board _____
- Redwood County Attorney's Office _____
- Redwood County Human Services _____
- MN Department of Corrections _____

Please release any required information concerning my personal history, all psychological, psychiatric, chemical dependency evaluations, treatment records, and all other personal data within your agency.

Purpose of Release: Background Check for AC3 Volunteer

I understand that my records are protected under the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, and cannot be disclosed without my written consent or unless otherwise provided by law. I understand that this data may, after release to the above named entity, be defined as Court Services Data, as defined by Minnesota Statutes Section 13.84, subdivision 1, and as a result may be classified as either public, private or confidential data as defined by the provisions of Minnesota Statutes, Section 13.02. I also understand that I may revoke this consent at any time.

First: _____ **Middle:** _____

Last: _____ **Maiden:** _____

Driver's License: _____ **DOB:** _____ **Race:** _____

List Previous States in Which You Resided:

Driver's License from Previous State if known:

Executed this ____ day of _____, 20__.

Signature of Volunteer

Signature of Parent or Guardian

Thank you to:

Redwood County Circle Volunteers
Restorative Justice Advisory Board
Woniya Kini Behavioral Services
Redwood County Human Services
Redwood County Administration
Redwood County Commissioners
Area AA and NA Meetings
Circle of HOPE Yellow Medicine
Swift County Circles
Minnesota Department of Corrections

Contact Information

Mark Triplett
Restorative Justice Coordinator
Redwood County
250 S. Jefferson St P.O. Box 130
Redwood Falls, MN 56283
Phone: 507-637-1139
Fax: 507-637-1141