

Our Home, Inc

# RESIDENT HANDBOOK

ADOLESCENT SEXUAL ADJUSTMENT PROGRAM

(Revised: 7/23/2020)

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# **OUR HOME, INC.**

## **Adolescent Sexual Adjustment Program**

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Welcome \_\_\_\_\_

Welcome to Our Home, Inc. Attached you will find information that we believe will make your understanding and transition to the ASAP program easier.

Your Group is here to help you and will tell you everything that you need to know to begin to learn the expectations, but do not hesitate to ask them questions if you do not understand.

The following are helpful hints to help you in doing your part to address and resolve problems:

- ◆ a willingness to be honest with the staff and other program participants
- ◆ a willing to work at growth during your treatment experience
- ◆ a willingness to try to help others during your treatment experience
- ◆ a willingness to use the tools/interventions recommended by your group and staff



We wish you every success as you begin your journey to help yourself and others, and to resolve your problems as quickly as possible.

Sincerely,

The staff and your group members  
Our Home, Inc.

## PROGRAM DESCRIPTION

The Our Home Adolescent Sexual Adjustment Program utilizes a therapeutic milieu environment, which means that during all hours the professional staff supervise the residents. The residents are offered all professional services that are deemed necessary and appropriate to assist residents in reentry into the community in a manner that will enable residents to function to their fullest possible extent. Residents are in direct contact with professional staff involved in teaching behavior management, independent living skills, social skills, communication skills, and continued enhancement of the steps of AA and Drug and Alcohol educations. Our Home utilizes the Positive Peer Culture modality regarding behavioral problems and cognitive restructuring regarding sexual issues within the program.

The ASAP portion of the program consists of three stages. These include the evaluation / orientation stage, accountability stage, and the sexual safety/re-socialization stage. Each stage will give you new skills that will help you in your program and learn to reintegrate back into society. The amount of time it takes to move forward through each stage will be different for everyone. Some of you may even need to return to work on the goals of an earlier stage if you need additional help with certain problems. For others, some assignments may be excluded depending on the specific treatment needs the resident may need to address his sexual problems.

### **Agency Goals:**

1. To either re-evaluate current psychosexual evaluations or complete evaluation within 14 days after admission.
2. To become familiar with the resident and assist resident in understanding the program by providing orientation and how to work towards gaining their release.
3. Provide guidance in assisting resident to developing a treatment plan.
4. Set up with all parties involved treatment plan review at 14 days and at least every 28 days thereafter.
5. Complete all admission assessments to assist all professionals in determining resident's status.

**Orientation Stage** – The orientation stage is used to help you and the program staff in determining the direction that you need to go to meet your objectives to successfully complete the treatment program at ASAP. The first two weeks of treatment are used as an adjustment period for you and your group as well as a time to begin to develop your first treatment plan.

**Evaluation Stage** – The evaluation stage is used to help you and the treatment staff in determining your needs and ways to aid you. This process will start by treatment staff gathering information which will best assist you and us in determining whether the ASAP program is the appropriate placement to best meet your needs. If the resident is not placed for evaluation, the resident will complete the orientation portion of their stage.

### **Residents Goals/Expectations:**

1. To better help you in working you program you will complete the telling of your life history (in group meeting), as well as completing a family genogram
2. To complete assignments developed and agreed upon during initial and subsequent treatment plans. A listing of assignments are available in this handbook.

3. To begin and then practice an understanding of program responsibility and expectations while working to accept accountability for your behaviors and show care and concern towards yourself and others.

**Responsibilities:**

- Resident will follow restrictions, responsibilities and expectation of orientation stage. The resident is also responsible for completing the above goals prior to moving to the honesty and accountability stage assignments.
- Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired through completion of stage

**Honesty & Accountability Stage** - The accountability stage is designed to assist individual residents to recognize how their actions and words affected their life and the lives of others. Being accountable is how the residents can show responsibility for past actions. On this stage, you will work towards taking accountability and/or responsibility for your actions and this will be determined by demonstrating your skills through the process of helping and caring for others. On this stage you will also have the opportunity to discovery “how to” ideas in your development of coping skills or your “tool box”.

**Residents Goals/Expectations:**

1. To accept and demonstrate responsibility for the sexual and any other illegal offenses that the resident has been involved in and to develop an understanding to which the Resident’s own physical, emotional, neglect, and sexual abuse has affected their life.
2. To understand how the Resident’s own abuse may have contributed to the distorted thinking that led to their own offenses through their sexual history, which involves an honest report of their own usage of pornography, observed sex acts, masturbation practices and any other sexual acts that led to your sexual offenses.
3. To learn to accept accountability and responsibility for your behaviors and identify what behavior you feel you need to worn on. (P.P.C twelve problems)
4. Learning to replace deviant fantasies with appropriate fantasies, “arousal control”.

**Responsibilities:**

- Willingness to show care and concern by learning to assist others in the pursuit of recognizing inappropriate behavior by calling RAP (informal/impromptu group helping session).
- Willing to make positive contributions towards helping others in your group, accept accountability for you own behavior by recognizing hurtful behavior and taking strides to intervene in appropriate ways.
- You will be asked to be a part of actively participating in development of academic improvement and setting short and long-term vocational and/or educational goals.
- Take the emotional risk and to place trust in others, show pride in your surroundings, and respect for yourself.
- Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired through completion of stage

**Sexual Safety/Resocialization (Pre-discharge) Stage** – The sexual safety portion of this stage is designed to focus on your understanding of the consequences of your behaviors to you, your family, and especially for your victim(s). Through the process, the resident will examine and recognize the barriers they have overcome to allow themselves to hurt others. The focus at the beginning of this stage is to achieve a level of empathy for those the resident has hurt, especially their victim. Empathy is strengthened by the completion of specialized assignments.

The end portion of this stage is to help you in adjusting back into the community. This portion is designed to assist the resident in developing better ways of coping and understanding community issues, situations and relationships, which may lead to making negative choices. This stage will help and assist the resident in recognizing independent living skills and learning to meet their basic needs without hurting themselves or others.

In the process of discovering themselves and learning these very important skills, we need to recognize how to combine our decision-making skills with new learned safety skills in making healthy and realistic decisions. Opportunities for applying the acquired knowledge/skills in community settings occur during this stage. Home visitations may take place to begin the family reunification process.

**Residents Goals/Expectations:**

1. Increase your understanding of the consequences of your behavior to yourself, your family, and especially to your victim and develop an understanding of what motivated you to sex offend and what barriers you overcame to do so.
2. Achieve and develop empathy towards your victims and those you have hurt
3. Identify and understand your grooming behaviors, your denial, and the setting of the scene to offend and develop an understanding and identifying pre-offense patterns and the thoughts and behaviors that are likely to lead up to re-offending.
4. Learn to identify your own thinking errors and develop a relapse prevention plan to assist and help you identify and interrupt pre-offense behaviors.
5. Increase your knowledge and ability to meet your own sexual and interpersonal needs without victimizing others by increasing your awareness of the emotional, psychological, and situational process that led to your offense and to develop appropriate alternative behaviors.
6. Increase awareness of healthy and unhealthy communication patterns by fully recognizing your thoughts and feelings and the choices you make which affects your own consequences and responsibilities.
7. Learn how to be more assertive, take positive control and develop appropriate relationships looking at how all our choices in life can affect others and ourselves.

**Responsibilities:**

- Consistently assist group members in working to manage inappropriate behaviors by calling RAPs
- Make positive contributions to the group by helping and showing care and respect to staff, group members, and teachers.
- Call RAPs to discuss your feelings and thoughts on a consistent basis and utilize appropriate coping skills to handle problems, feelings, and thoughts in an appropriate manner.
- Take accountability for mistakes on a consistent basis.

- Prepare rules and consequences, a contact list, and for home visits.
- After reaching the Thinking Errors assignment, resident is eligible to begin transition to home setting through home visitations.
- Willing to assist in developing aftercare plans for future placement, academic, or vocational training.
- With the assistance of the Family Services Coordinator, you will be looking at potential options for continued counseling, attending AA or Alateen meetings in the community in which you are planning to reside.
- Demonstrate positive leadership qualities and coping skills.
- Share your knowledge in assisting other residents in learning appropriate ways to handle problems (mentoring and role modeling for other residents).
- Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired through completion of stage

## **SERVICES PROVIDED**

The program provides youth with opportunities for re-integration. These opportunities depend on the resident's capabilities and behavior. This process assists in evaluating each resident's abilities to make better choices and good decisions. The residents are provided various therapeutic groups and other necessary services to assist them in preparing to return to society.

**Social skills:** are learned under the guidance and supervision of the professional staff. Such things as personal hygiene, cleaning, money management, and laundry skills, independent living skills, and family roles are taught to the residents

**Individual counseling:** is offered in the form of diagnostic interviews and on an "as needed basis" and are facilitated with either the psychologist or the adolescent counselor.

**Therapeutic group sessions:** are held for each group once a week for a two-hour session with the Adolescent Counselor and a trained group leader working together in the co-facilitation of sessions to address the residents sexual issues (through assignment presentations or 'teachable moments') as the group assists in developing healthy coping skills as alternatives to the offending behaviors offering healthy and safe interventions and advice.

**Group Therapy sessions:** using Positive Peer Cultural modality, are held five times a week for 90-minute sessions under the supervision of a trained group leader.

**Family counseling and family education:** is done when necessary to meet the needs of the resident in problem resolution to the extent the family is willing to participate. Family involvement is an integral portion of the resident's program and encouraged with appropriate staffings/meetings, visits with the youth at the facility, and through off ground and home visits. All involvement with the family is intended to meet the therapeutic needs of the resident.

**Family Program:** is provided 3-4 times a year to provide the families of the youth an opportunity to better understand the program expectations, goals, and basic education about what each youth is learning during their stay.

**Chemically Dependency and Alcohol and Drug Prevention Education Services:** is provided by a chemical addiction counselor or certified trainee. Drug and alcohol prevention education, relapse group, in-house AA and Ala-teen meetings, and Relapse Prevention education are provided. Individual counseling sessions are also provided for residents on an as needed basis. Any resident needing chemical dependency treatment will be considered for treatment upon completion of their "Thinking Errors" assignment and prior to starting home visitations. Outside AA, NA, and Ala-teen will be considered for residents that have completed in-patient treatment.

**Mastering Anger-Resolving Conflict:** consists of 40 shortened-lessons that are aimed at students Grades 7-12, that empowers students to take control of their emotions, reject the use of aggression, de-escalate confrontations and resolve conflicts peacefully. Mastering Anger-Resolving Conflict is a one-hour weekly group that is required of all youth.

**Managing Emotional Intensity (MEI):** uses a cognitive, behavioral and skills training approach that has been specifically designed to assist young people with emotional and behavioral regulation by using systems training for emotional predictability and problem solving strategies. MEI is a one-hour weekly group (18 Lessons) that is required of all youth.

**Making Proud Choices (MPC):** is an 8-modudule/lesson plan curriculum that provides adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. MPC is offered as an alternative group to the lengthy RTR lessons. MPC is a one-hour weekly group (8 Lessons) for youth at least 13 years old and have parental and/or placing agency approval.

**Understanding Self-Identity; Building a supportive environment for LGBTQ students:** is a supplemental 2-lesson class designed to be taught before the RTR/MPC classes. Understanding Self-Identity provides the youth with background information on self-identity, sexual identity, sexual attractions, sexual orientation, sexual behaviors and gender identity for youth at least 13 years old and have parental and/or placing agency approval.

**Teaching Affirmative Consent:** is supplemental 2-lesson class designed to be taught before RTR/MPC classes. Teaching affirmative consent uses practical guidelines to increase the students understanding, designed to help schools and communities deliver information about affirmative consent and the increasingly popular standard for sexual conduct policies. Under this standard, broadly known as "Yes Means Yes," each person involved in a sexual encounter needs to be clear about giving and getting consent for any sexual activity. The youth must be at least 13 years old and have parental and/or placing agency approval.

**Dating Rights & Responsibilities:** is a supplemental 6-lesson class taught consecutively with the current attending RTR/MPC class. The lessons are broken into the following topics: Healthy or unhealthy relationships, Sex Myths, Tech Confidential, Dealing with teen dating abuse and Before you hook up: Dating rights & Responsibilities. The youth must be at least 13 years old and have parental and/or placing agency approval.

**Medical Director and Psychiatrist Consultants:** are available at Our Home to address any medical, psychiatric or medication concerns.

**Nursing services:** Nursing staff is available for the resident's physical and psychosocial needs twenty-four hours a day. On site, nursing maintains all medical appointments, provide health and education classes, medication management, maintains all resident medical records, and participates with each resident's treatment plan. The nursing staff is available for all emergency needs that would be required and is the liaison between the facility, medical director, and parent's medical concerns.

**After Care Services:** Our Home ASAP program offers a wide range of comprehensive aftercare services. In most cases, aftercare services are coordinated with community resources within the resident's community long before the resident is discharged from ASAP mutually between the referral worker and the Community/Family Services Coordinator. Residents discharged from ASAP program can typically remain on aftercare from six months to a year. Based on resident needs, a plan will be developed during and indicated on their treatment plan to coordinate these services.

## **ADMISSION CRITERIA**

The Our Home ASAP Program will accept individuals based upon the following:

1. Applicants must be males between the ages of 12 through 17 years of age.
2. Applicants must have either a history of sexual offenses or other sexually deviant behaviors, and their offense history must not preclude their safe treatment in a non-secure and semi-community-based environment.
3. Applicants must be experiencing problems related to one or more of the current DSM psychiatric disorder diagnostic categories. Due to the wide range of diagnostic profiles served, the program admission criteria does not restrict admissions on the basis of diagnostic condition.
4. The program accepts applicants with co-occurring diagnosis to include conduct disorder, oppositional defiant disorder, ADHD, post-traumatic stress disorder, impulse control disorder, eating disorder, and substance use disorder. Applicants shall not require detoxification services.
5. Applicants must not present the threat of serious risk of physical or sexual harm to self or others with the context of the treatment environment provided.
6. Applicants must be reasonably expected to benefit from or halt further regression of their condition through the services provided.
7. Applicants must have sufficient intellectual capacities such that they can be reasonably expected to benefit from and participate in the therapeutic and educational services provided. Historical experience with admissions suggests that those applicants with a Full Scale IQ of 68 or below have had difficulty benefiting from the services provided.
8. Applicants must still be in high school working towards their diploma or a GED at admission.
9. All applications require the pre-arrangement of funding prior to admission approval.

All applications must be submitted prior to admission to allow for the Program Coordinator and the Treatment Team review to determine admission eligibility and appropriateness. Admissions for the purpose of evaluation for appropriateness will be considered on a case-by-case basis.

Admissions are prioritized on a first-come, first-served basis with the consideration of which group and level of sexual safety meets the referral child's treatment needs. An additional consideration is the status of the child's safety, family safety, and the family's ability to monitor and maintain safety until the admission can take place.

## **CONTINUED STAY CRITERIA**

The treatment plan shall, during the course of the person's treatment, identify a transitional services plan whenever applicable. This plan shall be reviewed or updated during the scheduled treatment plan reviews, that occur every 30 days or more frequent if necessary.

The treatment plan shall during the course of the person's treatment, identify and aftercare services plan, that includes continuity of the youth's medication as applicable. This plan shall be reviewed or updated during scheduled treatment plan reviews. The treatment plan shall also document agreed upon strengths, needs, and objectives to aid the person served throughout the treatment process.

The ASAP program shall also assign the person served to a treatment "stage" and maintain "stage tasks" or assignments to further assist the person transition through the treatment process.

The treatment plan shall identify a projected discharge date to aid in transition planning, the discharge date shall be reviewed or updated during the scheduled treatment plan reviews.

To assist in the assessment need for continued stay and appropriateness of placement, ASAP staff shall coordinate for continued stay reviews. These reviews shall occur and be documented as prescribed on a case by case basis by the external utilization review committee (PRO). Documentation shall be on the PRTF Continued Stay Review Form.

Polygraph examination may, or may not be assigned on a case by case basis to the sex offenders to assess sexual safety as the person served transitions through residential care.

In the event of an internal transfer or transition the "Transition Staffing Form" shall be followed and documented to guide the transition process.

## **DISCHARGE CRITERIA**

### **General Discharge Criteria**

- The person's presenting problems no longer appears to present as being dangerous to others or self.
- The person served has accomplished the treatment plan objectives.
- There is concurrence among the person served, the treatment team, referring parties, parents/guardians and the utilization review team as to discharge readiness.

- An aftercare plan appropriate to the strengths, needs, and abilities of the person has been established.

### **Alternate Discharge Criteria**

- If further treatment as assessed by the person served, the treatment team, the referring party, the parents/guardians, or the utilization review team, is deemed unlikely to be of further benefit, this assessment may stand as a discharge criterion. An aftercare plan appropriate to the strengths, needs, and abilities of the person shall be established under this criterion.
- If the person's continued stay is assessed by the treatment team, the referring party, the parents/guardians, or the utilization review team as posing a risk of serious harm to self or others, this assessment may stand as a discharge criterion. An after care plan appropriate to the strengths, needs, and abilities of the person shall be established under this criterion.

## **PROGRAM DETAILS**

### **Treatment Plans**

YOU are the most important person in this aspect of your program. Our Home, Inc. has worked to develop a treatment team made up of the people that you may utilize to meet your treatment needs. This team is made up of: Medical Director, Clinical Psychologist, Adolescent Counselor, Program Coordinator, Assistant Program Coordinator, Group Leader, Nurse and Community/Family Services Coordinator. You, your parent or guardian and your worker are also involved in developing and reviewing your treatment plan.

The purpose of this treatment team approach is for you to take on responsibility in your program, and provide you an opportunity to have more input and choices within your treatment plan.

Treatment plans are reviewed a minimum of one time monthly with you and as many team members present as possible.

Treatment plans are held each Thursday between the hours of 8:30am and 1:00 pm.

### **Items that Impact Your Treatment Plan:**

It is Our Home, Inc.'s approach to address the behavioral health of all clients specifically regarding the behavior that allows us to keep both you and others safe. It is our hope that the clients of OHI will utilize their treatment plan and the coping skills they identify at intake and through the development of their treatment.

In the event old, negative coping skills are displayed, Our Home, Inc. has in place a Seclusion Restraint Policy to ensure the safety of everyone, which is used as a last resort, should harm to self or others occur. To reduce and ultimately prevent the need for Seclusion/Restraint, it is the practice during treatment plans to write plans in the safety

section for some youth that include coping skills and interventions that can be utilized in the prevention of safety issues that may occur.

### **Control of Medications**

Staff members shall ensure that residents surrender all medications and drugs upon admission to the program. Each resident shall be asked if he/she is currently on any medications or is in possession of any medications or drugs at the time of admission. In addition, a search of the resident and his personal property shall be conducted at this time. Any medications or drugs surrendered or discovered shall not be administered unless they can be identified and written orders for their administration have been received from a licensed physician and through the care of the registered nurse.

## **STANDARDS OF PROFESSIONAL CONDUCT RELATED TO SERVICES**

Maintaining the highest reputation for ethical integrity of the Agency and its employees allows Our Home, Inc. to continue its strong history of excellence and commitment to quality care. To meet this principle, Our Home, Inc. has established standards and procedures to promote an ethical culture and deter inappropriate conduct by its employees. These standards and procedures are included in the Agency's employee Standards of Conduct and organizational Corporate Compliance Plan.

As a resident, we want you to know about several of these standards as they relate to receiving of your treatment services:

- To interact with you in a manner respectful and courteous of you, your culture and your spiritual values.
- To treat you fairly, without hostility and not in an offensive manner. This includes being free of discriminating practices.
- To be under staff supervision to help protect your safety.
- To interact with you in a way that preserves and enhances your personal dignity.
- To be safe from physical and sexual abuse.
- To be treated without favoritism or giving of preferential treatment.
- To work toward removal of barriers that inhibit access, growth and development.
- To communicate with you without using profane, obscene, or otherwise abusive language.
- To be free from brutality, physical violence, intimidation or unauthorized or inappropriate force.

If you think the services that have been provided to you have not met these standards, you are encouraged to talk with your Group Leader or raise your concerns or questions without fear of retaliation or retribution through the available methods to provide input as described in this handbook.

## **SECLUSION AND PERSONAL RESTRAINT**

It is the policy of Our Home, Inc. to limit the use of seclusion and personal restraint to situations in which unanticipated resident behavior places the resident or others at serious threat of violence or injury if no intervention occurs.

Seclusion and personal restraint will be performed under the following guidelines:

- I. A resident shall not be placed in seclusion or personal restraint unless the placement agency has given written permission and the use has been incorporated into the resident's treatment plan. If the resident has been placed by their parent or guardian, the parent or guardian must provide the written permission.
- II. Use shall be selected only when other less restrictive measures have been ineffective. All attempts shall be made to de-escalate crises and use seclusion and personal restraint as a safety intervention of last resort.
- III. Our Home, Inc. shall be dedicated to creating an environment and an organizational approach that strives to prevent, reduce, and eliminate the use of seclusion and restraint.
- IV. Contributing environmental factors that may promote maladaptive behaviors shall be immediately assessed with action taken to minimize those factors.
- V. Staff shall recognize that each resident has the right to be free from seclusion or restraint, of any form, used as a means of coercion, discipline, convenience, punishment, and retaliation.
- VI. Seclusion and restraint shall be provided under physician supervision/oversight.
- VII. An order for seclusion or restraint shall not be written as a standing order.
- VIII. Seclusion or restraint shall be implemented in a manner to avoid harm or injury and must be used only until the situation has ceased and the resident's safety and the safety of others can be ensured.
- IX. Seclusion and restraint shall not be used at the same time.
- X. The physical plant of each agency treatment facility shall be planned to safely and humanely accommodate the practice of seclusion or restraint.
- XI. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse).
- XII. Staff will be solely responsible for conducting seclusion and restraint. Residents will not be used or allowed to control other residents.
- XIII. Only staff who have completed and demonstrated competency in required trainings may participate in an emergency safety intervention.
- XIV. Videotaping of calculated restraint incidents is required on all U.S. Probation and Custody residents.

### **Procedures**

**Notification of program policy.**

At admission, the incoming resident and the resident's parent(s) or legal guardian(s) shall be provided a copy of this document and have it reviewed with them in a language that is understandable. Contact information shall be provided, including the phone number and mailing address for the State Protection and Advocacy organizations.

**Admission Assessment for Potential Seclusion or Restraint**

Staff shall obtain information about the resident to help minimize use of seclusion or restraint. This information includes: the medical history, a physical examination, behavioral health history for identification of prior trauma, alternatives the resident prefers, and the effectiveness of prior use of seclusion or restraint.

**Determining the Need for and Implementing Seclusion or Restraint**

Staff members shall implement Nonviolent Crisis Intervention techniques designed to help provide for the best possible care and welfare of residents exhibiting threatening or harmful behavior. When determining the use of seclusion or restraint, staff shall take into consideration admission assessment information and the current situation. When less restrictive intervention techniques have been attempted, staff shall determine if seclusion or restraint is needed. Seclusion or restraint may occur without attempting less restrictive techniques.

Staff shall obtain a written or verbal order from the Medical Director or another licensed practitioner for seclusion or restraint. The order may not exceed 1 hour. When the Medical Director or licensed practitioner is not available, staff may initiate seclusion or restraint before obtaining an order.

**Monitoring of the Resident In and Immediately After Seclusion or Restraint**

The response leader must be physically present, continually observing, assessing, and monitoring the resident to evaluate the physical and psychological well-being of the resident and the safe use of restraint or seclusion throughout the duration of the intervention. Attention to vital signs and resident needs, as well as skin integrity and circulation for restraints, shall be given throughout the intervention. Staff shall attempt appropriate interaction with the resident as an effort to de-escalate the crisis.

Within 1 hour of the initiation of the seclusion or restraint, the Medical Director, another licensed practitioner, or registered nurse must conduct a face-to-face assessment of the physical, emotional, and psychological well-being of the resident. The assessment ensures the resident's rights, assures the seclusion or restraint is necessary and appropriate and also allows for resident medical status evaluation. If the assessment is conducted prior to the resident's release, a second assessment must be conducted after the seclusion or restraint ends.

**Medical Treatment for Injuries Resulting from Seclusion or Restraint**

All staff shall be alert for any resident or staff injuries following seclusion or restraint. Specifically, staff shall observe and question all persons involved

regarding their current health status immediately following the seclusion or restraint to determine in any injuries occurred. As necessary, staff shall follow medical emergency or medical examination policies to ensure for resident care.

Written service agreements with local hospitals shall be maintained to reasonably ensure a resident will be transferred to a hospital and admitted in a timely manner when medically necessary, information needed for care will be exchanged in accordance with State medical privacy law, and services are available 24 hours a day, 7 days a week, including emergent care.

### **Facility Reporting**

An incident report shall be completed following the use of seclusion or restraint. A report via email shall also be submitted to the RRM within 24 hours of the restraint for all U.S. Probation and Custody residents.

Attestation of facility compliance. A completed attestation form shall be submitted to the state to attest that each facility is in compliance with CMS's standards governing the use of restraint and seclusion.

Reporting of serious occurrences. Each serious occurrence shall be reported to both the State Medicaid Agency and the State-designated Protection and Advocacy organizations. Serious occurrences that must be reported include a resident's death, suicide attempt, or serious injury. Additionally, the resident's parent(s) or legal guardian(s) must be notified as soon as possible, and in no case later than 24 hours after the serious occurrence.

### **Notification of Parent(s) or Legal Guardian(s)**

The parent(s) or legal guardian(s) of the resident who has been restrained or placed in seclusion must be notified as soon as possible but at least within 10 hours after the initiation of each intervention. For U.S. Probation and Custody residents, the notification to the RRM must be made immediately by telephone or fax following a restraint.

### **Post Intervention Debriefings**

Within 24 hours after the use of restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion in a language that is understood by all participants. This discussion must include the intervention's response leader, primary responder, secondary responder(s), and the resident. A required staff can be excused when their presence may jeopardize the well-being of the resident. Other staff may participate in the discussion when it is deemed appropriate by the program. Family/Guardian/Significant others requested by the resident may participate in the discussion, unless clinically inadvisable.

Within 24 hours after the use of restraint or seclusion, staff involved in the resident debriefing, and appropriate supervisory and administrative staff, must conduct a debriefing session.

**Treatment Plan Review**

All uses of seclusion or restraint shall result in a review and, as appropriate, revision of the resident's treatment plan.

**Education and Training**

Staff shall receive specific training for managing emergency safety situations and take part in exercises that allow for successful demonstration of the techniques they have learned.

**Room Requirements**

Rooms designated for the use of seclusion or restraint shall be free of potentially hazardous conditions and have a focus on the comfort of the resident, an emergency exit plan, access to bathroom facilities, sufficient lighting, observation availability that allows staff full view of the resident in all areas of the room, and a location that promotes privacy and dignity of the resident.

**Performance Improvement**

Our Home, Inc. shall collect seclusion and personal restraint data to monitor and improve its performance of emergency safety interventions.

**Plan to Minimize Use of Seclusion and Personal Restraint**

To minimize or eliminate the use of seclusion and restraint in its treatment programs, Our Home, Inc. shall implement an agency-wide plan that is monitored and updated annually.

**Annual Review**

This policy and related procedures shall be reviewed by medical and mental health professionals on an annual basis to ensure that proper protocols are in place.

## Contact Information

### State Medicaid Agency

Nicki Bartel RN, RHIT  
Nurse Consultant  
DSS Division of Medical Services  
700 Governors Drive  
Pierre, SD 57501-2291  
Phone: 605-773-3495  
Fax: 605-773-5246  
Email: [nicole.bartel@state.sd.us](mailto:nicole.bartel@state.sd.us)

- or -

Revi Warne  
DSS Division of Medical Services  
700 Governors Drive  
Pierre, SD 57501-2291  
Phone: 605-773-3495  
Fax: 605-773-5246  
Email: [revi.warne@state.sd.us](mailto:revi.warne@state.sd.us)

### State-designated Protection Organization

DSS – Child Protection Services  
Intake Specialist:  
Toll Free Hotline: 1-877-244-0864

### State-designated Protection Organization

#### Huron Programs:

DSS – Child Protection Services –Huron  
Yankton  
110 3<sup>rd</sup> Street SW Ste. 200  
Huron, SD 57350  
Phone: 605-353-7105  
Fax: 605-353-7103

#### Parkston Program:

DSS – Child Protection Services –  
3113 N. Spruce St., Suite 200  
Yankton, SD 57078-5320  
Toll Free: 1-866-847-7338  
Phone: 605-668-3030  
Fax: 605-668-3014

### State-designated Advocacy Organization

Rod Raschke, Intake Specialist  
Disability Rights  
221 South Central Avenue  
Pierre, SD 57501  
Phone: 605-224-8294  
Voice/TDD \ 800-658-4782  
Denver, CO 80202-4967

### Centers for Medicare & Medicaid Services (CMS)

Helen Jewell  
Centers for Medicare and Medicaid Services  
Denver Regional Office  
1600 Broadway, Suite 700

Phone: 303-844-7048

## POSITIVE PEER CULTURE GROUP PROCESS

The PPC program you have entered is built on the attitude of Care and Concern. The ASAP program is to help, not hurt others. We believe that no person needs to conquer all of their own problems before being able to help other group members work on their problems. The first step in overcoming your own problems is the act of helping others. The biggest responsibility you have in the program is to show care and concern. Caring means wanting what is best for a person.

It is the group's responsibility to help other group members who are showing problems by 'checking' them. This gives the resident being 'checked' or cued, an opportunity to look at their behavior and stop whatever hurting behavior they are showing. This is all about helping one another overcome and learn how to better handle hurting behavior. The group is not given the "right" to punish, harass, restrict privileges, or in any way hurt another resident in the program.

### **Group Meetings "The Heart of the Program"**

The heart of the program is the group meeting. That is where your problems are discussed, worked through, and resolutions are found. There are three types of group meetings:

**Life History Meeting:** The life history is generally the first meeting a resident asks for during the group meeting time. The "group" and the resident should work at developing enough trust with the group to ask for the life history meeting within the first month or so. In the life history meeting, the resident should go back as far as they can recall. The group's responsibility is to find out the following things for every year:

1. How did they get along with their peers, mother, father, brother, sister, and or relatives?
2. How did they get along with their teachers for each year along with grades acquired, most difficult subject, and problems that occur in the school setting?
3. How did their parents get along?
4. Major problem incidents should be brought out such as incidents in which they were apprehended by the law, incidents that could have gotten them into trouble with the law and apprehended, incidents that made you feel badly or that made others feel badly.
5. The group should be concerned how the resident felt before, during, and after each incident and why. This will help the group to determine the basis and cause for this problem at that time.

Outside of the group meeting following the telling of the life history, the group should continue to explore with their peer what made him happy, the good times in his life, and his accomplishments. Who were the most important people in his life? This can be done informally, for instance, group conversation at the meal table.

Only major questions should be directed during the life history and all other incidents and questions should be followed up after the meeting in the home during a rap session.

Once a life history has been told to the group in group meeting, any new group member who did not attend the individual life history meeting should be told their life history outside the group meeting. Re-telling an individual life history to a new group member should include at least two group members who have already heard this life history in the group meeting. This responsibility should take place in a quiet area with no distractions. No individuals should be involved in anything other than listening attentively and asking appropriate questions.

**Problem Solving Meeting:** This is where you will work at solving specific problems. Initially this will be to address problems brought out in the life history and how these problems have affected past behaviors and are affecting behaviors now. Part of understanding how the program works is to understand the 12 problems. These 12 problems are so everyone in the program talks the same language and these problems are to be brought up and used in Group Meetings.

## **POSITIVE PEER CULTURE DESCRIPTION OF THE 12 PROBLEMS**

### **1. LOW SELF IMAGE: HAS A POOR OPINION OF SELF - FEELS PUT DOWN OR OF LITTLE WORTH**

- a. Feels unlucky, a loser, rejected, mistreated, feels sorry for himself, has no confidence that he can be of value to others.
- b. Worries that something is wrong with him, feels inadequate, thinks he is good for nothing, is afraid others will find out "how bad I really am".
- c. Distrusts others, feels they are against him and want to hurt him, feels he must defend himself from others.
- d. Is uncomfortable when people look at him or speak to him, can't face up to people confidently and look them in the eyes.
- e. Is insecure with "superior" people, doesn't feel good enough to be accepted by others except those who also feel poorly about themselves.

**\*When solved**-self-confident, cannot easily be made to feel small or inferior, able to solve problems, make positive contributions, doesn't feel sorry for self, accepts shortcomings, believes he is good enough.

### **2. INCONSIDERATE OF OTHERS: DOES THINGS THAT ARE DAMAGING TO OTHERS**

- a. Does things that hurt people, enjoys putting people down.
- b. Acts selfishly, doesn't care about the needs or feelings of others.
- c. Seeks to build self up by manipulating others for his own purpose.
- d. Won't help other people, except, possibly, if they are members of his own family or circle of friends.

**\*When solved**-shows concern for all others, tries to help people with problems.

### **3. INCONSIDERATE OF SELF: DOES THINGS THAT ARE DAMAGING TO SELF**

- a. Puts self down, brings anger and ridicule on self, does things that hurt self.
- b. Acts as though he doesn't want to improve self or solve problems.
- c. Tries to explain away his problem(s) or blames them on someone else.
- d. Denies problems, hides from problems, runs away from problems.
- e. Doesn't want others to point out his problems or talk about them, but resists help with problems.

**\*When solved**-shows concern for self, tries to correct mistakes and improve self, understands limitations, doesn't hurt or put down self.

#### **4. AUTHORITY PROBLEM: DOES NOT WANT TO BE MANAGED BY ANYONE**

- a. Views authority as an enemy camp, "out to get him".
- b. Resents anyone telling him what to do, does not readily accept advice from either adults or peers.
- c. Can't get along with those in authority, gets into big confrontations with authority figures, often over minor matters.
- d. Does not respond well to adult control or supervision.
- e. Tries to outmaneuver authority figures, circumventing or manipulating them if possible.

**\*When solved**-shows ability to get along with those in authority, accepts advice and direction, does not try to take advantage.

#### **5. MISLEADS OTHERS: DRAWS OTHERS INTO NEGATIVE BEHAVIOR**

- a. Seeks status by being a negative or delinquent leader.
- b. Gives support to the negative or delinquent action of others.
- c. Misuses others to achieve his own goals, getting them to do his "dirty work".
- d. Want others to be in trouble with him, afraid of being alone or separate.
- e. If others follow him and get in trouble, feels that it is their problem and not his responsibility.

**\*When solved**-shows responsibility for the effect of his behavior on others, does not lead others into negative behavior.

#### **6. EASILY MISLED: IS DRAWN INTO NEGATIVE BEHAVIOR BY OTHERS**

- a. Can't make his own decisions and is easily controlled by stronger persons.
- b. Can't stand up for what he believes, even when he knows he is right.
- c. Is easily talked into committing delinquent acts in order to please or impress others.
- d. Behavior varies from good to bad, according to influence from those with which he associates.
- e. Lets people misuse him, is willing to be somebody else's flunky.

**\*When solved**-seeks out friends who care enough about him not to hurt him, strong enough to stand up for himself and make his own decisions.

#### **7. AGGRAVATES OTHERS: TREATS PEOPLE IN NEGATIVE, HOSTILE WAYS**

- a. Makes fun of others, tries to embarrass them and make them feel low.
- b. Seeks attention in negative ways, irritates or annoys people.
- c. Makes subtle threats in word or manner.
- d. Challenges, provokes, or hassles people.
- e. Intimidates, bullies, or pushes people around.

**\*When solved**-gets along well with others, gets no enjoyment from hurting or harassing people, respects others.

#### **8. EASILY ANGERED: IS OFTEN IRRITATED OR PROVOKED, OR HAS TANTRUMS**

- a. Frequently becomes upset or explosive, but may try to excuse such behavior as naturally having a "bad temper".
- b. Easily frustrated, unable to accept failures or disappointments.
- c. Responds to the slightest challenge or provocation, thus making other people's problems his own.

- d. Is so sensitive about himself that he cannot stand criticism or disagreement with his ideas.
- e. Easily upset if someone shouts at him, points a finger at him, touches him, or shows any negative feelings toward him.

**\*When solved**-is not easily frustrated, knows how to control and channel anger appropriately, understands the putdown process, has no need to respond to challenges, can tolerate criticism or negative behavior from others.

## **9. STEALING: TAKES THINGS THAT BELONG TO OTHERS**

- a. Thinks it is all right to steal if he is sneaky enough not to get caught.
- b. Doesn't respect others and is willing to hurt others to get what he wants.
- c. Steals to prove he is big and important or to prove he is "slick" enough to get a way with it.
- d. Steals because he is afraid peers will think he is weak or chicken if he doesn't.
- e. Doesn't have confidence that he could get things by his own effort.

**\*When solved**-sees stealing as hurting another person, has no need to be sneaky, knows appropriate ways of getting things he wants.

## **10. ALCOHOL OR DRUG PROBLEM: MISUSES SUBSTANCES THAT COULD HURT SELF**

- a. Afraid he won't have friends if he doesn't join them in drinking or drugs.
- b. Thinks drugs are cool, tries to impress others with his drug knowledge or experience.
- c. Uses the fact that many adults abuse drugs (such as alcohol) as an excuse for his involvement.
- d. Can't really be happy without being high, can't face his problems without a crutch.
- e. Acts as though he doesn't really care about damaging or destroying self.

**\*When solved**-feels good about self and wouldn't hurt self, no need to be high to have friends or enjoy life, can face his problems without a crutch.

## **11. LYING: CANNOT BE TRUSTED TO TELL THE TRUTH**

- a. Tells stories because he thinks others will like him better.
- b. Likes to live in a make-believe fantasy world.
- c. Is afraid of having his mistakes discovered, so he lies to cover up. May even make up false problems to hide the real ones.
- d. Twists the truth to create a false impression but doesn't see this as lying.

**\*When solved**-is concerned that others trust him, has strength to face mistakes and failures without trying to cover up, does not need to lie or twist the truth to impress others.

## **12. FRONTING: PUTS ON AN ACT RATHER THAN BEING REAL**

- a. Needs to appear big in the eyes of others, always needs to try to prove himself.
- b. Bluffs and cons people, thinks loudness and slick talk are better than reason.
- c. Acts superior, always has to be right, argues, needs to be best in everything, resents being beaten.
- d. Clowns or shows off to get attention.
- e. Plays a role to keep from having to show his real feelings to others.

**\*When solved**-is comfortable with people and does not have to keep trying to prove himself, has no need to act superior, con people, or play the showoff role, not afraid to show true feelings.

## ABC's OF PROBLEM SOLVING

The ABC's of problem solving provides you with a guideline to follow to assist in looking at how to better handle your behavior. If you choose to learn the ABC's of problem solving, it will greatly assist you in making better decisions and stopping hurtful behavior.

### **A. AWARE:**

#### **Becoming aware of the problem.**

This includes a definition of the problem and breaking it down.

1. "What problem do I have?"
2. "Why is this a problem to me?"

### **B. BRAINSTORMING:**

#### **Propose solutions to the problem.**

Take a look at the alternatives available - and the possible outcome.

1. "How can I deal with this differently?"
2. "What are some other ways to handle this?"

### **C. CHOOSE:**

#### **Make a decision as to which alternative may work for you.**

Have you tried other ways to solve the problem? Then make your choice.

1. "I'll try to do this instead of what I have been doing."
2. "Isn't this a better way to handle my problem?"
3. "What's the right thing for me to do?"

### **D. DO IT:**

#### **Put your decision into action.**

Implement this alternative.

1. "I'm dealing with my problem this new way."
2. "When I do this, it doesn't become a problem."

### **E. EVALUATE:**

#### **Examine the results of your decision.**

Take a look at your results.

1. "Did it work?"
2. "Shall I try this solution a little longer...a little harder?"
3. "Did I do the right thing?"

\*\*If it didn't work go back to "B" and choose another alternative.

**Release Meeting:** The first step to a release meeting is resident's readiness for release. The members of the resident's group must also agree to the resident's readiness for release. The resident asking for their release must ensure all other group members have heard their life history prior to asking for release. The resident has prepared prior to asking for the meeting in the expectation that the group would feel the client was also ready for their release. After the client has asked for and received the meeting during the awarding portion the process for release begins

#### Part One:

The resident begins by identifying the behavioral problems exhibited by them referring to the 12 problem of the problem list. The client will identify how the problems were shown prior to entry (on the outs), while in treatment and what the client has done to work to resolve them. The client can and should be encouraged to list and identify more than one problem as a time. The client may list one of the three major problems: low self-image, inconsiderate to self, or inconsiderate to others. Under each of these the client will then list the secondary problems shown stemming from the major problem. For instance, inconsiderate to self, easily misled, drug and alcohol, authority. The client then highlights how he exhibited them on the outs, in treatment and then worked to resolve them. An example of how it could be resolved is: I receive a meeting on each problem in group meeting, did special assignments (codependency) and/or ASAP assignments, attended inpatient treatment, went to AA and Ala-teen, raps, etc.

#### Part Two:

The client next identifies high risk situations and how he plans to address them following his release. Suggested areas to be addressed could be family, school, leisure, friends or work. This again does not need to be long and drawn out. Once the client states their plan, each group member asks at least one question of the group member,. The group member answers honestly and concisely.

#### Part Three:

The last portion of the meeting is started by the group member but ended by the group with a recommendation being made to the group leader. The group member, again having prepared goes around the circle identifying how each individual has helped them work on an issue or problem. Preparation on the group member's part is extremely important in this area. After the group member is through, each group member tells their peer requesting the release how he has helped them and gives a yes or no for the group member's release. After all group members are through with their portion, a group member, possibly first chair or last chair, whatever is decided, makes a recommendation for the group member's release or not. At this time the group leader will either accept the recommendation and take it back to the treatment team, or deny the recommendation.

If the recommendation is accepted the following must then occur.

The group leader takes the recommendation back to the immediate team, ie. Mercury, Genesis, or Journey teams, to be discussed and decided upon. If the treatment team agrees with the group, the process continues with the group leader taking the group and team recommendation to the following group leaders' meeting. If not agreed to by the team the group leader addresses this in the summary time of the next group meeting.

If the treatment team and the group leaders' meeting concur, the group leader then addresses it in the summary time of the following group meeting, either giving or denying the release. If denied, the group leader will again address the group and the group member and the group member will need to start the whole procedure again after he and the group address or resolve the concerns that prevented or negated the release.

The group leader needs to be prepared during the initial release meeting to be sure to keep the statements concise and the meeting moving. It is important prior to the group member asking for a release that the group leader stresses to him and the group the importance of preparation. The release meeting should not take more than one ninety-minute meeting, depending of course of the day of the week and group's ability to get through problem reporting.

### **ASAP release:**

The next step after receiving the PPC release, is to earn the ASAP release having successfully addressed and have interventions for sexual safety. This is accomplished by requesting their release in ASAP group. The resident will be asked questions regarding their assignments and how they have applied what they have learned, and how they have shown empathy towards their victims and their group. Upon completion of this process the group will vote and determine whether the resident has accomplished all the expectations of the ASAP process. Residents completing both the PPC and ASAP portions of the program will be given a treatment medallion indicating successful completion.

A resident can earn one release or the other, however there would be no treatment medallion given if an ASAP release is not obtained.

## **SPIRITUALITY**

**Philosophy:** it is the philosophy of Our Home Inc. that spiritual needs hold an important part in the development and holistic wellness of the young men in our care. Therefore, efforts are made to meet these needs through providing and coordinating activities that are spiritually beneficial for the youth. The diversity of the spiritual backgrounds of the young people at Our Home Inc. cannot be easily summarized but it is our philosophical goal to hold a sense of respect for each younger persons' spiritual background. It is also our goal that each individual has an opportunity for spiritual development so that this may be applied as one aspect of resolving the problems in their lives.

**Principals:** Our Home, Inc. holds the following principles to be guidelines in the provision and coordination of spiritually related activities:

1. Our Home, Inc. shall make reasonable efforts to allow for the resident to participate in spiritually related activities that are consistent with the individual's own choosing. Limitations may apply due to available resources, time and individual need. While the primary organizational goal is "treatment", spirituality offers a way to enhance the overall treatment process.
2. All youth shall have freedom of choice in matters pertaining to their participation in any spiritually related services, ceremonies or activities. Participation is voluntary.
3. Our Home, Inc. serves a diverse population. Diverse populations have divergent belief systems. *Because our service are group oriented, the young men in our care may be exposed to a variety of spiritual experiences as we seek meet the needs of the wide range of youth in our care. We acknowledge that we have limitations and seek to minimize them for the youth in our care.*
4. Our Home, Inc. wants both the resident and their parents to be informed about the general nature of activities that occur. *We ask that any young man or parent who has a concern about spiritually related issues advise us so we might discuss the concern.*

**Activities:** There are a wide range of activities occurring within the context of the ASAP program that have a spiritual basis. Some activities are of a day to day and practice of faith nature. For Example, our young men, according to their choice may carry out activities such as those listed below:

1. Offering a meal blessing
2. Saying the "Serenity" or "Lord's Prayer" at the close of a Drug/Alcohol group session, or a mealtime blessing
3. Conducting smudge purification rituals (with sweet grass, sage, or cedar)
4. Placing a food offering
5. Generic discussion relating to the concept of a "Higher Power" as within the context of the Alcoholics Anonymous program

Other activities are more formal and would best be described as a "structured service" or "ceremonial in nature". These activities include:

1. Attending church services within the community; Our Home Inc. arranges for the youth to attend a weekly church service. The young men in our care generally attend in a "group " like fashion and the decision about which specific church service to attends based upon two considerations. One consideration is the differing denominations that the young men living at ASAP may hold. The second consideration that some denominations may or may not be represented within the community and resource limitations may exist. Church attendance is considered as voluntary for each youth.
2. Attending Inipi, "Sweat", or "Talking Circle" (either an eagle feather or a pipe is used) ceremonies on campus; Ceremonies are conducted by staff at the ASAP program or individuals from various communities who volunteer to help the youth in this way. Ceremonies are coordinated through the Program Coordinator. Participation is voluntary.
3. Bible study on campus; the class is a non-denominational offered on Sunday mornings for one hour and conducted by staff or individuals from the Huron Community who volunteers to help the youth in this way. These classes are coordinated through the Program Coordinator. Participation is voluntary.

Any questions about these services are welcome and please feel free to contact us.

## **CONFIDENTIALITY**

It is the responsibility of all Our Home, Inc. employees to safeguard sensitive information. The confidentiality of the Resident's record maintained by this program is protected by Federal Law and State Regulations in some instances. Violation of the Federal Law and Regulations by a program is a crime. Appropriate authorities in accordance with federal regulations may report suspected violations.

Federal regulations or State regulations do not protect any information about a crime committed by a patient either at the program, against any person who works for the program, or any threat to commit such a crime.

Federal Laws or State Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate state and local authorities.

It is also the responsibility of all residents to maintain confidentiality about other residents in the treatment program and the sensitive personal information that is shared in the treatment process. Do not use sensitive information to take advantage of or belittle another resident.

### **VISITATION (HOME VISITS & WEEKEND VISITATIONS)**

Upon entering Our Home, Inc. Adolescent Sexual Adjustment Program you will be required to follow a one-week (seven days) adjustment period before the possibility of receiving your first Saturday or Sunday visit. Exceptions to this adjustment period apply to those young men who are being transferred from another existing Our Home, Inc. program. These youth will not have to wait two weeks for a weekend visit.

Spiritual development is offered as an integral part of our program. Therefore visitation on the weekends are from 1:00 to 5:00 pm. This provides the opportunity for your son to eat before he begins his visit and/or to attend church services in the community if on a Sunday. Any visitation request is to be arranged 2 weeks prior to the visit. This is extremely important when the resident reaches the point in his treatment where visits are off grounds or a home visitation. Not only will this help your son with planning and follow through, it will assist him in taking on more responsibilities to feel successful with along with providing the Community/Family Services Coordinator (CFSC) to contact the worker, discuss the request with the treatment team and finalize planning with the young man's family. An exception with visitation can be made depending on the situation and may be longer than the four hours, depending on resident's needs and safety with prior approval from the treatment team.

In keeping your family informed about your progress in the program it is important that your family's participation in your treatment be encouraged. As part of this visitation process it is mandatory that your family and you visit with staff prior to beginning your visit and upon returning from the visit. This is helpful to you and your family to ensure communication is consistent with your family and that any questions your family may have about your treatment can be addressed or forwarded to the group leader.

*While visitation is reserved for either a Saturday or a Sunday, other days of the week may be considered or arranged depending upon your family's circumstances. If your family may need to arrange a different day for visitation, these arrangements should occur between your family and the CFSC. Any supervised visitations are conducted during the work week, and not on weekends.*

Due to the sexual nature of problems you may have, certain limitations are in place based on your progression and increase of your level of sexual safety as you work through your issues. Initially, all visitations will be on campus. This allows us as a treatment facility to further evaluate the needs of you and your family for future visits. After the first visit, all other determinations will be made regarding each request made, according to the appropriate stage privileges. These visits while on the accountability stage are also limited to immediate family only, this including parents, siblings, and grandparents. As you progress and reach the point where you have shared your past sexual behaviors and history with your parents (when you are ready), off ground visitations can begin. The initial off ground visitations may have limitations on length, example: visit begins on campus for an hour and the last three hours are off campus, however generally these visitations off campus will be four hours. After your son reaches the sexual safety stage and the off ground visits have gone well, your son has

developed an understanding of his offense cycle and behaviors and the plan is to return home, he can begin home visitations. This is also the point where extended family may visit, and/or friends, these requests being considered by worker, treatment teams, and of course the parents/guardian. It is preferable that your son have a minimum of three home visits ideally, however exceptions can be made depending on the worker, the parent's situation at home, and the treatment team, either lengthening number or shortening the number of home visitations. Remember, your continued visitation depends upon each youth's individual needs and their ability to manage your home visits in a healthy, safe, and positive manner.

Visitations by spiritual advisers and/or clergyman will be taken into consideration any time based on individual needs.

There will be no food brought to on-campus visits without the prior approval of the CFSC. If the family is bringing in a soda for you or themselves, it must be in an unopened sealed container. All food that is approved for a visit, must also be finished on that visit or leave with the family. *We do not permit 'energy drinks' being brought in for your son.*

**Prohibition of firearms or other dangerous weapons:** Our Home, Inc. prohibits the presence of firearms or other dangerous weapons (knives, CD gas, Chemical agents, etc.) in the facility or on Our Home property.

## TELEPHONE CALLS

There are no telephone calls for the first week of placement as a part of adjusting to your group. After one-week (seven days) telephone calls will be limited to two per week up to 15 minutes each. Arrangements for payment of telephone calls should be arranged with the staff working with your group. Phone cards should be purchased for direct calls, and in certain cases the resident may be billed 5 cents a minute. Direct calls will be billed at a rate of 5 cents a minute from the program. Should residents not have funds available for telephone calls, arrangements can be made with the program in certain circumstances to ensure residents talk to their parents.

Exceptions to this telephone call requirement apply to any resident being transferred from an Our Home, Inc. program. Those students will not be required to follow the one week adjustment requirement.

## GUIDELINES FOR CALLS

1. Incoming calls – Staff shall verify that the resident has authorized contact with the caller before allowing the resident to take the phone call.
2. Outgoing calls – Before a resident makes a phone call, staff shall verify that the resident has authorized contact with the party to be called. When the resident makes a call, he shall turn the speakerphone on before dialing the phone number. The speakerphone shall remain on until the number is dialed and staff is able to verify that the correct party has been reached.
3. Once staff has verified an incoming or outgoing call, provisions shall be made to ensure as much privacy as possible for the remainder of the call. Specifically, staff shall not monitor the call and the speakerphone shall be turned off.

4. Staff may only monitor resident phone calls when based on legitimate facility interests of order and security. Should phone calls need to be monitored, permission from the resident's referral worker must be obtained.

## **HOURS OF AVAILABILITY**

Personal phone calls may be made only during the following scheduled times. Incoming calls begin at 5:00 pm on weekdays and 1:00 pm on Saturday and Sunday. In special circumstances the group leader may grant exceptions.

## **SCHOOL**

After placement at the Our Home ASAP program all residents, with the exception of residents transferred from another Our Home program, will have at least a one to two-day waiting period prior to attending the district alternative classroom. This provides for all school paperwork to be obtained, any and adjustment for the resident into the program.

Residents attend school right on campus. Our closely working relationship with school personnel allows both the school and the residential program to monitor and assist the resident to receive the maximum educational opportunities. This could include a request and/or recommendation for achievement of their GED when eligible. Academic improvement is a big part of making good choices for residents and indicates a desire to make appropriate changes with returning back into society or a less structured program.

Residents also attend summer school, which provides more opportunities for residents to earn graduation credits. The ASAP program also offers the opportunity on Saturday afternoons to attend the Educational Voluntary Camp, to do extra work and raise academic grades, turn in late work, etc. The school district also provides the opportunity to improve their grades through a Credit Recovery option towards the end of each semester.

## **MAIL**

All group members are able to send and receive letters from the first day of admission. You are able to write to immediate family members (ie. Mother, father, siblings, and grandparents) until such time (sexual safety stage) that the group feels that you are in a position to start contacting other friends and relatives. This also depends on the individual you are trying to contact.

## **POLICY FOR SENDING AND RECEIVING PACKAGES**

Residents may send and receive packages. Any sending and receiving of packages must be done within the guidelines of the mail and contraband policies. This specifically means that the staff may expect that any or all packages (sent or received) be wrapped or unwrapped in the presence of staff. Staff will remove any objects that are listed as contraband or that are thought to be hazardous.

Our Home Inc. reserves the right to immediately remove any package from the residential areas if there is reasonable suspicion to believe that the package is dangerous.

Any objects removed as hazardous or as contraband will be handled as evidence, disposed of, turned over to authorities, stored until discharge or returned to the sender, depending upon the nature of the package content.

The receipt of clothing, gifts, and home baked goods is permitted, however the baked goods must not be passed among the other residents without the approval of staff.

## **MAIL POLICY**

It is the policy of Our Home, Inc. to provide mail services to the residents in treatment.

## **MAIL PROCEDURES**

Mail services shall be provided to the residents within the following framework:

1. Incoming and outgoing mail will not be held for more than twenty-four hours, excluding weekends and holidays.
2. The opening of client mail will be monitored to intercept cash, checks, money orders, and contraband. Clients shall open incoming mail in the presence of a staff member. Any cash, checks, or money orders received will be deposited in the client's account. Any contraband (illegal or inappropriate items) found will be seized and disposed of accordingly.
3. Outgoing mail may be inspected to intercept contraband. A staff member may inspect outgoing letters or packages before they are sealed. Any contraband found will be seized and disposed of accordingly.
4. To ensure the appropriateness of the correspondence, Our Home, Inc. may require clients to read incoming and outgoing letters to their group and staff. Outgoing letters deemed a threat to the safety and security of the facility shall be returned to the client. Staff shall collect incoming letters deemed detrimental to the client's treatment and put in storage with the client's other banned items.
5. There is no limit on the volume of mail a client may send or receive, except where there is clear and convincing evidence to justify such a limit. When based on legitimate facility interests or order and security, staff may reject incoming mail. The client will be notified when incoming mail is returned.
6. All first-class letters and packages will be forwarded to clients who have been transferred to other facilities or released, provided a forwarding address is available. If a forwarding address is not available, first-class letters and packages will be returned to the sender.
7. When requested by a client who has neither funds nor sufficient postage and upon verification of this status by staff, postage will be provided to the client for mailing letters to maintain community ties. These funds will be advanced to the client from their allowance.

## **ACCESSIBILITY COMMITTEE**

Our Home, Inc. maintains a committee of residents and staff members from its three treatment programs that meet at least annually to review the agency's Accessibility Plan and monitor progress toward previously identified barriers to treatment. Meeting times are announced and posted in advance to allow for resident, employee, family and other stakeholder involvement as necessary.

## CHILD ABUSE, NEGLECT AND SEXUAL HARASSMENT PREVENTION & INTERVENTION

It is the policy of Our Home, Inc. to develop an environment for residents and youth in foster care that provides for their safety and welfare; therefore, Our Home, Inc. strictly prohibits any staff member, foster parent, contractor, or volunteer conduct that is abusive or neglectful of the youth in our care. It is further our policy to have zero tolerance toward resident/youth in foster care sexual abuse and sexual harassment.

### I. Definitions

Our Home, Inc. defines child abuse/neglect using the Department of Social Services' Manual for Investigation of Child Abuse and Neglect in Out-of-Home Care. This definition includes any form of physical abuse, sexual abuse, neglect, or emotional maltreatment caused to any youth in our care. Our Home, Inc. further defines sexual abuse and sexual harassment using the National Standards to Prevent, Detect and Respond to Sexual Abuse.

1. Physical Abuse is strictly prohibited.

- A. Youth beaten. Any form of corporal punishment is prohibited.
- B. Youth subjected to inappropriate or excessive restraining devices.
- C. Inappropriate or excessive use of psychotropic and other drugs used as a method of keeping a youth under control.
- D. Inappropriate or excessive use of isolation and/or seclusion for long periods of time.

2. Sexual Abuse is strictly prohibited.

- A. Contacts or interactions between a youth and an adult in which the youth is being used for the sexual stimulation of the perpetrator or another person.
- B. Contacts or interactions of a sexual nature with a youth by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another youth.
- C. Sexual abuse takes place when a staff member, foster parent, contractor, or volunteer permits or participates in sexual activity with a youth in care. This includes rape or attempted rape, fondling, voyeurism, exhibitionism, and the like.
- D. Sexual abuse of a resident/youth in foster care by another resident/youth in foster care includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
  - 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
  - 2) Contact between the mouth and the penis, vulva, or anus;

- 3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- 4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

Sexual abuse of a resident/youth in foster care by a staff member, foster parent, contractor, or volunteer includes:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, foster parent, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, foster parent, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) Any attempt, threat, or request by a staff member, foster parent, contractor, or volunteer to engage in the activities described in items 1-5 of this section;
- 7) Any display by a staff member, foster parent, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident/youth in foster care, and
- 8) Voyeurism by a staff member, foster parent, contractor, or volunteer. Voyeurism means an invasion of privacy of a resident/youth in foster care by staff/foster parent for reasons unrelated to official duties, such as peering at a resident/youth in foster care who is using a toilet to perform bodily functions; requiring a resident/youth in foster care to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's/youth in foster care's naked body or of a resident/youth in foster care performing bodily functions.

3. Neglect is strictly prohibited.

- A. Failure to provide proper or necessary subsistence, supervision, education, medical care, or any other care necessary for the youth's health, guidance, or well-being.
- B. Disregard or violation of job responsibilities that may have contributed to an abuse or retaliation incident.

4. Emotional Maltreatment is strictly prohibited.

- A. Belittling or ridiculing a youth.

- B. Ridiculing a youth's family, background, culture, or race. Failure to appropriately respond to suicide threats, failure to provide appropriate mental health services.
- C. Treating members of a peer group unequally or unfairly.
- D. Making one youth in the group the scapegoat for the misbehavior of other group members.
- E. Allowing a group of youth to develop their own control systems without appropriate adult intervention.

5. Sexual Harassment is strictly prohibited.

- A. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident toward another; and,
- B. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, foster parent contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

## II. Reporting Procedures

Our Home, Inc. provides multiple internal ways for youth to privately report incidents or suspicions of abuse and sexual harassment, retaliation by other youth or staff for reporting abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of abuse. Youth may report to their assigned Counselor/Group Leader, the Program Coordinator, the Clinical Psychologist, Foster Parents or any staff member with whom you feel most comfortable. The report can be made verbally, in writing, or anonymously. It can also be made following the Grievance Procedure that is provided in this handbook.

Our Home, Inc. also provides ways for youth to report abuse and harassment to entities that are not part of agency. Youth can report directly to their referral worker or to Disability Rights:

**221 South Central Ave., Suite 38,  
Pierre, SD 57501  
1-800-658-4782**

## III. Response Procedures

After a report of abuse, neglect, or harassment, youth can expect the following activities to take place:

- Protect the youth to ensure it cannot recur
- Attempt to prevent evidence destruction, preserve crime scene
- Notifying investigating agencies of allegation
- Medical health care – emergency medical treatment, forensic examination
- Mental health care – crisis intervention services, continuing services

- Investigation – completed, with youth notified of results
- Disciplinary action taken based on results of investigation

#### **IV. Victim Advocates**

Our Home, Inc. provides youth with access to outside victim advocates for emotional support services related to sexual abuse. These advocates include:

**Child's Voice – 1305 W. 18<sup>th</sup> Street, Sioux Falls, SD 57105 – 1-605-333-2226**  
**Children's Safe Place – PO Box 49, Ft. Thompson, SD 57339 – 1-605-245-2767**

Youth shall be given reasonable communication with these organizations, in as confidential a manner as possible, following the agency's Mail and Telephone policies, except that only staff is permitted in the room when communicating via telephone. All postage and/or phone services charges for this access will be paid by Our Home, Inc. Youth are reminded of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws as described in this Resident Handbook.

#### **V. Retaliation Prohibited**

Committing acts of retaliation against any youth, staff member, or other individual who has reported an alleged or substantiated incident of physical abuse, sexual abuse, neglect or sexual harassment and retaliating against a youth or staff member who has been victimized, is prohibited. Anyone who experiences, witnesses or suspects acts of retaliation shall immediately report this matter to the Program Coordinator.

While all staff members shall be observant for and report any suspected act of retaliation to their supervisor, the Program Coordinator has been assigned the primary responsibility for monitoring for acts of retaliation within their respective program. If the Program Coordinator substantiates retaliation, he or she shall take prompt preventive measures. All acts of retaliation are subject to disciplinary action.

#### **VI. Resident Orientation and Education**

Each treatment facility provides new youth with an orientation and education that addresses the subject of child abuse, neglect and sexual harassment. Orientation occurs during the intake process. The following information is provided in the Resident Handbook:

- Our Home, Inc.'s zero-tolerance policy regarding sexual abuse and sexual harassment.
- How to report incidents or suspicions of abuse, neglect or sexual harassment.

Education occurs during the health screening process. Registered Nurses provide education regarding the following:

- Right to be free from abuse, neglect and sexual harassment.
- Right to be free from retaliation for reporting such abuse, neglect or harassment.
- Our Home, Inc.'s abuse response policies and procedures.

Each treatment facility makes appropriate key information from the orientation and education continuously and readily available to all residents via the Resident Handbook and pamphlets on display in the facility.

## **NEGLECT AND ABUSE REPORTING**

The issues of neglect and child abuse are often very sensitive issues for all persons involved. It is something all too often not discussed or hidden. As a result, neglectful and abusive patterns within and outside the family go unrecognized and continue to harm those affected. If you have been neglected or abused emotionally, physically, or sexually we want to be able to talk about these issues in treatment. It is only by bringing these matters out from behind closed doors that you can begin to deal with your feelings and to protect yourself from future neglect and abuse.

Even though we want you to be free to discuss these issues, we also need to tell you that the program staff are obligated by state law to report any suspected incidents of abuse to the Department of Social Services or law enforcement for investigation. We will not be able to maintain complete confidentiality in these matters. We do, however, recommend that you bring these issues forward so that responsible action in your best interest can be taken. We recognize that doing so may be very painful and cause conflict and we will try to support you in these efforts. Above all, if you are a victim of neglect or abuse, you need to understand that it is not your fault.

## **RESIDENT RIGHTS**

It is the policy of Our Home, Inc. to recognize and uphold the following resident rights:

1. The right of all residents to have full access to the courts without reprisals or penalties in seeking judicial relief.
2. The right of all residents to seek and have access to attorneys. The access is to include confidential contact by telephone, uncensored mail, and visits.
3. The right of all residents to have access to legal assistance from law library facilities or from persons with legal training.
4. The right of all residents to have access to writing materials, supplies, publications and other services related to legal matters.
5. The right of all residents to communicate with a personal physician.
6. The right of all residents to be protected from any financial or other exploitation, personal abuse, neglect, retaliation, corporal punishment, personal injury, disease, property damage, humiliation and harassment at all times.
7. The right of all residents to have access to information pertinent to their individual treatment in sufficient time to facilitate their decision-making.
8. The right of all residents to receive treatment that adheres to research guidelines and ethics.
9. The right of all residents to refuse extraordinary treatment.

10. The right of all residents to have informed consent or refusal or expression of choice regarding treatment delivery, release of information, concurrent services, composition of the treatment delivery team, and participation in medical, pharmaceutical, or cosmetic research or experiments.
11. The right of all residents to have access to self-help and advocacy support services.
12. The right of all residents to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment.
13. The right of all residents to have access to their own records.
14. The right of all residents to privacy of their medical information.
15. The right of all residents to be given access to recreational opportunities, including outdoor recreation.
16. The right of all residents to be allowed reasonable freedom in personal grooming.
17. The constitutional right of all residents to practice personal religion or attend religious services, subject to the limitations necessary to maintain facility security and order.
18. The right of all residents to receive visits, subject only to the limitations necessary to maintain facility security and order.
19. The right of all residents to correspond with persons or organizations subject only to the limitations necessary to maintain facility security, order, and the prevention of further criminal activity.
20. The right of all residents to have access to telephones.
21. The right of all residents to formally complain without being subjected to any retaliation or barriers to services.
22. The right of all residents to have alleged infringement of rights investigated and resolved.

### **ADOLESCENT SEXUAL ADJUSTMENT DRESS CODE**

Chemical dependency and/or specific emotional and behavioral problems blind us to the reality of ourselves. We develop defenses, which keep us from seeing our chemical dependency and ourselves as we really are. Some of these defenses are the clothing and accessories that we hide behind. We present the world a false front, which we ourselves start to believe. Getting to know the real us begins with removing the most obvious defenses- the ones we wear.

While you are at Our Home, Inc. program, the following clothing expectations will be enforced:

- ◆ No gang paraphernalia-colors will be confiscated
- ◆ No drug, music, derogatory/hurtful statements or alcohol paraphernalia/labeling on any clothing worn by residents.
- ◆ No cropped, half shirts or excessively torn clothing are to be worn.
- ◆ No white undershirts or 'A-shirts' worn as outside shirts
- ◆ We recommend socks be white, however colored socks are permitted
- ◆ Conservative/moderate hairstyles-hair shall be kept clean, no sideburns, out of face, cut around ear, no longer than natural nape hairline, crew cut style no shorter than a 2-guard used. (Exceptions: haircuts may be adjusted to meet the spiritual needs of any resident)
- ◆ Shoes and socks are to be worn at all times. (Exceptions: socks don't need to be worn with sandals in summer)
- ◆ Flip flops are to be worn back and forth from the bathroom/showers to the dorms. Slippers can be worn prior to bedtime.
- ◆ Appropriate under garments are to be worn.

- ◆Pants are to be belted at the waist with no more than 2 inches of 'slack' around the waist. No excessive, overly large (legs width must be less than 12 inches) or tight/'skinny' jeans/pants. No pants are allowed to drag on the floor.
- ◆Residents are allowed two belts. Belts are not to hang more than three inches or wrap around waist any more than three inches and may be restricted if on suicide list.
- ◆ No pants or shorts will have anything printed on them congruent with the zipper.
- ◆Shirts, sweaters and hoodies are not to hang past the crotch.
- ◆Appropriate attire must be worn during groups, in school, while attending church or public functions.
- ◆Modest night clothing shall be worn to sleep in. (no street wear)
- ◆All tank tops must be unadulterated. Tank tops and shorts can be work worn when temperature is predicted to reach 65 degrees or above (exception is at bedtime). Depending on the residents' ability to demonstrate a responsible attitude, shirts can be taken off when the resident is outside playing in a group activity or sport IF you have gone through staff and have been given permission.
- ◆All see-through mesh shirts and low arm cut tanks must have undershirt worn also.
- ◆ All residents shall wear clothing, which is acceptable for the weather, unless there is a medical condition, which prohibits them from doing so.
- ◆No more than two hoodies per resident.
- ◆No coats, jackets or zippered hoodies worn in school or lounge, also not hung in bedrooms. (ie.: depending on temperature in classrooms or lounges, staff may give permission to wear these at those times.)
- ◆ No hats (including stocking caps) to be worn in any campus building, hoods must be down, hats worn bill forward on or off campus. Stocking hats worn when weather dictates need.
- ◆Residents can save their own money to buy personal things. All hats or stocking caps ('Skullies') purchased by any client shall not exceed \$15.
- ◆ Resident should not have any more than three pair of shoes and one pair of boots.
- ◆ Jewelry-modest or simple necklaces must have a breakaway clasp, no big heavy rings, no earrings, bracelets based on appropriateness.
- ◆No hard soled or steel-toed boots.
- ◆Wallets and wrist watches are recommended.
- ◆ All clients will change clothing when working or playing outside as to preserve the longevity of their new or best clothing.
- ◆ The facility reserves the right to confiscate any clothing or clothing items which are deemed to be contraband or detrimental to any client's treatment. All clothing that is not acceptable shall be sent to the parents, worker, or put in storage in the absence of the previously mentioned options.
- ◆ While in school, the Huron Public School handbook may also apply.

### **CONTRABAND LIST**

Contraband is any item possessed by a resident or found within the facility that is considered illegal by law or prohibited by the treatment facility. Items identified as contraband will be confiscated by staff and either preserved for evidence, destroyed, placed in storage, or sent back to the resident's parents or guardian.

The following lists categorize contraband as either an illegal or banned (prohibited) item and clarify procedures for staff when contraband is discovered.

**Illegal Items** – these items shall be confiscated and retained as evidence for formal disciplinary action following the Preservation of Physical Evidence policy.

1. Any narcotics, marijuana, drugs, or related paraphernalia not prescribed for the individual.
2. A gun, firearm, weapon, knife, sharpened instrument, dangerous chemical, explosive, or ammunition.
3. A hazardous tool most likely to be used in an escape attempt or to serve as a weapon capable of doing serious bodily harm.

**Banned Items** – any item prohibited by the treatment facility or considered inappropriate for the resident's stage. These items shall be confiscated and either destroyed, placed in storage, or sent back to the resident's parents or guardian. Follow informal resolution procedures for any violations of the Prohibited Acts.

1. No alcoholic beverages, intoxicants, huff-able products or tobacco products-destroy
2. Any locking device or lock pick – destroy
3. Over the counter or prescription medications – give to Nurse
4. Matches or lighters – destroy
5. Any sharp objects, pins, tacks, etc. that may be utilized for self-mutilation – destroy
6. Clothing adorned with alcohol or cigarette logos, or advertisements identifying alcohol or drinking establishments – place in storage
7. India ink, powdered Kool-Aid, needles or pins - destroy
8. Pornography including videos, magazines, posters, including possession of 1-800 or 1-900 numbers or the Internet - destroy
9. Property or money not belonging to the resident – return to owner
10. Any money over the stage level limit – turn into Office Manager to be placed in resident's account (Orientation/Evaluation-\$1.50, Accountability-\$3.00, Sexual Safety-\$5.00)
11. CD's, cassettes, DVD/movies, games or toys not listed on the ASAP stages / privileges list, unless authorized by the Group Leader or Program Coordinator – place in storage
12. Possession of clothing not in accordance with resident's clothing list – place in storage if owned by resident or send home
13. Gambling paraphernalia - destroy
14. Letters, cards or pictures from individuals not on the resident's contact list – place in storage
15. Pictures of past victims or perpetrators without psychologist or adolescent counselor authorization. (Only pictures of immediate family members allowed on the Orientation/Evaluation stage) – place in storage
16. Oversized clothing – place in storage
17. Food items outside designated eating area or not appropriate for the resident's stage - destroy
18. Hemp braided / beaded or other non-breakable necklace(s)– place in storage
19. Personal items containing alcohol or Carmex, lip balm, facial cleaners, or mouthwash. (Unless authorized by the Our Home, Inc. Nurse.) – place in staff office or storage
20. Pillows or blankets from outside OHI-place in storage. Exception-100% cotton with tag on it
21. Gum and sunflower seeds on campus-destroy.
22. NO 'AXE' or 'Old Spice' Products permitted-put in storage or destroy
23. No hard soled shoes/boots for youth on orientation/evaluation or accountability stages (youth can utilize boots or hard soled shoes for certain functions with consent from staff)-place in storage

24. Magazines or posters for youth on orientation/evaluation or accountability stages- place in storage
25. Any items not listed as appropriate for the youth in the ASAP stages/privileges list- place in storage

**Note: Additional items may be banned or restricted during the course of the resident's stay in the program depending on the stage the resident is on, attitude being portrayed and/or if the items are deemed detrimental by the treatment team.**

## **RESIDENT GUIDELINES FOR DECORATION POLICY**

It is the policy of Our Home, Inc. to allow all residents to decorate their living and sleeping quarters according to the stage in which the resident is on, items returned to them following the clothing and personal effects inventory at admission.

The resident may have personal blankets or star quilts that are made of 100 % cotton and have a tag that states 100% cotton on the item on their beds. These items may be brought into the home if the treatment team has granted permission.

The resident may have spiritual materials or items to assist them in following their own spiritual beliefs. Examples include Bible, Rosary, Sweet Grass, Sage, Dream Catcher, etc. (Exceptions: No rocks, feathers or bones).

Pictures, posters and calendars must be appropriate and hanging on the bulletin board.

Family pictures, picture albums, cards and letters from family that are appropriate and have been authorized and dated in red ink by staff.

## **EXPECTATIONS/PRIVILEGES/RESTRICTIONS**

### **Program Expectations:**

- ◆ Residents are expected to participate in developing and following a monthly treatment plan with the group leader and to strive to meet the objectives you have helped to set.
- ◆ Residents are expected to participate in the process of dispersing medication and are to take direction from staff at all times during medication dispensing and should assist staff in encouraging the group members to take medication according to required times.
- ◆ Residents are required to follow the dress code specifications.
- ◆ Residents will develop understanding of expectations of daily jobs and follow safety and sanitation expectations.
- ◆ All residents attempting to run away or have ran away will comply with Our Home procedures.
- ◆ Residents are expected to understand and comply with prohibited acts and sanctions.
- ◆ Residents are expected to sit during raps if at all possible. Residents may stand if residents have permission from staff.
- ◆ The residents are expected during night hours to communicate to night staff when requiring assistance or needing to use the bathroom facilities.
- ◆ Residents as part of their treatment should want to comply with all nutritional requirements, personal hygiene expectations, and learning/practicing good manners.
- ◆ Residents are expected to maintain confidentiality within the group process.
- ◆ Residents are encouraged to participate in all groups, activities, and functions of their particular group.
- ◆ Residents are expected to follow and accept direction from staff.

- ◆The entire group should be signed off and have completed all homework prior to any group activity.
- ◆Residents are encouraged to follow medical assistance and direction from the doctor and nurse.
- ◆The residents are expected to not have conversations or whispering among group members without the majority of the group and/or staff present and within hearing distance.
- ◆To continue to work on and resolve problems from the PPC twelve problem list.
- ◆ To make 4-journal entries a day while on the Orientation/Evaluation and the Accountability stage.
- ◆All residents should make a minimum of 1 to 2 “Empathy” journal entries until they have completed their “Apology Letter” assignment on sexual safety stage. Adolescent counselor may assign 1 to 2 role plays a week in preparation of your actual apology.
- ◆ On reaching the “Grooming Behaviors” assignment of sexual safety stage, the adolescent counselor may assign 1 journal entry, and possibly a nightly relapse sheet as you begin the reunification/resocialization process of the Sexual Safety stage.
- ◆ To fully recognize and plan for appropriate placement upon discharge from the ASAP program.
- ◆Resident will ask for their release and follow the program procedures. The resident must ensure that all group members have heard their life history prior to asking for a release.
- ◆Resident may be considered to provide some mentoring for other residents that are experiencing difficulties.
- ◆All residents will be trained in the use of chemicals prior to usage.

### **Programmatic Privileges:**

***(These privileges can be revoked at any time pending attitude/behaviors)***

1. All residents are entitled to have 1-book, 1-board game/puzzle/deck of playing cards, 1- DVD (G, PG, PG-13), 1-magazine permitted in your bedroom with prior authorization by group leader/treatment team.
2. \*\*\*1-20 oz. bottle or 1-12 oz. can (2 -12 oz. cans on sexual safety stage) of pop is available with staff authorization.
3. Alarm clock/radio residents may utilize radio upon permission from staff (Sexual Safety stage), exception foreman.
4. Magazine and newspaper privilege (may be considered as to purpose and content) on the Sexual Safety stage.
5. Hair styling products. (gels, mousse, sprays with prior approval), generally after reaching the Assignment “Grooming Behaviors” on the Sexual Safety stage.

\*\*Exceptions may be made following the successful completion of the “Apology Letters” assignment and D&A treatment, such as individual privilege (start walking from area to another with group leader permission), GED, job in the community, extended home visits after the first two visits, several home visits in a row, volunteering, religious resident group etc.

### **Programmatic Restrictions:**

1. No pets are allowed on campus.
2. Picture taking is limited to family and friends and will be taken for the family by staff. No cameras are allowed including that on cell phones on campus without Group Leader and/or Community/Family Services Coordinator’s (CFSC) permission.

3. No resident is to be alone at any time with another group member in bathrooms, bedrooms, lounges, etc.
4. Residents and parents are not permitted on sides/resident dormitory/bedroom without a staff when on campus.
5. Resident will carry a journal and a pencil at all times, unless directed otherwise by adolescent counselor/group leader. Entries are encouraged as you explore thoughts/feelings and used interventions, and can be written up to 15 minutes before bedtime or meals.
6. Resident will avoid breaking or invading space with staff, other resident(s), or visitors' personal space or boundaries, (an arm's length apart) during their stay. NO EXCEPTIONS
7. No borrowing or gambling.
8. Residents are limited to TV programming that does not include any music videos, provocative or sexual material. No R rated (G or PG-13) movies and all other movies, including personal movies, must be approved by treatment team.
9. Any resident on the suicide list, runaway list or exhibiting consistent negative/inappropriate behaviors will not be allowed off-grounds
10. No talking when radio or TV is on. This includes when traveling in vehicles.
11. The Wii and computer games are off limits unless prior approval from group leader's meeting.
12. Lights are out at 9:45 pm., 10:00 pm on Friday and Saturday. The group is limited to use of radios during activities, free time, traveling, and is up to staff discretion. At night, radios must be turned off no later than 10:15 pm Sunday through Thursday, and 10:30 pm Friday and Saturday.
13. Residents are not allowed food items, including candy, except when requested for group activities, family visitation, holidays or resident's birthday with prior approval.
14. Residents are limited to only have CD's that are used for spiritual or academic purposes.

## **RESIDENT DISCIPLINE**

Our Home, Inc. strives to ensure that residents live in a safe and orderly environment. Therefore, all resident discipline shall be conducted in a fair manner that is carried out promptly and with respect for the resident.

To govern resident rule violations, Our Home, Inc. maintains a written set of prohibited acts, sanctions, and disciplinary procedures. These documents are furnished to residents after their arrival at the facility and reviewed with them during orientation.

### Disciplinary Actions

There are two levels of discipline for the violation of a prohibited act:

Informal Resolution-Occurs when staff witnesses or has reasonable belief that a violation has been committed by a resident and when staff considers informal resolution appropriate. Staff shall attempt to resolve the incident through the implementation of minor sanctions. Before any privilege suspension is imposed, the reason(s) for the sanction shall be discussed, and the resident shall be given the opportunity to explain the behavior.

Formal Hearing before the Facility Disciplinary Committee (FDC)-an infraction of the prohibited acts that requires a major sanction shall be formally resolved before the FDC. The steps for formal disciplinary action include:

- ◆The completion of an incident report with a copy provided to the accused resident.
- ◆The appointment of a staff investigator who reviews the resident's rights with the accused resident, documents the Resident's statement, asks if staff representation is requested, talks to witnesses and investigates statements.
- ◆The holding of the FDC Hearing and determination of the sanction(s) to be imposed if a prohibited act was committed.

### Appeal Process

Residents shall be granted the right to appeal disciplinary decisions to the Executive Director of Our Home, Inc., or for residents in the custody or under the supervision of the Bureau of Prison, to the CCM or USPO. The appeal must be in writing and submitted within 15 days of the disciplinary decision.

## **GRIEVANCE PROCEDURE**

It is the policy of Our Home, Inc. to provide for a grievance and appeal process for reviewing, investigating, and responding to formal complaints of the residents.

### Grievance and Appeal Process

Residents shall be given the opportunity to express themselves regarding problems they are having with the program or possible resident rights violations without being subjected to any retaliation or barriers to services. No time limit is imposed on when a resident may submit a grievance. The subsequent procedures shall be followed for a resident complaint:

1. The resident shall initiate the grievance process by completing a standard Grievance Form. The completed form shall be given without alteration, interference, or delay to the resident's assigned Counselor/Group Leader. If assistance is needed, the resident shall be allowed to request a staff representative for help in preparing/presenting the complaint or providing information during the ensuing investigation(s). The staff representative may not be a staff member who is or may be responsible to render a decision in any step of the Grievance Procedure.

The Counselor/Group Leader shall review the complaint and conduct an investigation. This and any further investigation may include questioning the resident, other residents in the program, staff members, etc. Following the investigation, the Counselor/Group Leader shall render a decision and record it in the appropriate section on the Grievance Form. The Counselor/Group Leader shall also meet with the resident to provide him/her with the decision. This investigation, decision making, and meeting with the resident shall be completed within 5 days of the date of the complaint. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Program Coordinator.

- A Grievance Form shall not be submitted or referred to a staff member who is the subject of the complaint. In this circumstance, the grievance shall be submitted or referred to the next highest level of supervision.

- In the event the resident complaint is regarding health care, the completed Grievance Form shall be given to the facility's Nurse instead of the assigned Counselor/Group Leader.
  - Any formal complaint regarding sexual harassment, policy and procedure violations where-in sexual abuse was not thought to be an end result, or allegations thought to be of casual physical contact preliminarily suspected to have occurred without sexual intent will be investigated following the agency's Internal Administrative Inquiries procedures.
  - Any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators. Our Home, Inc. allows fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing formal complaints relating to allegations of sexual abuse and to file formal complaints relating to allegations of sexual abuse on behalf of residents.
  - Any case wherein a violation of resident's rights has occurred shall be reported by the complaint reviewer to the Associate and Executive Directors.
2. If the complaint is not resolved in step 1, the Grievance Form shall be forwarded without alteration, interference, or delay to the Program Coordinator. The Program Coordinator shall review the complaint and conduct an investigation. Following the investigation, the Program Coordinator shall render a decision and record it in the appropriate section on the Grievance Form. The Program Coordinator shall also meet with the resident to provide him/her with the decision. This investigation, decision making, and meeting with the resident shall be completed within 5 days of the completion of step 1. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Associate Director.
  3. If the complaint is not resolved in step 2, the Grievance Form shall be forwarded without alteration, interference, or delay to the Associate Director. The Associate Director shall review the complaint and conduct an investigation. Following the investigation, the Associate Director shall render a decision and record it in the appropriate section on the Grievance Form. The Associate Director shall ensure that the resident is informed of the decision. This investigation, decision making, and informing shall be completed within 5 days of the completion of step 2. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident with a copy provided to the resident.
  4. If the complaint is not resolved in step 3, the final level of review will be conducted by a source external to the agency. The Program Coordinator shall contact without delay the resident's referral worker to inform him/her of the unresolved complaint. If the resident has no referral worker, South Dakota Advocacy Services shall instead be contacted. The Program Coordinator shall be responsible to provide the external source with any information needed to perform the review. The external source will review the complaint, conduct an investigation, and attempt to resolve the complaint in cooperation with the agency and resident. The external source shall then record their

findings and the final disposition in the appropriate section on the Grievance Form. The external source will be encouraged to complete this process within 14 days of being contacted. The Program Coordinator shall ensure that the resident is informed of the final disposition and given a copy of the Grievance Form. The original Grievance Form shall then be filed in the chart of the resident.

### **Emergency Grievance – Substantial Risk of Imminent Abuse**

In the event a resident or other responsible party such as a parent or guardian suspects that they or any other resident is at substantial risk of imminent physical or sexual abuse, that resident or responsible party is encouraged to make an emergency grievance. An emergency grievance may be submitted in any form including but not limit to letters, emails, texts messages, telephonically or other reliable form of communication. Employees shall accept and respond promptly to all requests for emergency protection. Responding accordingly shall include taking immediate and temporary proactive action as necessary to protect the at-risk resident and safely containing the alleged perpetrator until a review of the alleged risk can be conducted.

After taking immediate action to protect the resident(s) involved, any and all information about the alleged risk shall be immediately forwarded to the Program Coordinator through the employee's completion and submittal of a PREA – Emergency Grievance Documentation Form. The Program Coordinator shall review and assess this information in order that more long-term protective action can be taken, or, if and when appropriate, the protective action can be discontinued.

The Program Coordinator shall document the findings of his/her initial review on a PREA – Emergency Grievance Review Form. The Program Coordinator shall then provide an “initial response” to all parties involved in submitting the emergency grievance within **48 hours** after the grievance was submitted.

**GRIEVANCE FORM**  
Revised 11/19/13

Resident's Name:	Date:
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**DESCRIPTION OF THE COMPLAINT:** (Attach Additional Sheets if Needed)

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**COUNSELOR/GROUP LEADER (NURSE IF COMPLAINT IS REGARDING HEALTH CARE) (PROGRAM COORDINATOR IF COUNSELOR/GROUP LEADER IS SUBJECT OF COMPLAINT) FINDINGS AND RECOMMENDED DISPOSITION OF THE COMPLAINT:**

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\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Resolved, Resident Signature

**FIRST LEVEL OF APPEAL**

**PROGRAM COORDINATOR FINDINGS AND RECOMMENDED DISPOSITION OF THE COMPLAINT:**

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\_\_\_\_\_  
Program Coordinator                      Date                      If Resolved, Resident Signature

**SECOND LEVEL OF APPEAL**

**ASSOCIATE DIRECTOR FINDINGS AND RECOMMENDED DISPOSITION OF THE COMPLAINT:**

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\_\_\_\_\_  
Program Coordinator                      Date                      If Resolved, Resident Signature

## WHAT DO I DO IF I HAVE A DISABILITY OR SPECIAL NEEDS?

The employees at Our Home, Inc. are concerned about helping you make as much progress as is possible during your treatment experience. If you have a **disability** or **special needs**, you are invited to fill out the following form to identify these needs. Filling out the form will help you and the staff work together and plan for the best services possible. The word “disability” means having a physical or mental condition that prevents or stops you from being able to do basic day-to-day activities such as walking, speaking, seeing, hearing, learning, or working.

## WHAT WILL HAPPEN IF I TELL STAFF THAT I HAVE DISABILITY?

First, the counselor or other staff member will review the form and visit with you so they fully understand your needs and to identify ideas to help meet these needs.

Second, your counselor will visit with your referral worker (but only with your permission) and will also visit with the Our Home employee (the Licensing and Accreditation Manager) responsible for helping decide if Our Home can meet your needs and how your needs can best be met.

If it is **reasonable** to meet your needs, your counselor will work together with you and other Our Home staff to develop a plan and organize the things necessary to meet your needs. If it is not possible to meet your needs, your counselor will also talk to you about other alternatives that can be considered. If Our Home, Inc. cannot meet your needs, you may choose to take your request (Appeal) to the Executive Director to ask that she reconsider the decisions made. You can get a special form to write your request for reconsideration from your Program Coordinator.

Finally, staff will tell you in writing if your request has been approved, disapproved, and why that decision was made.

## CAN MY REQUEST FOR ASSISTANCE BE TURNED DOWN?

The answer to this question is “**yes**” but we would only turn such a request down for one of the following reasons:

1. Your needs may not actually be a disability.
2. It might be very difficult for Our Home, Inc. to afford the things necessary to meet your needs. Meeting your needs might not be reasonable if doing so causes Our Home to make big changes to the services we provide.
3. It may be impossible to eliminate or reduce risks to your health and safety.
4. Finally, you might be asked to reconsider your specific request if you and the staff can identify other ways to meet your needs.

## WHAT CAN I DO TO MAKE A REQUEST FOR SPECIAL ASSISTANCE GO WELL?

Communicate with your counselor and other staff involved! Our staff want to help, but they need you to talk openly and work cooperatively with them to do so.

**Request Form for Help With a Disability**

Dear Staff,

I am filling out this form to tell you about a disability or special needs that I have and to ask that you help meet these special needs to help me fully take part in this treatment program.

My description of my disability or special needs is written below:

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My description of how this disability affects me from doing daily life activities or fully participating in the treatment program is written below:

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My description of what might be done to help me with these special needs is written below:

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\*\*\*\*\* If you have trouble filling out this form, please ask your counselor for help.

**Resident Return Notification Form (To be filled out by the ADA Coordinator)**

Your request for assistance with a disability has been:

- Approved
- Has not been approved

The assistance you requested was \_\_\_\_\_

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The reason for the request not being approved was: \_\_\_\_\_

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Sincerely,

Our Home, Inc. Americans With Disabilities Coordinator

\*\*\* Coordinator reminder: The Executive Director must make any determination of “undue hardship”.

Executive Director Indication:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **WAYS IN WHICH INPUT CAN BE GIVEN**

Our Home, Inc. values the input given by residents and their families, and considers it as an essential component in providing quality treatment services. All forms of provided input will be reviewed with the intent of improving upon our services. Throughout your stay, a variety of opportunities will be offered to you to provide input. These opportunities include: Suggestion Box, Grievance Procedure, Treatment Plan Meetings, Groups, Individual Sessions, Accessibility Committee, Cultural Committee, Pre/Post-Visit Meetings, Debriefings, Sick Call, Meal Suggestion, Daily Inspection Report, Department of Social Services Annual Survey Monkey.

After your stay, opportunities will also be offered to provide input regarding assessment of services and satisfaction. These opportunities include: Resident Satisfaction Survey, Parent/Family Satisfaction Survey, and Resident Post-Treatment Outcome Survey.

## **ACCESS TO HEALTH CARE**

Our Home, Inc. provides clients with unimp0led access to health care through the treatment facility's sick call process. To report non-emergency illnesses or injuries, the following steps shall be followed:

1. Inform your assigned staff member(s) that you have a non-emergency illness or injury and request to put your name on the sick call sheet.
2. The staff member(s) will have you fill out the posted sick call form.
3. The facility Nurse will check the sick call form and make an appointment to see you.

Any complaints regarding health care shall be processed following the facility's

## **SMOKING**

South Dakota law prohibits anyone under the age of 18 from smoking and purchasing chewing tobacco. Therefore, it is our policy that smoking and chewing by any resident regardless of age in treatment is prohibited.

## **STRUCTURE WITHIN THE GROUP**

### **Foreman:**

In the program all residents are responsible for cleaning. Each group is assigned certain areas of the building to clean or cleaning up the grounds. The Foreman is responsible to ensure that each resident understands how the job is to be done and to make sure the entire area for their group has been cleaned to the best of the group's abilities. This helps promote organization and assertiveness skills for the youth. The staff accomplishes this by assisting the Foreman in checking jobs thoroughly. If there are jobs that need to be redone the staff will inform the group of what jobs are in need of further attention. The Foreman's responsibility is to assist new group members in teaching them how to do the jobs they are assigned to.

### **Activity Committee:**

The activity committee is selected by the group and is made up of four group members. The responsibility of this committee is to ask group members prior to request rap, what activities

they would like to do for the weekend. The committee then meets to discuss recommendations from their group members and during request rap suggest three to four ideas that the group eventually picks two, one is the activity the group wants to recommend to the treatment team and another as an alternative activity. The activity committee's residents are changed every month to provide opportunities for all group members to participate in this responsibility.

### **Request RAP:**

Request RAP is when the group meets to determine what type of activity all members of their group would like to participate in. It is the time to request spiritual opportunities, home visits, on or off-grounds visits, and special requests, requests for more privileges, etc. The majority of the group must agree upon all requests and this is then written on a form called Team Feedback and is then considered as a recommendation to the treatment team. The group will find out the treatment team's decision in feedback rap. After discussed with the group, the team feedback sheet is then hung in the lounge on the bulletin board.

### **Behavior RAPs:**

RAPS are considered to be a form of helping and caring for one another. Rap provides for resident to develop an understanding of what behavior they may need to evaluate and change. When rap is called the group's responsibility is to drop whatever they are doing and immediately go to rap and assist their fellow group member in understanding what behavior is considered hurtful and unacceptable. Raps can be called at any time and all residents should drop what they are doing to help their fellow group members. This includes study time, showers, school and recreation.

Another reason rap may be called by a resident is to express thoughts and feelings stemming from an issue they want to address and seek to resolve.

## **ALLOWANCE/SHOPPING RESPONSIBILITIES**

Shopping by residents is considered a privilege. Residents who are not on the runaway or suicide list, have a sanction of placement on 'zero' or 'no stage', or pose a security or safety risk (acting out behaviors) will be considered to go to town to shop for personal hygiene (PH) items. For those residents allowed to shop, at any time disruptive, disrespectful behavior is shown by any resident shopping privileges will be suspended immediately and the whole group will return to the facility.

Shopping will be allowed one Saturday in the month for PH shopping. Other shopping can be arranged based on resident personal needs and requested through their weekly team meetings. Only residents on the sexual safety stage can write up through request rap and be authorized by treatment team and Group Leader for any additional items other than basic personal hygiene products.

### *The responsibilities prior to shopping are as follows:*

- ◆Residents are to develop a shopping list prior to shopping. Staff and the group will review this shopping list in rap. This list must be approved prior to shopping or shopping will not be allowed. Any items purchased that are not on the approved list will be confiscated at a loss for the resident.
- ◆Residents are to purchase items for their own personal use only unless otherwise approved by staff and on the appropriate stage.

- ◆While shopping, the group is to stay in groups of at least four and are to be supervised by staff at all times. Otherwise the entire group needs to stay together.
- ◆Residents who have reached the upper sexual safety stage assignments may be considered to purchase personal items by themselves without staff or group supervision. This must be requested and authorized by group, treatment team and group leaders meeting.
- ◆Once PH items have been purchased, residents are not to remove or open the shopping bag.
- ◆Any items bought that are not on the resident's purchased list will be considered banned, confiscated and either returned or placed in lock up.
- ◆Allowance is spent at the resident's discretion; personal items are the priority. The request for special items needs the group's recommendation and treatment team's approval.

Residents are encouraged to save their money by putting it into their in-house savings account if they have no immediate personal needs/supplies. The residents are only allowed to keep a savings of up to \$50.00 in house. Residents after one week of admit will also open a savings account at a local bank in the community as an independent living skill.

If the in-house account exceeds \$50.00, then once a month the office manager will remove and deposit excess monies, or the resident will go to town and make the deposit in a personal savings account himself which was opened by him at the local bank (American Bank and Trust) in Huron. To prevent loss or theft, the office manager will hold the resident's savings pass book on campus until he needs to take it to town for a transaction. When a resident leaves the facility they will be given their pass book and can close their account if they wish either right before or after leaving the facility.

Allowances are as follows:

Residents receive \$16.00 for allowance monthly on Orientation/Evaluation and Accountability stages.

Residents receive \$26.00 for allowance monthly on the Sexual Safety stage.

Residents are allowed to carry \$1.25 Orientation/Evaluation

Residents are allowed to have \$3.00 Accountability

Residents are allowed to carry \$5.00 Sexual Safety

Residents can carry up to \$15.00 (after reaching the "Grooming Behavior" assignment)

## **CAMPUS EXPECTATIONS**

### **ASAP Facility/School & Gym:**

◆In helping and caring for each other, the respect, pride and consideration for each other's surroundings and living quarters should be taken into consideration. Therefore, at ASAP no food or drinks by any group member is allowed except back by the night staff desk. At times, special considerations may be considered depending on what the group requests for activity, ie popcorn with movie in lounge. No food, candy, or pop is allowed in bedrooms.

◆No food or drinks are allowed at the school or gym except for special functions arranged by teachers or staff, however all residents are allowed to carry water bottles on campus and may have water in any area of the facility, school, or gym.



also assigned a specific area they are responsible to clean on a daily basis, with more emphasis in some areas (considered Saturday jobs) than others, such as the school building, the staff offices, public bathrooms, the hallways, school classrooms/halls, and gymnasium, as well as keeping the grounds and program vehicles cleaned. Each week the respective group will draw jobs out of a hat to see what their individual group job is to do each week in helping the group succeed. These group jobs are rotated approximately every 3-6 months

\*All groups help shovel snow on campus if snow storm/blizzard

\*Cleaning vehicles on Saturdays as assigned.

## **FIRE SAFETY**

### **ESCAPE ROUTES:**

If fire breaks out do not panic, remain calm, alert others and exit through the nearest fire door. Emergency routes are posted throughout the facility. Do not try to take anything with you; just get out as quickly and orderly as possible.

Once safely out of the school, go to the parking area east of the dining hall. Once safely, outside of the group home go to the west field/parking lot under the light post and regroup. It is important that everyone meet in the same spot so that we will know if everyone is out safely.

If the fire doors are blocked, use a different emergency route, possibly through a window. It is important to work out alternate emergency fire routes, write them down and practice getting out (fire drills) so that you will not be caught off guard in case of a fire.

### **FIRE PROCEDURES:**

1. Alert people in building, yell "**FIRE!**"
2. Follow instructions given by staff on duty.
3. Exit through nearest fire door, as quickly, but as safely as possible.
4. Go directly to the west field/parking lot under the light post and regroup if in the group home.
5. If you are on fire-**DO NOT PANIC!!** **STOP! DROP! ROLL!** This will extinguish the fire. If someone else catches on fire instruct them to do the same. You may help to put out the flames by wrapping them in a blanket, towel, etc. However be extremely careful to avoid putting yourself in any type of dangerous situation as well. Remember to keep that person calm and lying down until help arrives.
6. Do not re-enter the building until told to do so by staff on duty.

## **Safety Tips to Prevent Injuries or Fire:**

Keep all other areas clean, do not store flammable substances only in designated areas, do not store dry leaves, do not overload circuit and never use matches, etc. as a source of light.

Do not leave electric iron on, store in a safe place to cool.

Do not throw water on an electric fire. Do not unplug a burning electrical device/appliance.

Only artificial Christmas trees can be used, and lights should be examined prior to putting them on the tree. Lights turned off when not in room.

If you awake at night and smell smoke, stay close to the ground, it will be easier to breathe, and evacuate through an alternate route, through a window or wait for help.

**DO NOT PANIC. KEEP YOURSELF TOGETHER OR YOU WILL BECOME CONFUSED AND FORGET WHAT IT IS YOU SHOULD BE DOING.**

Be careful of possible shock hazards. Do not touch any metal electric switches, outlets or appliances while you are wet, especially an electric razor.

## **TORNADO SAFETY RULES**

When a severe storm warning or tornado warning is received, it is very important to follow instructions from the staff. They will direct you to the main hallway just east of Genesis lounge door to the Psychiatric secretaries office door in the ASAP facility. You will be seated against a wall with your head between your knees and both hands covering your head. Remain in this position until directed by staff to do otherwise.

REMEMBER stay calm, follow staff's instructions, and always remain with your group unless directed by staff to do otherwise.

## **JOURNAL KEEPING CONTRACT**

Your journal is an important part of your program in that it gives you a place to write your thoughts and feelings to help work through your issues. This is really the very first and ongoing ASAP assignment you are given. It needs to be with you at all times and accessible for use when needed.

## **INPUT FROM RESIDENTS- SUGGESTION BOX**

Our Home, Inc. strives to continually focus on the expectations of the residents and use their input to create services that meet or exceed their expectations. As part of the focus, the Adolescent Sexual Adjustment Program maintains a suggestion box for use that is provided for all residents. This box is located outside the business office and you are encouraged to make any suggestion you feel might benefit the program. All suggestions will be reviewed and given a response. The response will be given once a month with all three groups present.

## **CULTURAL COMMITTEE**

The ASAP program provides opportunities for residents to have input in cultural events, activities and a say in better providing and meeting resident's cultural needs. This committee

consists of the child care coordinator, three to five residents and at least three staff. The committee will meet semi-annually and develop plans for the upcoming months.

### **GROUP FUND**

All groups have their own group fund monies. The money is earned through jobs within the community. This money is utilized to do activities either on grounds or off grounds. The group needs to write up for activities and the group's treatment team votes on their activity. The decision to have the activity is determined based on the group's ability to handle themselves in a positive manner.

### **LOCKER FINES**

Locker fines are part of the program's way of teaching responsibility and learning to take pride in your surroundings. All residents will be fined for leaving any clothing, books, shoes, or other personal property lying around and not put in its proper place. The fine is 15 cents and will come off the total of each resident's allowance. Each new resident is given two pencils, eraser, a notebook and a binder for ASAP assignments upon admission. Youth are responsible to maintain supplies after this and is part of his budgeting of allowance as an independent living skill. If a resident mis-budgets, supplies are available within the facility to purchase through a locker fine.

### **RUNAWAYS**

Our Home, Inc. advises against running away from the program. If you are having feelings to run, we encourage you to talk with your group or the staff about these feelings. In the event a resident does run from Our Home, Inc., the local law enforcement is contacted to ensure the resident's safe return. In addition to notifying law enforcement, the neighborhood watch is put into effect. **This entails contacting local farmers who in turn will notify all the farmers in the area that Our Home has a runaway.** It is strongly advised that you or any other resident do not enter onto property of the local farmers, as they do not take kindly to trespassing onto their property.

### **REASONABLE AND PRUDENT PARENTING STANDARD**

It is the policy of Our Home, Inc. that agency employees shall apply "normalcy" standards and specifically, apply a reasonable and prudent parenting standard (RPPS) to determine whether to allow a child to participate in extracurricular, enrichment, cultural, and social activities.

The practice of applying an RPPS is defined as the caregiver, when determining whether to allow a child in treatment under the responsibility of the state to participate in extracurricular, enrichment, cultural and social activities, shall make careful and sensible decisions that maintain the health, safety, and best interest of a child and that at the same time encourage the emotional and developmental growth of the child.

In applying this RPPS policy employees shall consider age or developmentally appropriate activities that:

- Are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and
- In the case of a specific child, are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Although social media is a very normal activity for the age group Our Home, Inc. serves, due to safety and security concerns associated with social media, site access will not be permitted. Residents are allowed supervised internet time for educational purposes and each child receives a school e-mail address for purposes restricted to school and academic communication.

### **Procedures**

Each facility will have onsite at least one official who, with respect to any child placed at Our Home, Inc., is designated to be the caregiver and who is authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the child in age or developmentally-appropriate activities. The program coordinators shall serve as the designated on-site officials and will be provided with training on how to use and apply the reasonable and prudent parent standard prior to making RPPS decisions for residents.

### **Guidelines for the decision-making process shall consist of:**

- Gathering adequate information about the activity;
- Assessing the appropriateness of an activity for the child's age, maturity and developmental level (cognitive, emotional, physical, and behavioral capacity and propensities at that point in time);
- Assessing foreseeable risks and potential hazards and what safety factors and level of supervision may be involved in the activity;
- Considering where the activity will be held, with whom the child will be going, and when they will return; and
- Determining if the activity maintains or promotes the child's health, safety, best interests, and well-being

### **Agency Requirements:**

1. At the time of placement, the agency shall incorporate the reasonable and prudent parent standard into each resident's treatment plan. There shall be documentation signed by the facility's onsite caregiver designated to apply the reasonable and prudent parent standard.
2. The agency shall ensure that designees are available to make RPPS decisions for a resident in a timely manner, and that RPPS decisions are not delayed due to a designee being unavailable to make the decision.
3. Decisions made under the RPPS shall not conflict with any existing court orders.

4. The agency shall keep a record of all RPPS decisions made for each child, and document who made the decision.
5. Both Parents and/or guardians and residents shall be informed of this policy and its procedures and employees shall ensure that the child knows who the designated on-site official is who makes decisions using the RPPS. To ensure notification is completed, an acknowledgement form will be signed upon intake by parents and/or guardians and residents.
6. The agency shall conduct a review of RPPS parameters, requirements, and agency policies and procedures pertaining to the RPPS at least annually.

Our Home, Inc. is not liable for harm caused to a child in an out of home placement if the child participates in an activity approved by the facility, provided that the facility has acted in accordance with the reasonable and prudent parent standard.

### **RESIDENT ACCESS TO CASE RECORDS**

Residents may have access to certain information in their case record. Residents seeking access to case records shall follow the subsequent procedures:

1. The resident shall make a written request to their assigned Counselor/Group Leader for permission to review the case record. The resident shall fully state the purpose for seeking such access and shall specify which section(s) of the record he or she wishes to review.
2. If the resident wishes to review non-medical sections of the case record, the Counselor/Group Leader and the Program Coordinator shall meet to determine if case record access is, or is not, in the best interest of the resident. \*
3. If the resident wishes to review medical sections of the case record, the Counselor/Group Leader, the Program Coordinator, and the Medical Director shall meet to determine if case record access is, or is not, in the best interest of the resident. \*
4. If permission to review is granted, the Counselor/Group Leader shall be present when the resident is reviewing the record, for control and interpretive purposes. The review shall be noted in the resident's progress notes.
5. If permission to review is denied, the Counselor/Group Leader shall provide the resident with an explanation as to why denial was made and shall note the explanation in the resident's progress notes.

\* Except for Our Home, Inc. generated material, staff shall not allow federally placed residents access to case record information without approval from CCM (Community Corrections Manager).

In the event that old, negative coping skills are displayed Our Home, Inc. has in place a Seclusion Restraint Policy to ensure the safety and security of everyone.

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

**Effective date of this Notice and policy is January 9, 2008**

**1. PURPOSE:** Our Home, Inc. and its professional staff and employees follow the privacy practices described in this Notice. Our Home, Inc. keeps your health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment all professional staff involved in your treatment and employees involved in the health care operations of the agency may have access to your records.

### **2. WHAT ARE TREATMENT AND HEALTH CARE OPERATIONS?**

Your treatment includes sharing information among health care providers who are involved in your treatment. For example, if you are seeing both a physician and a psychologist, they may share information in the process of coordinating your care. Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of Agency operations. Staff members designated for Quality of Care may access clinical records periodically to verify that Agency standards are met.

### **3. HOW WILL OUR HOME, INC. USE MY PROTECTED HEALTH INFORMATION?**

Your personal health records will be retained by Our Home, Inc. for approximately seven (7) years after your discharge. After that time has elapsed, your records will be erased, shredded, burned or otherwise destroyed in a way that protects your privacy. Copies of health records that have been distributed to other entities may continue to exist and are managed by their policies.

Until the records are destroyed they may be used for the following purposes unless you request restrictions on a specific use or disclosure.

- As may be required by law;
- For public health purposes such as reporting of child abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law);
- Health oversight inspections, e.g., Licensing/accreditation surveys, audits, inspections or investigations of administration and management of Our Home, Inc.;
- Lawsuits and disputes;
- Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in the practice; when emergency circumstances occur relating to a crime;
- To prevent a serious threat to health or safety;
- To carry out treatment and health care operations functions through transcription and billing services;
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority;
- National security and intelligence activities;

- Alcohol and drug abuse information has special privacy protections. Our Home, Inc. will not disclose any information identifying an individual as being a resident or provide any mental health or medical information relating to a resident's substance abuse treatment unless (i) the resident consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

#### **4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.**

Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

#### **5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.**

You have the following rights regarding your health information.

- You have the right to look at a copy and obtain a copy of your medical information as maintained by Our Home, Inc. The request must be made in writing. You may not look at or copy information that is subject to law that prohibits access to medical information.
- You have the right to receive a list of certain disclosures we have made of your protected health information. These disclosures, if any, were made for purposes other than treatment, payment, healthcare operations, or other special exceptions.
- You have the right to request Our Home, Inc. to amend your medical information. The request must be made in writing. Your request may be denied if the changes apply to records Our Home, Inc. did not create, or for certain other reasons.
- You have the right to request restrictions of the use and disclosure of your restricted health information. Your request must be made in writing, and must state specific restrictions requested and to whom the restrictions should apply. We are not required to agree to these additional restrictions.

#### **6. REQUIREMENTS REGARDING THIS NOTICE.**

Our Home, Inc. is required to provide you with this Notice that governs our privacy practices. Our Home, Inc. may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for health information we have about you as well as any information we receive in the future. You may ask for and receive the Privacy Notice that is in effect at the time.

#### **7. QUESTIONS AND COMPLAINTS.**

If you have any questions regarding this notice, please ask to speak with our Business Manager.

If you believe we have violated your privacy rights, please contact our Business Manager. We will not retaliate against you for filing a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services at the following address:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20201  
Or  
Phone: 1-202-619-0257  
Toll-Free: 1-877-696-6775

### **Notification of Agency Policies**

We are also required to let you know of policies established by Our Home, Inc. to ensure for the health, safety, and care of each resident. Copies of these policies are available upon request.

- |                          |  |
|--------------------------|--|
| * Admission              | * Confidentiality of Information               |
| * Written Treatment Plan | * In-house Abuse and/or Neglect Prevention &   |
| Intervention             |  |
| * Scope of Services      | * Access to Health Care                        |
| * Case Management        | * Collection and Recording of Health Appraisal |
| Data                     |  |
| * Counseling             | * Medical Emergency Plan                       |
| * Discharge              | * Immediate Medical Examination and            |
| Treatment                |  |
| * Resident Discipline    |  |

### **Reporting Requirements**

Regarding the policies listed above, we are required to advise you of our reporting obligations. Reports must be made to the following individuals or agencies as required on a monthly and/or quarterly basis or if a specific event occurs:

- \* Placement Agency/Worker
- \* State Certification Team
- \* Department of Social Services Office of Child Protection Services
- \* Department of Social Services Division of Medical Services
- \* South Dakota Advocacy Services
- \* Centers for Medicare & Medicaid Services – Regional Office

## RESIDENT ORIENTATION CHECKLIST

(6-10-19)

Resident Name: \_\_\_\_\_

This indicates that I have been given an orientation to the items listed below as part of the program orientation.

1. The purpose and description of the treatment process and the program expectations with stages of the adolescent sexual adjustment program.
2. I have been informed of the program hours and responsibilities.
3. I have been instructed in and understand the confidentiality of drug and alcohol records and the reporting of abuse and neglect information. I also understand the importance of keeping confidentiality with the information I hear in the program about other residents.
4. I have been informed of the resident rights, grievance procedures, telephone usage, and mail policies.
5. I have been informed of how on grounds and off grounds visitation works and the two-week adjustment period, prior to visitation.
6. I have been informed of fire safety and evacuation. I have been oriented in the use of chemicals in the program.
7. I have been informed of the policy and procedures for attending church, sweat, and spiritual events.
8. I have been given and understand the Disciplinary Policy and have been given and understand the Federal Bureau of Prisons and/or the Our Home, Inc. Prohibited Acts information.
9. I have been given the seclusion and personal restraint policy and it has been explained to me and I understand its contents.
10. I acknowledge that my Group Leader / Case Manager \_\_\_\_\_ is responsible for my service coordination.
11. I have been informed about the reasonable accommodation policy, which explains what to do if I have a disability or special needs.
12. I have been informed about the Notice of Privacy Practices.
13. I have been informed that any suggestions regarding the program will be taken into consideration and all responses to the suggestions will be given to all residents monthly.
14. I have been informed of the Access to Healthcare Policy
15. I have been informed of notification of Identified Agency Policies and Reporting Requirements.
16. Zero-tolerance policy regarding sexual abuse and sexual harassment.
17. How to report incidents or suspicions of abuse, neglect or sexual harassment.
18. Reasonable and Prudent Parenting Standards

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date