

PROGRAM DESCRIPTION

(3/16/10)

The Our Home ASAP program utilizes a therapeutic milieu environment, which means that during all hours the professional staff supervises the residents. The residents are offered any and 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 their fullest possible extent. Residents are in direct contact with professional staff involved in teaching behavior management, independent living skills, social skills, safe dating skills, communication skills, and continued enhancement of the steps of AA, NA Alateen and Drug and Alcohol educations.

The program consists of four stages or levels. These include the evaluation / orientation stage, accountability stage, sexual safety stage and 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.

Stage One: Evaluation / Orientation – 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 us and you 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. The orientation portion generally only takes 2 weeks. The Evaluation portion of this stage generally takes 30-90 days depending on the resident and goes through Group Leaders.

Stage Two: Accountability - The accountability stage is designed to assist individual residents to recognize how their actions and words affected their life and the life of others. Being accountable is how the residents can show responsibility for your past actions. Taking accountability or responsibility for your actions will be determined by your demonstrating your skills through the process of helping and caring for others.

Stage Three: Sexual Safety – The sexual safety stage is designed to focus on your understanding of the consequences of your behaviors to themselves, their family, and especially their victim. Through this process the resident will examine and recognize the barriers they have overcome to allow themselves to hurt others. This stage assists the resident on learning arousal control techniques and how to replace deviant fantasies with appropriate fantasies. The main focus of this stage is to achieve a level of empathy for those the resident has hurt, especially their victims. During this process you may make written, verbal or video apologies to your victim.

Stage Four: Re-socialization / Pre – Discharge – The final and last stage of the program is to help the resident in adjusting back into the community. This stage 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 is to 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 skills in order to make healthy and realistic decisions.

The program provides each resident with opportunities for re-integration. This process is generally accomplished on Stage Three and Four. The resident can participate in such things as job employment, GED's, community based youth groups, and in some cases extracurricular activities. 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. They are as follows:

Social skills: are learned under the guidance and supervision of the professional staff. Such things as personal hygiene, cooking, cleaning, and laundry skills, lawn and home maintenance, gardening 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".

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

Therapy group sessions: They are held for each group three times a week for one hour sessions with the Adolescent Therapist who is a licensed professional counselor and a trained group leader in working together in the co-facilitation of sessions to address sexual issues such as victimization and perpetration, as well as teaching healthy and safe dating skills and sexual practices.

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 group education is provided on an ongoing basis every six weeks. Family involvement is encouraged with appropriate staffings, visits with the resident at the facility and through home visits. All involvement with the family is intended to meet the therapeutic needs of the resident.

Chemically Dependency and Alcohol and Drug Education Services: are also a part of the ASAP program in which on site AA, Alateen, and NA is offered during the week for the resident that have either completed treatment or preparing to enter alcohol treatment. Further individual sessions are also provided for residents on as needed basis. Counseling is provided by Alateen, a licensed chemical dependency counselor or certified trainee.

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. The nursing staff monitors for medication reactions, allergies, side effects, and oversee any medical needs specific to each resident.

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. 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 their treatment plan to coordinate these services.

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 privacy of their medical information.
14. The right of all residents to be given access to recreational opportunities, including outdoor recreation.
15. The right of all residents to be allowed reasonable freedom in personal grooming.
16. 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.
17. The right of all residents to receive visits, subject only to the limitations necessary to maintain facility security and order.

18. 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.
19. The right of all residents to have access to telephones.
20. The right of all residents to formally complain without being subjected to any retaliation or barriers to services.
21. The right of all residents to have alleged infringement of rights investigated and resolved.

Resident Access of 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 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 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, 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 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 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 federal placement residents access to case record information without approval from the CCM.

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: the Medical Director, Clinical Psychologist, Program Coordinator, Group Leader, Nurse and Family Counselor. This treatment team will form a healing partnership between you, your parent or guardian and your worker in developing your treatment plan.

Your first treatment plan is developed with you and the treatment team with in 14 days of placement. At this time a tentative date of completion of your program is determined. Treatment plans are then reviewed at a minimum of one time monthly with you and as many team members present as possible. There are circumstances in which these are reviewed more frequently, such as after significant behavioral changes.

Treatment plans are generally held each Thursday between the hours of 8:15am – 12:00pm

It is Our Home, Inc.'s approach to address the behavioral health of all residents regarding behavior that allows us to keep both you and others safe. It is our hope that the residents 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 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. The next five pages of your orientation manual include a copy of this policy.

SECLUSION AND PERSONAL RESTRAINT

(revised 10/13/10)

Policy

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 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 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

I. 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.

II. 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.

III. 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.

IV. 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.

V. 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.

VI. Facility Reporting

An incident report shall be completed following the use of seclusion or restraint. A report shall also be submitted to the CCM 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.

VII. 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 CCM must be made immediately by telephone or fax following a restraint.

VIII. 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.

IX. Treatment Plan Review

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

X. 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.

XI. 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.

XII. Performance Improvement

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

XIII. 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.

XIV. 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

- 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

State-designated Protection Organization

Huron Programs:

Michelle Bretsch
Intake Specialist
DSS – Child Protection Services – Aberdeen
3401 10th Ave SE
Aberdeen, SD 57401-8000
Toll Free: 1-866-858-3204
Phone: 605-626-3160
Fax: 605-626-2610

- or -

Parkston Program:

Coreen Odens (ext. 228) or Kathy Boysen (ext. 225)
Intake Specialists
DSS – Child Protection Services – Yankton
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

Robert Kean, Executive Director
South Dakota Advocacy Services
221 South Central Avenue
Pierre, SD 57501
Phone: 605-224-8294 Voice/TDD \ 800-658-4782
Fax: 605-224-5125
E-mail: keanr@sdadvocacy.com

Centers for Medicare & Medicaid Services (CMS)

Michael K. Bishop
Centers for Medicare and Medicaid Services
Denver Regional Office
1600 Broadway, Suite 700
Denver, CO 80202-4967
Phone: 303-844-7032
Fax: 303-860-5897
Email: Michael.Bishop1@cms.hhs.gov

POSITIVE PEER CULTURE GROUP PROCESS

The program you have entered is built on the attitude of **Care and Concern**. There is no room in the ASAP program to hurt others. We believe that no person needs to conquer all of their own problems before being able to help other group member's 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 an opportunity to look at their behavior and stop whatever hurting behavior they are showing. This is all about helping one another over come and learn how to better handle hurting behavior. The group is not given the "right" to punish, harass, restrict privileges, or in anyway hurt another resident in the program.

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.

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: This usually the first meeting you request. Your life history should be told to the group in the first month of placement in order to help the group to understand what you have experienced in the past and what problems you feel you need to address.

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 behavior and are affecting behaviors now.

Release Meeting: This will be the last meeting you will request and from this will be the group's recommendation to staff for your release from the psychiatric residential treatment facility. During a release meeting you will address problems you showed before placement here as well problems shown while in placement. You will discuss how you worked on these problems and how you plan to deal with similar situations following your release.

DESCRIPTION OF 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.

- 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.

- 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 problems, 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.

- 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.

- 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.

- 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.

- 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.

- 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.

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.

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.

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.

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.

THE ABC'S OF PROBLEM SOLVING

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.

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.

LIFE HISTORY:

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. When telling the life history the group should assist their group member by going by school years or seasons so the group member telling their life history can tell their history in a fashion that everyone can follow.

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.
6. The group should explore what made the resident happy, the good times in their life, and their accomplishments. Who were the most important people in their life?

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 three 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.

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 comes into a group meeting and asks to address the release issue.

Assuming that the resident has asked for the release meeting and the request has been honored, the following steps are as follows:

1. The first step is to explain to the group what problems warranted their placement in residential treatment addressing each problem on the problem sheet that applies to them.
2. They should then explain how the program has benefited them, how the group has helped them, how they feel about themselves now and what has actually changed.
3. During this time the other members of the group should be asking various questions about the group member's family, home, school, friends and what responsibility means to them.
4. They should be asked how they feel about themselves as a person and how much confidence they have in themselves.
5. The group may even ask questions about situations that they may encounter when they return home.

When the group is satisfied with his answers, the voting process begins. During the voting process, each group member states whether they feel the resident up for release is ready and why. If a group member feels they aren't ready for their release, they must give a legitimate accepted or denied. The Group Leader brings the group decision to his treatment team to discuss and decide to recommend that this resident's release be discussed in Group Leaders Meeting. In Group Leaders meeting a decision will be made and the Group Leader will give that decision to the group and resident in the next group meeting following Group Leaders meeting. The resident's family and referral worker will be notified to include them in the release process.

Now you may have a new group member or two who have not been in group long enough to really have helped the resident who is asking for their release. Any resident who has been in the group less than thirty days need not vote.

Once the resident has gained their release from the Positive Peer Culture process the resident must then ask for their release from the sex offender process of the program. 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.

THE STAGES OF THE ASAP PROGRAM

The ASAP program consists of four stages that you will work your way through while in this program. These include the Evaluation/Orientation stage, Accountability stage, Sexual Safety stage, and Re-socialization and Pre-discharge stage. Each stage will give you new skills that will help you in your program. The amount of times 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.

STAGE ONE: EVALUATION/ORIENTATION

The evaluation stage is used to help you and the treatment team in determining your needs and ways to best aid you. This time provides us with the necessary information to best determine whether the ASAP program or another placement would be in your best interests. The best way to assist yourself and our treatment team is being as honest as possible about yourself, your family, and your concerns. This evaluation time generally lasts between 30-90 days. Residents can move to second stage after completing resident goals 1,4,5 and 6.

As part of orientation we would like to provide you an opportunity to develop a better understanding of the program and how it may help you in working on your individual needs. This time gives you an opportunity to get to know your group and understand how you may meet your needs and how the group can help you meet those needs. This time period is generally around 2-4 weeks.

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. Set up with all parties involved treatment plan review at 14 days and every 30 days there after.
4. Provide guidance in assisting resident to developing a treatment plan.
5. Complete all admission assessments to assist all professionals in determining resident's current status.

Residents Goals:

1. To complete life history in group meeting to assist the group and staff in understanding how the resident see themselves.
2. To complete assignments developed and agreed upon during initial treatment plan.
3. To complete assignments given to the residents by the Adolescent Therapists.
4. To describe your family relationships by completing a Genogram (1-1). This will assist the staff and group in better understanding how you see your family relationships.
5. To begin to develop an understanding of program responsibility and expectations while starting to accept accountability for your behaviors.
6. To start working and learning how to show care and concern towards yourself and others.
7. To learn the human sexual anatomy and appropriate terminology (1-2) that will be needed to complete future assignments.

The resident during this orientation/evaluation stage will follow first stage restrictions, responsibilities and expectations. The resident is also responsible for the above and completing those goals prior to moving to the second stage assignments. The moving to the next stage is determined by the Treatment Team. The resident can move to the first stage regardless of whether they have completed the second and third assignments. This is to be determined in Group Leaders meeting and requested by the resident. The resident can move to the second stage regardless whether he has completed the above numbers 2 and 3 of resident goals. These assignments may be on-going and should not prevent residents from getting off the Orientation Stage/Evaluation Stage.

Privileges/Limitations:

1. The first week (seven days) of placement is considered the adjustment period for all residents. During these seven days there is no phone contact or visitation. Exceptions to this include phone contact to inform parents that the resident arrived safely. This phone contact should occur with the Group Leader (or their designee) who is admitting the resident. The resident is entitled to call either their attorney or referral worker when ever they request to, as long as it is during working hours or otherwise arranged with placing agency. There is no limitation to receiving or sending mail as long as the individual is on the resident's contact list. Residents from other Our Home Programs are considered an exception to this limitation, referring to 7 day wait prior for phone contact.
2. After one week (seven days) phone call time is designated according to each group and limited to four calls a week for 10 minutes apiece and limited to those individuals on the resident's contact list.
3. The resident may have visitation after seven days of placement and has gained approval in the Group Leaders meeting. Visitation is either on Saturday or Sunday depending upon which group you are in. Visitations are for 1 to 4 hours depending on resident's sexual safety and purpose of visit. All visitations are considered to be for therapeutic purposes. (No more than 6 family members are allowed due to space restrictions.)

STAGE TWO: ACCOUNTABILITY

Stage 2:

A. Goals:

1. To accept and demonstrate responsibility for the sexual and any other illegal offenses that resident has been involved in.
2. To develop an understanding to which the resident's own physical, emotional, neglect, and sexual abuse has affected their life. Also, understanding of how the resident's own abuse may have contributed to the distorted thinking that led to their own offenses. (2-4 assignment)
3. A review of their own sexual history and life history. This involves an honest report of your own usage of pornography, observed sex acts, masturbation, and other acts and how they may have contributed to your distorted thinking that led to your offenses. (2-6 A, B, and C assignments)
4. To complete detailed admissions of all your past sexual perpetration's and victims. (Sexual Life History assignment 2-6D).
5. To learn to accept accountability and responsibility for your behaviors and identify what behavior you feel you need to work on. (P.P.C. twelve problems)

The residents can have the following items in their rooms on this stage:

1. 2 pencils to be given by staff.

2. Appropriate clothing that has been inventoried and authorized by staff. All clothing should be labeled or initialed.
3. Family pictures, picture albums, cards and letters from family that is appropriate and authorized by staff. These items must be from those people who are on your contact list. All pictures must be signed on the back in red by treatment staff. (no school pictures or albums are allowed in this stage)
4. All residents are entitled to have two books to read for leisure approved by their Group Leader, drawing privileges, writing privileges during their 15 minutes before bedtime. This depends upon resident's attitude and behavior and is up to staff's discretion (this is only during 15 minutes before bed unless authorized by treatment team/Group Leader meeting or scheduled as part of an activity.)
5. Residents receive \$16.00 for allowance monthly on this stage.
6. Residents are allowed to have \$3.00 on their person on this stage.
7. A couple of board games, playing cards or puzzles that can be used when the whole group picks as an activity. If the residents abused these items, they will be confiscated and put in lock up.
8. Wallets are allowed on this stage for pictures, money and intervention card.
9. Personal hygiene items authorized by staff.
10. Spirituality items are allowed in resident room, bible, sweet grass, spiritual CD's, etc., they must be authorized by Group Leader. (this does not include rocks, feathers or bones)
11. One spiritual necklace or bracelet (one or the other, not both) can be worn on this stage if the resident comes into the program with this item. **These items can not be purchased on this stage.** If residents make these items during treatment as part of an activity, they may be allowed, if authorized by group leader.
12. Only one pop per day.
13. Hoodies are allowed as a coat or a sweat shirt if cold in building, on occasion. This should not be an every day occurrence. Any resident on the runaway or suicide list can't have hoodies. Any resident entering the program with a history of self abuse or runaway may not have hoodies.
14. (zip/pull over) & Coats – **(must be hung up on hooks and not in rooms,) (ASAP East should hang these outside room on hooks) Group leader allowing this-** Not to sleep with it and no strings on hoodies. Run/suicide issues. No strings in pants either. If not on list, doesn't exist.
15. Residents may have calendars as long as the pictures are appropriate and screened by their Group Leader and treatment team.
16. Residents can have assignments from other programs as long as they are helpful and not providing any type of negative influence on the resident and screened by their Group Leader and treatment team.

B. Responsibilities:

1. The resident will show willingness to develop a sense of care and concern for yourself and your group.
2. The resident will learn to assist others in the pursuit of recognizing inappropriate behavior by calling Rap.
3. The resident is to start making positive contributions towards helping others in your group.
4. Willingness to accept accountability for your own behavior by recognizing hurtful behavior and taking strides to intervene in appropriate ways.
5. The residents are asked to be part of actively participating in development of academic improvement and setting short and long-term vocational and/or educational goals.
6. The resident will exhibit pride in your surroundings and personal hygiene.
7. The resident will portray an attitude of trust and respect towards those in authority.
8. No resident is to be alone with another group member in bathrooms, bedrooms, kitchen, etc.

9. Resident will be clean and wear a reasonable haircut. No #2 or 3 haircuts on this stage. (Exceptions: haircuts may be adjusted to meet the spiritual needs of any resident. This will be reviewed to determine that the resident follows their spiritual beliefs consistently.)
10. Resident will carry a journal and a pencil at all times. Entries will be made a minimum of 4 times daily. (Once in the morning, once at lunch, once after supper, and once before bedtime.) May be up to an hour before bedtime or meals.
11. Resident will avoid breaking or invading staff, other resident, or visitor's personal space or boundaries, (an arms length apart) during their stay. **NO EXCEPTIONS**
12. All residents will be trained in the use of chemicals and may be allowed to enter the chemical closet upon staff's discretion. (Resident will not be allowed to enter the chemical closet until they are properly trained.)
13. All residents will be trained in the use of all kitchen responsibilities while on this stage. (Residents are not allowed to work in the kitchen area until properly trained.)
14. No resident is allowed in another resident's room without staff present. This is for safety purposes.

Privileges / Limitations: (Must be written and approved)

1. Residents are limited to on grounds visitation until passing polygraph test & 2-6D staffing, and have completed their special assignment on high-risk situations. Visitation off-grounds is also contingent upon the resident's attitude and behavior and may be rejected at any time during the resident's stay. Visitation consists of two visits monthly by family members only, unless approval by treatment team. Visitation needs to be written and set up with family members two weeks prior to scheduled request. (Exception first week of placement does not require 2 week notice.)
2. Borrowing is limited to inexpensive items and is first approved by staff. Items such as money, clothing, or jewelry are considered off limits.
3. Residents are limited to TV programming that does not include any music videos, provocative or sexual material. No R rated movies. All DVD's & VHS movies are limited to PG or PG13. The movies must be authorized by the Group Leader. Off -grounds activities are limited to functions that have been designated as group activities and are to include the entire group. Any resident on the suicide list and runaway list may not be allowed off-grounds. This function will depend upon the groups ability to handle themselves appropriately and their safety.
4. Residents are not allowed to utilize TV, puzzles, or board games unless on a group activity with group recommendation and staff approval. Exceptions can be as long as entire group has all responsibilities done and group has free time to organize the function as a group. The WII and computer games are off limits unless prior approval from group leader's meeting.
5. Residents are limited to contact with family members who they have not been sexually involved with.
6. The use of radios depends upon the overall position of the group. The group is limited to use of radios during activities, free time, traveling, and is up to staff discretion. At night, radios at West must be turned off no later than 10:15 pm.
7. Some residents will not be allowed to attend functions in the community, depending upon safety and behavior.
8. Residents are not allowed food items including candy or gum except when requested for group activities or family visitation with prior approval. Gum and seeds are not allowed on campus.
9. Residents are not allowed food items including candy or gum while on grounds for visitation. (Exceptions can include holidays and the resident's birthday with prior approval.)
10. Residents are allowed to only have videotapes or CD's that are used for spiritual or academic purposes.
11. Residents are allowed in the pantry as long as a staff is with the resident and no other resident is in the pantry.

Expectations:

1. The residents are expected to not have conversations or whispering among group members without majority of the group or staff present. It is considered hurtful and harmful behavior and staff should call RAP.
 2. Residents are expected to participate in the process of dispersing medication and are to take direction from staff at all times during medication dispensing. Residents should assist staff in encouraging the group members to take medication according to required times.
 3. Residents are limited to following the dress code.
 4. Residents will develop understanding of expectations of daily jobs and follow safety and sanitation expectations.
 5. All residents attempting to run away or have ran away will comply with Our Home procedures.
 6. Residents are expected to understand and comply with prohibited acts and sanctions.
 7. Residents are expected to sit during raps if at all possible. Stand if residents have permission from staff.
 8. The residents are expected during night hours to communicate to night staff when requiring assistance or needing to use the bathroom facilities.
 9. Residents as part of their treatment should want to comply with all nutritional requirements, personal hygiene expectations, and learning good manners.
 10. Residents are expected to maintain confidentiality within the group process.
 11. Residents are encouraged to participate in all groups, activities, and functions of their particular group.
 12. Residents are expected to follow and accept direction from staff.
 13. The entire group should be signed off and have completed all homework prior to any group activity.
 14. Residents are encouraged to follow medical assistance and direction from the doctor and nurse.
- (All residents are encouraged to take their polygraph after completing second stage assignments, but they do not have to take until they are ready. If polygraph is not taken by the time resident gets to their 3-3 assignment, then they will have to skip their assignment and go on to the next one and residents can not have off-grounds visitation until passing polygraph.)**

STAGE THREE: SEXUAL SAFETY

Stage 3:

A. Goals:

1. To increase your understanding of the consequences of your behavior to yourself, your family, and especially to your victim.
2. To develop an understanding what motivated you to sex offend and what barriers you overcame to do so. (3-1 assignment)
3. Learning to replace deviant fantasies with appropriate fantasies, "arousal control". (3-2 assignment)
4. To achieve and develop empathy towards your victims and those you have hurt. Putting together and understanding how and what you did affected your victims. (3-3 assignment)
5. Identifying and understanding your grooming behaviors, your denial, and the planning of how you committed the offense on your victim. (3-4 assignment)
6. To develop an understanding and recognize pre-offense patterns and the thoughts and behaviors that are likely to lead up to re-offending. (3-5 assignment)
7. To learn to identify your own thinking errors that you use to convince yourself it is ok to offend. As well as current thinking errors you use to continue to have inappropriate thoughts. (3-6 assignment)
8. To develop a relapse prevention plan to assist and help you identify and interrupt pre-offense behaviors. (3-7 assignment).

9. To focus on thinking distortions, which often lead to feeling bad about yourself, and forms a bridge between the pre-offense pattern and the offense cycle. (3-8 assignment).
10. To continue to work on and resolve, problems from the PPC twelve problem list.

The residents can have the following items on this stage upon approval for the third stage.

1. Residents are allowed everything they had on stage two.
2. 2 pens, no gel or liquid pens are allowed in the building by the residents.
3. Pantry access with staff approval – no two residents in the pantry at the same time without staff present.
4. Residents must request #3 haircuts.
5. Watch
6. Alarm clock/radio residents may utilize radio upon permission from staff.
7. Residents are allowed to carry \$5.00.
8. Residents receive allowance of \$26.00 monthly upon getting to stage 3.
9. All residents are entitled to have untucked shirts.
10. Residents can drink two 20 oz. pop or water per day, only allowed to purchase pop/water from machines at ASAP. Not allowed to purchase pop in town unless off ground visit.

Responsibilities:

1. Resident has developed care and concern for themselves and their group.
2. Resident is consistently assisting group members in working to manage inappropriate behaviors by calling raps.
3. Resident should make positive contributions to the group by helping and showing care and respect to staff, group members, and teachers.
4. Resident is calling raps to discuss their feelings and thoughts on a more consistent basis.
5. Resident is utilizing appropriate coping skills to handle problems, feelings, and thoughts in an appropriate manner. Taking accountability for mistakes on a consistent basis.
6. Resident is practicing and utilizing all stage two requirements and assisting group members to learn more appropriate skills.
7. The residents should carry journals and make a minimum of two journal entries daily.
8. All residents should make a minimum of 2 “empathy” journal entries until they have completed their 3-3 assignment. This is to prepare all residents for their apology staffing or victim video.
9. The resident will avoid breaking personal space with other resident, staff, or visitors.

Privileges / Limitations: (Must be written and approved)

1. Any resident needing Chemical dependency treatment will be considered for treatment on this stage upon completion of their 3-6 assignment. Any resident returning from treatment will continue where they left off upon returning from treatment. (Exceptions will apply depending upon Chemical Dependency Counselor’s recommendations.)
2. Borrowing is limited as outlined on Stage 2.
3. The mail, phone, and visitation policies will be the same as specified on Stage 2.
4. 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.
5. Residents are limited to food items; candy, chips requested for group activities or extracurricular activities. (No seeds or gum in the building or on grounds).
6. Residents are limited to TV programming that does not include any music videos or provocative or sexual material. (No R rated movies). All DVD’s or VHS movies are limited to PG or PG 13. These movies must be authorized by the Group Leader.
7. Picture taking is limited to family and friends. No cameras are allowed on campus without Group Leader permission.

8. Magazine, newspaper, and book privileges may be considered as to purpose and content, following group recommendation and treatment team approval. Residents may not have any more than 2 books and “three” magazines at a time.
9. On occasions, residents may have day visits or overnight visits in town prior to going to D&A treatment if approved by group, treatment team, and may be used upon approval from group and treatment staff.
10. Home visits will be considered upon completion of the 3-6 assignment. First two home visits are limited to Friday at 5:00 PM to Sunday at 5:00 PM. Visitations must be recommended by group and approved by treatment team and Group Leaders meeting. (Special considerations for home visits are considered on major holidays, Thanksgiving, Christmas, Easter and for funerals. Day visitation can be considered for those completing their 3-2 assignment. One day over night home visits will be considered on holidays for those residents who have completed their 3-3 assignment. During the first home visit there is no authority. After the first home visit the resident may request with authority. No authority means the resident cannot be out of their parent’s sight and are directly supervised at all times by their parents, (with the exception of when they are sleeping). **Prior to any home visits resident will complete Rules and Consequences to discuss with parents on first visit.**
11. Off-grounds activity is restricted to functions on a “group basis”. Exceptions may be made following the successful completion of the 3-6 assignment and D&A treatment. Such as GED, job in the community, extended home visits after the first two visits, several home visits in a row, volunteering religious resident group, attending public school, etc.
12. Transferring to ASAP east will be considered upon completing stage two assignments.
13. Outside AA, NA, and Alateen will be considered for residents that have completed in-patient treatment. Resident must complete all alcohol and drug education components first to be considered for outside Alateen. Resident must have group recommendation, treatment team approval, and Group Leader approval.

STAGE FOUR: RESOCIALIZATION / PRE-DISCHARGE

Goals:

1. Increase your knowledge and ability to meet your own sexual and interpersonal needs without victimizing others.
2. To increase your awareness of the emotional, psychological, and situational process which led to your offense and to develop appropriate alternatives behaviors.
3. To increase awareness of healthy and unhealthy communications patterns. (4-1 assignment)
4. To fully recognize our thoughts and feelings and the choices we make which affects our own consequences and responsibilities. (4-2 assignment)
5. To learn how to be more assertive, take positive control and develop appropriate relationships (4-3 assignment)
6. To look at how all our choices in life can affect others and ourselves. (4-4 assignment)
7. To fully recognize and plan for appropriate placement upon discharge from the ASAP program.

The resident can have the following items on this stage upon approval to advance to fourth stage. (written permission first)

1. Residents can attend their own church based on available staff to transport.
2. Residents must request #2 or #3 haircuts.
3. Residents can start walking from one area in the building to another without direct supervision of staff. Approval from Group Leader only during hours of 8:00-5:00, Monday through Friday (Exceptions; holidays that fall on work days)
4. Residents can carry up to \$15.00 for personal use.

Responsibilities:

1. Residents will continue to follow all responsibilities of stage 3.
2. Residents assist in developing aftercare plans for future placement, academic, or vocational training.
3. Residents have academic or vocational plans for the future.
4. Residents are preparing for home visits with development of rules and consequences contract to go over with parents and sign. (If not already developed and signed.)
5. Residents are looking at potential options for continued counseling attending AA or Alateen meetings in the community in which you are planning to reside.
6. Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired throughout completion of stage.
7. The resident will need to start determining appropriate placement to live upon discharge from the program.
8. 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.
9. Resident will carry a journal at all times and use the journal when needed continuing to monitor feelings and re-offense cycle.
10. Resident will be clean and wear a reasonable style haircut.
11. Home visits will be expected when possible. Contact with others is generally encouraged after third stage.

Privileges / Limitations: (Must be written and approved)

1. Borrowing is limited as outlined on stage two.
2. Residents are limited to food items; candy and gum requested for group activities, outings and extracurricular activities.
3. Resident may be considered to walk from one area in the building to another without direct supervision of staff. This needs to be requested and recommended by the resident's group, approved by his treatment team, and approved in the Group Leaders meeting. (NO EXCEPTIONS ALLOWED)
4. Resident will be considered on this stage to attend their own church, based on available staff to transport with or without staff supervision.
5. Resident may be considered to provide some mentoring for other residents that are experiencing difficulties.
6. Resident will be considered to attend public school classes, depending upon the resident's academic needs and social skills development.

Expectations:

1. Residents are expected to continue to follow Stage 1, 2 and 3 expectations.
2. Resident will demonstrate appropriate leadership qualities and coping skills. Resident will continue to share their knowledge in assisting other residents in learning appropriate ways to handle problems (mentoring and role modeling for other residents).

ASAP EAST

This is a separate sleeping area with fewer restrictions and more privileges. Those residents who have been granted the privilege to sleep at ASAP east will have more opportunities to become involved in off campus activities as they progress through the assignments.

ASAP EAST PRIVILEGES, EXPECTATIONS & RESPONSIBILITIES

5/8/08

Responsibilities:

1. Resident will follow all responsibilities assigned to their particular stage as outlined in the resident handbook.
2. Resident should as part of gaining and achieving the status of moving to the ASAP East facility, assist their group upon returning to ASAP West with jobs, raps, and anything that would show how much they are concerned and care about their fellow group members.

Privileges / Limitations:

1. All residents are entitled to the privileges that they have requested and have been approved by their group, treatment team and Group Leaders Meeting. (As stated in the resident orientation manual according to appropriate stage.)
2. The list of privileges should be posted on the staff door. If privileges are not on the list the residents are not entitled to receive the privilege.
3. Residents are entitled to have all PH items in their room besides the following: electric razors, anything containing alcohol in it. (All items should be inventoried & authorized prior to being allowed in resident's room.)
4. All residents will be entitled to wash laundry according to assigned day with or without direct staff supervision. **(If resident is considered on low risk this privilege applies.)**
5. This depends on the resident's stage and number of staff present. Residents must obtain staff permission prior to washing clothing. (Resident needs to follow assigned washing days.) If residents do not complete clothing on assigned washing day another day should be assigned by the staff.
6. Resident may shower without direct supervision one at a time utilizing either bathroom. Residents must obtain permission prior to utilizing either bathroom. **(Residents should ensure staff is in direct line of sight when going and returning from the bathroom.)**
7. The use of the radio is permitted with staff permission during times that do not interfere with jobs, telephone calls, or shower times. All radios should be turned off no later than 10:15 at night.
8. Residents are entitled to retire to their bedrooms prior to bedtime with staff permission. Only one resident per hallway will be granted this privilege. This privilege should rotate among the residents. In other words not the same resident every night. All residents at ASAP East are entitled to this privilege once granted by staff. (Residents are allowed to utilize their radio during this time with staff permission.)
9. With permission (on his privilege sheet) one resident is allowed to take out the garbage. The resident must be on 4th stage otherwise whole group.
10. Resident may be able to watch TV until 10:00 PM during shower time or other free time if permission is granted by staff. **(This does not include shower time in the morning.)** Residents should turn TV off by 10:00 PM and retire to bed. (Monday-Thursday and Sunday nights)
11. Resident upon permission from staff are able to make phone calls until 10:00 PM and will carry their own phone log back and forth. Resident should allow enough time to complete showers before utilizing phone privileges. Residents can make phone calls on Friday and Saturday nights until 10:15 PM.
12. The ASAP East group may be able to attend special functions as a group depending upon attitude, behavior, and sexual safety. (This request must be authorized by Group Leaders Meeting.)

13. On certain occasions the ASAP East group may be able to request time at the ASAP facility to accomplish certain approved activities. These activities may include; movies, guest speakers, board games, extra time to clean or do their laundry. These requests must be approved at least two weeks in advance by the Group Leaders Meeting.
14. Residents are allowed to listen to their radios until 10:30 PM with staff permission.
15. Residents are allowed and may be able to stay up on Friday and Saturday nights until 10:15 PM, this is up to the discretion of the staff.

Expectations:

1. Residents are expected to continue to follow the expectations of the stage they are on.
2. Residents are expected to start role modeling appropriate behavior for other residents, should this behavior not occur, resident could be dropped to Stages 1, 2 and 3 and return to ASAP west.
3. Resident will be expected to teach group members program responsibilities, stages, goals and expectations.
4. Residents are expected to teach and assist other group members in development and complying with all personal hygiene, nutritional requirements, and learning good manners.
5. Resident will need to complete showers and PH in a timely fashion. (10-15 minutes.)
6. The ASAP East building will have a separate job chart. All residents will participate in doing jobs as assigned by the job chart. Random names should be drawn weekly by staff to determine each individual's weekly job. Should a group member get the same job as the previous week their name should be redrawn by staff. Should a resident be gone on a job, home visit, or staffing, the rest of the group will complete their responsibilities. (As assigned by staff.)
7. All residents will wash clothing once a week. All residents will follow laundry chart and procedure.
8. When the group of resident is single staffed and using the bathroom(s) for any reason (showering, PH, etc.) only 1 resident may be in each bathroom at a time.
9. When the group of resident is under the direct supervision of at least 2 staff members, the same procedures as describe above shall be followed with one possible exception. The staff may allow more than one resident in the bathroom if one staff is standing supervising in the doorway. Up to two residents may be in the bathroom at a time. One at the restroom, one at the sink, and one in the shower in any of those combinations.
10. Residents who are rated Low Risk may be allowed to do laundry individually without staff supervision. These individuals will be allowed to go to the basement by themselves to do laundry with permission from staff. Any other resident not rated Low Risk must be supervised by staff to do laundry.
11. All residents will be expected to follow all stage related privileges and expectations not mentioned in this information.
12. All residents upon returning from ASAP East should be assisting the group at ASAP West to complete jobs.

CONFIDENTIALITY

It is the responsibility of all Our Home, Inc. employees to safeguard sensitive information. The confidentiality of the patient'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. Suspected violations may be reported by appropriate authorities in accordance with federal regulations.

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.

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 confidence 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.

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.

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 that a resident runs from Our Home, Inc., the local law enforcement is contacted to insure 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.

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. 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

- 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. The Nurse shall then be responsible to complete all duties as described in step 1.
 - 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 14 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 14 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.

GRIEVANCE FORM

revised 10/14/08

Resident's Name:	Date:
------------------	-------

DESCRIPTION OF THE COMPLAINT: (Attach Additional Sheets If Needed)

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

Counselor/Group Leader (Nurse) Signature Date If Resolved, Resident Signature

FIRST LEVEL OF APPEAL

PROGRAM COORDINATOR FINDINGS AND RECOMMENDED DISPOSITION OF THE COMPLAINT:

Program Coordinator Signature Date If Resolved, Resident Signature

SECOND LEVEL OF APPEAL

ASSOCIATE DIRECTOR FINDINGS AND RECOMMENDED DISPOSITION OF THE COMPLAINT:

Associate Director Signature _____ Date _____ If Resolved, Resident Signature _____

THIRD LEVEL OF APPEAL

REFERRAL WORKER/ADVOCATE FINDINGS AND FINAL DISPOSITION OF THE COMPLAINT:

Referral Worker/Advocate Signature _____ Date _____ Resident Signature _____

ADOLESCENT SEXUAL ADJUSTMENT DRESS CODE

WHILE YOU ARE AT OUR HOME, INC. PROGRAM, THE FOLLOWING CLOTHING EXPECTATIONS WILL BE ENFORCED:

STAGE ONE AND TWO:

1. Hair cuts-No number 2 or 3 haircuts on stages one and two. Haircuts may be adjusted to meet the spiritual needs of any resident.
2. No gang paraphernalia – colors will be confiscated immediately if you have any history of gang involvement.
3. No signifying gang affiliation with clothing. No rolling up sleeves or pant legs unless it is for temperature reasons. (Unless the room is hot!)
4. No using Vaseline or putting products in your hair to slick it back on the stage.
5. No jewelry is allowed besides wearing one necklace and/or one bracelet. All jewelry must be approved by staff. Jewelry should be of a spiritual nature, all other jewelry will be questioned. All jewelry must not be made out of hard metals, clog chains, leather or hard material that can not be broken easily. **(This is a safety issue and is strictly enforced.)**

Shirts:

1. No cropped shirts, excessively torn clothing or half shirts are to be worn.
2. No tank tops, shorts, or cut off sleeved shirts in the winter months. (Except at bedtime) (temperature must be at least 70 degrees or higher.)
3. No music, drug, alcohol, skulls, derogatory or hurtful statements paraphernalia shall be permitted on any clothing worn by the residents. (Exception unless related to NFL team and special permission given by Program Coordinator.
4. All tank tops must be unadulterated and must cover the shoulders. All see through mesh shirts are to be worn with an undershirt underneath them.
5. Depending on the resident's ability to demonstrate a responsible attitude, shirts can be taken off when the resident is outside involved in exercise, participating in sporting events, or working and the weather dictates.
6. Shirts are to be tucked in at all times on this stage of the program. This includes tee shirts and sweat shirts.
7. No white undershirts or A shirts can be worn as outside shirts (on any stage.)

Pants:

1. All pants will fit around the waist with no more than 2 inches leeway, to be measured around the hips.
2. No pants are allowed to drag on the floor, if they do they must be fixed.
3. Resident will not wear any pants, which the bottom is wider than 12 inches.
4. Residents are allowed 2 belts as long as they are not on the suicide list or have a history of self harm.
5. All belts on pants are not to hang down more than 3 inches or wrap around the waist any more than 3 inches. (Residents only need to wear belts if pants don't fit or for other appropriate situations)
6. All pants will fit in the crotch area and will not sag, unless pants are made that way. OHI will not buy pants like this and only pants residents bring into this program will be allowed. Parent/workers are not allowed to buy these types of pants.

Shoes:

1. All youth shall wear some type of shoe at all times (i.e. slippers, shoes, or thongs, unless relaxing on the couch.) Youth may wear their own slippers from home prior to bedtime. No slippers to be worn outside or in lounges and not to meals. Shoes or thongs should be worn.

2. No boots or hard-soled shoes are to be worn in the program on this stage. (Exceptions will be during events that require the wearing of boots or hard-soled shoes and are authorized by staff.) Boots may be stored in youth's bedrooms. If the resident does not comply with the dress code with boots or shoes, they will be confiscated and put in storage.
3. Resident should not have any more than three pair of shoes and one pair of boots.
4. All shoelaces should be tied to prevent resident injuries. Refusal to follow this expectation will warrant staff to provide thongs until resident complies to this procedure.

Hats:

1. Resident should be respectful and hats are not to be worn while in the building.
2. Hats can be worn outside the building as long as there is not negative attitude displayed by the resident or their group.
3. Hats are to be worn bill forward.
4. No stocking hats should be worn unless weather permits. No hats are to be worn in the facility at anytime unless passing through program from one area to another.
5. Resident can wear hoodies on this stage as long as residents are not putting hoods up at inappropriate times, inside buildings, in rooms, to hide from group. If resident can not handle this responsibility, hoodies will be confiscated – no more than 2 hoodies per resident. Should be hanging up on hooks outside rooms.

Miscellaneous:

1. All residents will change clothing when working or playing outside as to save wear and tear on new clothing or their best clothing.
2. Depending on the resident's ability to demonstrate a responsible attitude, shirts can be taken off when residents are outside involved in exercise, participating in sporting events, or working and the weather dictates. This must involve staff authorization.
3. Appropriate undergarments are to be worn, no bikini underwear is to be worn at any time and will be confiscated.
4. All residents will wear clothing, which is acceptable for the weather, unless there is a medical condition, which prohibits them from doing so.
5. Clothing contraband bought that is not appropriate for the stage the resident is on will be confiscated and put in lockup.

STAGE THREE:

All residents will follow the dress code according to the first and second stage with the exception of the following:

1. Resident on stage three will be allowed to wear boots or hard-soled shoes should they not have a history of aggression since placement at Our Home or are currently on the suicide list or runaway list.
2. No number 2 or 3 haircuts, may be adjusted to meet the spiritual needs of any resident.
3. Residents on stage three can wear any color clothing they choose if the color has no meaning for the resident or resident's attitude doesn't reflect a negative attitude.
4. When shirts are not tucked in; shirt should not hang past crotch area. When going to a church or a public function, shirts must be tucked in. (This does not include shopping or jobs outside program.)
5. Those individuals who are pursuing jobs or attending public school may be able to wear other clothing upon authorization from the group, treatment team, and Group Leaders meeting. This clothing must meet school required rules. Shirts do not need to be tucked in.

6. The resident may request to wear jewelry; rings, watches or necklaces that are respectful and not made out of hard metals, dog chains, leather, or hard material that cannot be broken easily.

STAGE FOUR:

Residents on stage four will continue to follow the third stage dress code with the exceptions of the following:

1. Those residents who are pursuing employment in the community will be allowed to wear clothing suitable for the job.
2. No number 2 or 3 haircuts unless requested. Haircuts may be adjusted to meet the spiritual needs of any resident.
3. On this stage the youth may be able to recommend less conservative hairstyles.

Shopping Responsibilities

Shopping for residents is considered to be privileged and is only for those residents that are not considered a safety or security risk to the community. Residents who are not on the runaway or suicide list will be considered to go to town to shop for personal hygiene items. Those residents who pose to be a security or safety risk will be given their personal hygiene items by the program. For those residents allowed to shop, at anytime disruptive disrespectful behavior is shown by any resident shopping privileges will be suspended immediately. 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 team meetings. Residents requesting more than \$8.00 for 1st and 2nd stage or \$13.00 for 3rd and 4th stage for shopping must write up in request rap and be authorized by treatment team and Group Leader.

The responsibilities prior to shopping are as follows:

1. Residents are to develop a shopping list prior to shopping. Staff and the group will review this shopping list. 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.
2. Residents are to purchase items for their own personal use only unless otherwise approved by staff and on the appropriate stage.
3. When residents are making their list to purchase personal items, please remember only anti-bacterial soap can be purchased.
4. No items which contain alcohol or aerosol can be purchased.
5. While shopping, the group is to stay in groups of at least 4 and are to be supervised by staff at all times. Otherwise the entire group needs to stay together.
6. Until residents have advanced to third stage, they only purchase necessities. (PH items)
7. Residents who have obtained the third stage 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.
8. Upon returning from shopping the group and staff will check to be sure that only the items that were on their shopping list has been bought. All monies over the limit of the stage the resident is on will be returned at that time and put in their personal in house savings account.
9. Any items bought that are not on the resident's purchased list will be considered contraband. Items that are listed on the resident's purchase list must be acceptable to the stage the resident is on and authorized by staff to not be considered contraband. Any contraband will be confiscated and destroyed.

CONTRABAND LIST

1/22/06

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. Alcoholic beverages – destroy
2. Any intoxicant or huffable product – destroy
3. Any locking device or lock pick – destroy
4. Over the counter or prescription medications – give to Nurse
5. Cigarettes or other tobacco products, matches or lighters – destroy
6. Any sharp objects, pins, tacks, etc. that maybe utilized for self-mutilation - destroy
7. Clothing adorned with alcohol or cigarette logos, or advertisements identifying alcohol or drinking establishments – place in storage
8. India ink, powdered Kool-Aid, needles or pins - destroy
9. Pornography including videos, magazines, posters, including possession of 1-800 or 1-900 numbers or the Internet - destroy
10. Property or money not belonging to the resident – return to owner
11. Any money over the stage level limit – turn into Office Manager to be placed in resident's account
12. CD's, cassettes, movies, games or toys not listed on the ASAP stages / privileges list, unless authorized by the Group Leader or Program Coordinator – place in storage
13. Possession of clothing not in accordance with resident's clothing list – place in storage if owned by resident
14. Gambling paraphernalia - destroy
15. Letters, cards or pictures from individuals not on the resident's contact list – place in storage
16. Pictures of past victims or perpetrators. (Only pictures of immediate family members allowed on first stage.) – place in storage
17. Oversized clothing – place in storage
18. Food items outside designated eating area or not appropriate for the resident's stage - destroy
19. Boots or hard sole shoes for resident on first stage. (Resident can utilize boots or hard shoes for certain functions, with consent from staff.) – place in storage

20. Hemp braided / beaded or other non-breakable necklaces for resident on first stage. (Second stage resident can request these items.) – place in storage
21. Wallets, watches, radios, sharp objects, jewelry, pens, personal hygiene items containing alcohol, or games for resident on first stage – place in storage
22. Magazines or posters for resident on first stage – place in storage
23. More than two pencils at a time for resident on the first stage – place in storage
24. Carmex, lip balm, facial cleaners, or mouthwash. (Unless authorized by the Our Home, Inc. Nurse.) – place in storage
25. Any item not listed as appropriate for the resident on 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 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.

GUIDELINES FOR DECORATION

Stage One and Stage Two:

The residents on stage one and two are allowed to have the following items in their sleeping areas:

- A. While on stage one and two the residents are allowed to have pictures of family members. Pictures are to be hung on bulletin boards provided by Our Home, Inc. Pictures that are of family members or any individual that have either perpetrated or are victims of the resident will be confiscated, until such time that the appropriate assignments have been completed and the picture is approved through the group and treatment team.
- B. 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 as long as the treatment team has granted permission. (No pillows besides the ones you have been given from Our Home)
- C. The resident may have spiritual materials or items to assist them in following their own spiritual beliefs. Examples include Bible, Rosary, sweet grass, sage, etc.

Stage Three:

The residents on stage three are allowed to have the following items in their sleeping areas:

- A. The residents may have posters on their bulletin boards. Poster must be approved prior to purchase. All posters, drawings, or poems must be written up for and passed through the group and treatment team for approval. (generally residents who have passed their 3-6 assignment will be considered for this request) No posters can be posted anywhere else in the room except for the designated bulletin board.
- B. The resident may request upon completion of their apology staffing with their victim to have victim pictures in their rooms. This will be allowed if the resident is working the program and shows sexual safety and appropriate masturbatory fantasies.

- C. The resident can have anything on stage one as long as it has been approved.

Stage Four:

The residents on stage four are allowed to have the following items in their sleeping areas:

- A. The resident can have anything that has been approved already from stage one, two or three.
- B. Requests continue to be made through the group and treatment team.
- C. The resident at ASAP east may be considered to hang items on the walls as long as approved through the group, treatment team and group leaders meeting.

TELEPHONE CALLS

There are no telephone calls for the first week of placement as part of adjusting to your group and your surroundings. After one-week (seven days) telephone calls will be limited to four per week (10 minutes each). This means there are only four phone calls per week if the calls are not 10 minutes long the balance of the time left can not be made up with another phone call. There will be no phone calls to individuals to obtain phone numbers. If the resident does not have phone number of the party they are trying to reach, the resident will need to send a letter to obtain the correct phone number. The Our Home Community Family Services Coordinator may in some circumstances assist the resident in obtaining appropriate phone numbers. Arrangement for payment of telephone calls should be arranged with the staff working with your group. Phone cards can be purchased. Direct calls and in certain cases with permission the resident may be billed at a rate of 5 cents a minute from the program. Should a resident not have funds available for telephone calls, arrangements can be made with the program in certain circumstances to ensure the resident can talk to their parents.

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

Guidelines For Calls

1. The residents are not allowed to make outgoing phone calls during study time.
2. Incoming calls – Staff shall verify that the resident has authorized contact with the caller before allowing the resident to take the phone call.
3. Outgoing calls – Before a resident places 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.
4. 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.
5. 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 will be obtained.
6. Only calls to individuals on the resident's phone contact list are allowed.
7. Only four phone calls per week are allowed unless they are on the third stage and special permission has been obtained through the group process, treatment team, and Group Leaders meeting.

All outgoing phone calls should be arranged with the group during supper time on week days and either during lunch or supper on the weekends. This provides an opportunity for the staff to help organize the times for phone calls. Only under certain circumstances will residents be allowed to ask at other times. This is up to the discretion of the staff on shift at that time.

Hours Of Availability

Personal telephone calls may be made or received only during the following scheduled times. In special circumstances, Group Leaders may grant exceptions. Established hours for calls are 1:00 PM to 8:00 PM on Saturday and Sunday and 6:00 PM to 9:00 PM Monday through Friday.

VISITATION (HOME VISITS & SUNDAY VISITATION)

Upon entering Our Home, Inc. Adolescent Sexual Adjustment Program you will be required to follow a one week (7 days) adjustment period before the possibility of receiving your first Sunday or Saturday visit. After this one-week adjustment period, you may be considered for a visit. Only residents that have been transferred from another Our Home program will not need to follow this adjustment period.

It is Our Home, Inc.'s goal to encourage your family's participation in your treatment. Therefore part of your treatment will involve contact with your family during visitation on grounds, off grounds, and home visits. It is mandatory for your family to meet with staff prior to a visit and upon returning from a visit. During your course of treatment you will progress through four stages of treatment. As you progress through treatment, visitation may be increased depending upon your individual needs.

Family visitation occurs on either Saturday or on Sunday for one-four hours or longer depending on resident's needs and safety. While generally visitation is reserved to Saturday or Sunday, other days may be considered or arranged depending upon your family's circumstances. If your family needs to arrange a different day for visitation these arrangements should occur between your family, the Community Services Coordinator, or your Group Leader. Each resident can have visits twice a month on either Saturday, Sunday or otherwise organized.

While you are on the first, second, and third stage of the program you are limited to contact with family only. Family is defined as your mother, father, guardian, and siblings and extended family as long as they are on your contact list. If any of your siblings are considered to be your victims there will be no contact until you have completed the appropriate stage and made the necessary apologies. Should exceptions need to be made they will be taken under consideration on a case-by-case basis. Upon completion of the third stage of the program you may request visitation from close positive friends. This request will be taken under consideration depending upon the resident's attitude, sexual safety, therapeutic needs, and motivation to complete the program.

Visitation from spiritual advisors and clergyman is encouraged and will be taken into consideration anytime based on the resident's individual needs and behavior.

As part of parental involvement we encourage your family to participate in our family day. Family day is a therapeutic day to assist your family in better understanding the program and understanding the kinds of problems you will be working through while at Our Home. The family day occurs every 2 to 3 months. During the family day weekend visits are reserved to only those families that attend the family group. If a family would like to have a visit on the weekend of family day this visit must be coordinated with either your Group Leader or the Community Family Services Coordinator.

The visitation for you while on the first and second stage of the program requires that you stay on Our Home, Inc. campus grounds. You will be considered for off-grounds visitation when you have completed and passed a polygraph and completed a 2-6D staffing (sexual life history assignment) with your parents and have completed your special off-grounds assignment. Once you have completed your 3-6 assignment (thinking errors), going on a home visit may be considered. Should you need to attend drug and alcohol treatment, successful completion needs to be accomplished before you can be considered for a home visits.

The only exceptions for considerations for home visits are at major holidays (Thanksgiving, Christmas, and Easter). During these holidays visits will be considered in the following manner:

1. Any resident that is on their 3-4 assignment and passed a polygraph may be considered for a one day over night visit. This will be considered depending upon sexual safety of the resident. The resident must have completed their off grounds assignment.
2. Any resident on any assignment may be considered to have immediate family visit on grounds during the holiday. Special arrangements can be made with the Group Leader or Community Family Services Coordinator.

Visitation for resident will be as follows:

1. Group Genesis will have Visitation on Saturdays from 1:00 PM to 4:00 PM.
2. Group Mercury will have visitation on Sundays from 12:00 PM to 4:00 PM.
3. Group Journey will have visitation on Sundays from 1:00 PM to 5:00 PM.

These times will vary according to resident attitude, behavior, and safety.

MAIL

(10/16/01) (revised 4/16/02) (revised 12/29/04)

POLICY

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

DEFINITIONS

Mail: Correspondence that includes letters and packages.

Inspect: The act of checking contents of mail to detect contraband.

Read: The act of reading a letter to reveal escape plots, plans to commit illegal acts or violate program rules, or other security concerns.

Censor: The act of reading a letter and deleting material considered to pose a threat to the safety and security of the facility, public officials, or the general public or to be used in the furtherance of illegal activities.

Reject: The act of reading a letter and returning it back to the sender if it is determined detrimental to the security, good order, or discipline of the program, to the protection of the public, or if it might facilitate criminal activity.

PROCEDURES

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

1. Juvenile mail, both incoming and outgoing, may be opened and inspected for contraband. To inspect a piece of mail, a staff member shall distribute or return the mail to the juvenile and have the juvenile open the mail in staff's presence. The staff member shall then visually and/or physically check the contents for contraband.
 - a. Any contraband (illegal or inappropriate items) found in incoming mail will be seized and either disposed of or placed in storage. Any contraband found in outgoing mail will be seized and the

responsible juvenile may face disciplinary procedures. In either circumstance, the staff member seizing the contraband shall complete a Contraband Seizure Receipt form and forward it to the Sender/Addressee of the mail. A copy of the completed form must be given to the juvenile and also maintained on file in the case record of the juvenile.

- b. It is the responsibility of each juvenile to immediately notify staff upon receipt of any cash, checks, money orders, or contraband in their incoming mail. Juveniles may face disciplinary procedures for possession of unauthorized items if they fail to immediately notify staff. Any cash, checks, or money orders received will be deposited in the juvenile's account. Any contraband will be handled as described above.
2. Juveniles shall be permitted uncensored mail, as long as it poses no threat to the safety and security of the facility, public officials, or the general public and is not being used in the furtherance of illegal activities. When based on legitimate facility interests of order and security, staff may read, censor, or reject incoming or outgoing mail.
 - a. A staff member may read juvenile mail if he/she has a legitimate concern involving the order and security of the facility. If no concern remains after reading the mail, the reader shall not reveal the contents of the reviewed mail to any other person.
 - b. If a legitimate concern is supported after reading the mail, the concern shall be forwarded to the juvenile's assigned Counselor/Group Leader who has authority to censor or reject mail:

Outgoing Mail – When outgoing mail is withheld, the juvenile shall be notified by the Counselor/Group Leader of the reason for withholding and shall be provided an opportunity to appeal that decision following the Grievance Procedure.

Incoming Mail – When incoming mail is censored or rejected, the Counselor/Group Leader shall notify the sender by completing a Censored - Rejected Mail form and returning the original form and mail to the sender along with notice that the sender may appeal the decision. The Counselor/Group Leader shall also notify the juvenile of the action by providing the juvenile a copy of the Censored - Rejected Mail form and informing him/her of the right to appeal the decision following the Grievance Procedure. Additionally, a copy of the form and the mail shall be maintained on file in the case record of the juvenile.

- If the sender would appeal the decision, it shall be referred to a supervisory level staff member other than the one who originally disapproved the mail.
 - Rejected mail shall be returned to the sender unless it includes plans for or discussion of commission of a crime or evidence of a crime, in which case there is no need to return the mail or give notice of the rejection. Contraband need not be returned to the sender.
3. **All Special Mail** shall be given directly to the juvenile unopened. Any special mail that is to be opened by staff may be opened only in the presence of the juvenile and may be opened only for inspection for physical contraband and to determine the qualification of any enclosures as special mail. Outgoing special mail may be sealed by the juvenile and is not subject to inspection.

Special Mail means mail sent to the following: President and Vice President of the U.S., the U.S. Department of Justice (including Bureau of Prisons), U.S. Attorneys Offices, Surgeon General, U.S. Public Health Service, Secretary of the Army, Navy, or Air Force, U.S. Courts (including judges chambers and U.S. Probation Officers), Members of the U.S. Congress, Embassies and Consulates, Governors, State Attorney General, Prosecuting Attorneys, Directors of State Departments of Corrections, State Parole Commissioners, State Legislators, State Courts, State

Probation Officers, other Federal and State law enforcement officers, attorneys, and representatives of the news media.

School:

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

All residents will be placed at the ASAP interim class. After the resident starts to improve academically, behaviorally and is on the proper stage, being transferred to another program or returning home to attend the public school system is reviewed and considered by the student's treatment team. Our closely working relationship with school personnel allows both the school and the residential program to closely monitor and assist the resident to receive the maximum educational opportunities. Academic improvement is a big part of making good choices for residents and indicates a desire to make appropriate changes to return back into society or a less structured program.

School Planners

Planners are used for the purpose of assisting residents in their completion of homework. The planners also provide each resident's group the opportunity to understand how each group member's behavior has been for the day. This provides the group an opportunity to help those residents who struggle with various behavior and academic issues related to school.

1. Each resident is required to write their daily assignments in their planners and have the teacher initial them at the end of class.
2. The foreman will collect the planners at the end of the day and then hand them into their Group Leader.
3. Each resident will need to get their planner signed off each night by a group member and staff.
4. Each resident will be responsible for their own planner and if you lose your planner you will be locker fined \$5.00 for a new one.
5. At the end of the year residents will be responsible for damage to the books and will be fined according to school policy.

Saturday School:

1. Residents will be required to attend if they are failing or missing any work. Saturday school is two hours long.
2. There will be a list hanging on the community board that will have the names of the residents that have to attend.
3. If you are missing work you will have the opportunity to complete the work before Saturday and then if completed you will not have to attend Saturday school. But if you are failing you will have to still attend.
4. If a resident is on the list and has a visit scheduled, you will still have to attend but your visit can sit with you while you do your work.
5. If a resident is not completed with work on Saturday they will have to attend on Sunday and only stay until the work is done.
6. If failing a class and you have no other work to do, you are expected to read and study for the class you are failing. No reading library books if your are failing.

Suggestion Box:

A suggestion box is provided for all residents to make any suggestion they feel might benefit the program, and cultural suggestions are certainly welcome. All suggestions will be reviewed and given a response. The response will be given once a month on the first Friday of every month.

Foreman:

In the program all residents are responsible for cleaning and making or following menus for meal preparations. 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. 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.

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, off-grounds visits, and special requests, requests for more privileges, etc. The whole group must agree upon all requests and this is then considered as a recommendation to the treatment team. Once the treatment team authorizes these requests they are given to the Group Leader to bring to Group Leaders meeting for discussion. The group will find out the treatment team's decision in feedback rap. The decisions are written on a feedback form and presented to the group and hung in the lounge on the bulletin board. Residents should once a week, as a group, review treatment plans to ensure the group is helping one another complete objectives and apply interventions as part of caring for one another.

Behavior Rap:

Raps are considered to be a form of helping and caring for one another. 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.

Allowance:

All residents in the program will receive an allowance once a month to buy personal hygiene items such as antibacterial soap, combs, shampoo, etc. Each resident on first and second stage will receive \$16.00 a month. Once the resident moves to third stage the resident receives \$26.00 a month. Those residents on second, third stage, and have passed a polygraph may be allowed to buy other items, can request their items through the group and their treatment team, and then group leader's meeting. 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. If the in house savings account exceeds \$50.00, then once a month the account will be reduced to under \$50.00 and a deposit will be made by the resident in a personal savings account at a local bank in Huron. The office manager will hold the resident's savings pass book in his account envelope on campus until he needs to take it to town for a transaction, to prevent loss or theft. When a resident leaves the facility due to being discharged they will be given their pass book and can close their account if they wish.

Pride Award:

The pride award is given to one group a month. The pride award consists of one group receiving their group name on a plaque and \$50.00 to spend on a group activity. The plaque is given in honor of the group's pride, attitude, respect, and education accomplishments. The group who has pride in all those areas receives this outstanding honor.

There is a month meeting where all groups will meet to hand out the pride award and make other important announcements.

Food in the Facility:**ASAP West Building:**

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 west no food or drinks by any group members is allowed except in the kitchen, commons area or back by the night staff desk. No food, candy, or pop is allowed in bedrooms.

ASAP East Building:

No food or drinks are allowed at the ASAP east building except in the commons area. No food, candy, or pop is allowed in bedrooms.

School & Gym:

No food or drinks are allowed at the school or gym except for special functions arranged by teachers or staff.

Exceptions:

1. All residents are allowed to carry water bottles on campus and may have water in any area of the facility, school, or gym.
2. Families are allowed to have food in the ASAP West and East facilities during visitation. There will be a designated meeting area arranged by the Community Family Services Coordinator for eating.
3. Special considerations will be given during certain functions during the year.

All food, candy, or pop brought into the facility by parents, guardians, or referral workers must be taken home by the parties bringing these items into the facility or eaten on the visit. Prior approval must be obtained before these items are allowed on campus by anyone. Approval must be given by the group members group and staff. No food, candy, or drinks besides water are allowed in the resident's sleeping quarter. These items will be confiscated and destroyed. This will be considered a violation of a Prohibited Act and a Sanction may be considered.

Group Fund:

All groups have their own group fund monies. This money is utilized to do activities either on grounds or off grounds. The money is earned through jobs within the community. 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 in a positive manner the activity they requested.

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. Each item is considered 15 cents and will come off the total of each resident's allowance.

Group Togetherness (GT):

Group togetherness is to teach care and concern and to further develop the trust in your group. This provides opportunities for the group to become more positively involved with each other. Helping the group recognize that staff can control their every movement and the group has lost all responsibilities and decision making within the group. This occurs when the whole group refuses to participate and assist one another in the helping process. Should your group be put on GT there will be only one phone call and all visits and activities are restricted to on grounds.

DAILY RESPONSIBILITIES

(Revised February 2011)

Each group is responsible to clean their own group room every day. Group Leaders office in the school every morning.

A. GROUP ON INSIDE (Kitchen) JOBS:

1. Make group gets up at 6:15 A.M., make their beds and then both combinations go to separate bathrooms and begin PH and change into the clothes they are wearing for the day at 6:20 AM, both bathrooms should be open for the other groups to use. If the group on make doesn't finish showers the night before, the group will need to use the bathroom after the other groups have finished. Those group members who take showers will be responsible to clean up after themselves and clean the showers they used. They should leave the shower room as it was prior to using it. Clean up combination will then go back to their bedrooms and finish making their beds and clean their rooms. During the week, make combination will be at the kitchen by 6:20 A.M. and begin preparing breakfast which includes, setting the tables and preparing food according to the menu. Following the make preparation, this combination will go to sides and finish making beds and cleaning their rooms.
2. The staff will then check areas, drawers, hampers, and beds for order and cleanliness.
3. After the groups have eaten, group will then do breakfast clean up. This includes cleaning and disinfecting tables and counters, put dishes in the dishwasher, sweep and mop all floor areas, clean windows if needed. Sign list of food coming out of the pantry or leftovers labeled and dated, fill cook's rag drawer. Take all trash to the dumpster before entering school.
4. At the end of all jobs, staff and foreman will have checked all jobs as to group's expectations, sign off jobs when they are done.
5. On Saturdays and Sundays, groups have designated partners and time slots that they are to do their linen and laundry.
6. When leaving the book bags, etc. lounge, pick up the area to meet the group's expectations.
7. The group should leave for school no later than 8:05 A.M.
8. Pitchers of water to be placed on table for each meal.

B. GROUP ON HALL JOBS:

1. Group up at 6:00 A.M. Group cleans areas, makes beds and foreman checks areas as to hampers, drawers, closets for cleanliness and order. Also vacuum hall runner.
2. At 6:20 A.M., both bathrooms should be open for group to begin their PH and change clothes. They may also shower, group members that may not have been showered the night before.
3. Group will eat breakfast at 7:00 A.M. At this time, medications will be given at the entrance door to the dining area. When done eating, the group will clean their table, and put dishes and condiments in the kitchen.
4. Start hall jobs, which includes hall, front, C.F.S.C. office, night staff area, laundry room, chemical closet, copy room, and outside grounds. This includes vacuuming, dusting and cleaning windows in group rooms, asking C.F.C.S. if his room needs to be vacuumed and if the trash needs to be emptied. Dust furniture and mop boards and clean all windows as needed. Empty Med room trash as well as other trash receptacles. Clean the counters of night staff area. Outside includes picking up any trash on grounds, sweeping or shoveling sidewalks around building (depending on the season). Group is responsible for putting up the flag and then taking the flag down after supper before dark. The night staff mops Sunday night thru Thursday, groups do on weekend. Group needs to clean school, vacuum hallways, clean bathrooms and dump garbage Tuesday and Thursday nights. Group needs to clean the entire school on Saturday as part of hall jobs.
5. Staff and foreman check jobs and may appoint individuals to re-do jobs if they do not meet the group's expectations. They will then go to the lounge and get their items for school and check the lounge for cleanliness and order.
6. Group leaves for school no later than 8:10 A.M. Accumulated trash will be taken to the dumpster at this time.
7. The hall jobs need to clean the foyer, staff bathroom, office manager's office, C.C.C. office and Program Coordinator's office. This would include shaking out or vacuuming the rugs, neatly arranging the linen closet, maintaining the staff bathroom (towels, floors, mirror, walls, etc.) Office areas: ask for their trash and if their floors need to be vacuumed and asked if the furniture needs to be dusted. All windows done as needed.

C. GROUP ON BATHROOMS (back) JOBS:

1. Group up at 6:00 A.M. Group cleans areas, make beds and foreman checks areas as to hampers, drawers, closets for cleanliness and order. Also vacuum hall runner.
2. At 6:20 A.M. one of the bathrooms should be open for group to begin their PH and change clothes. They may also shower group members that may not have been showered the night before.
3. Group will eat breakfast at 7:00 A.M. At this time, medications will be given at the entrance door to the dining area. When done eating, group will clean their table and put dishes and condiments in the kitchen.
4. Start back (bathroom) jobs, which includes lounges, their group room, and bathrooms. This consists of cleaning both bathrooms including fixtures, mirrors, scrub mats, counter, showers, and sweep and mop. Clean all lounges including vacuuming rugs, dusting all furniture, mop boards and trash including the staff offices.
5. Staff will check jobs and may appoint individuals to re-do jobs if they do not meet the group's and foreman's expectations. They will then go to the lounge and get their items for school and check the lounge for cleanliness and order.
6. Group leaves for school no later than 8:10 A.M. Accumulated trash will be taken to the dumpster at this time.

D. ASAP EAST JOB DESCRIPTION:

KITCHEN:

Daily wipe fridge, counters, cupboards, microwave, sweep floor, wipe off condiments, and wipe out sink.

KITCHEN SATURDAY JOBS:

Take everything out of the cupboards, wipe off the shelves and put everything back. Sweep and mop the floor. Clean oven; Take everything out of fridge and wipe out; Scrub mop boards; Sweep and mop pantry; Dust and straighten the pantry; Wipe off the very top of the fridge and the cupboards. Also clean the inside of the window.

DINING ROOM:

Daily wipe off chairs and tables; Sweep the floor. The person on make does this, or anyone else that is done with their jobs. Usually the foreman.

DINING ROOM SATURDAY JOBS:

Scrub chairs and tables; sweep and scrub the floor with a brush along with the mop boards, then mop; wipe off the water cooler and clean the spill cup.

LIVING ROOM:

Daily vacuum where needed, along with the hallways. Clean the windows as needed.

LIVING ROOM SATURDAY JOBS:

Move all furniture away from the walls and vacuum behind it. Dust off mop boards and then put furniture back and then vacuum the rest of the floor. Take off all cushions off of the couches and chairs and vacuum both sides. After the dust person has dusted all couches put all of the cushions back on the couches.

STAFF BATHROOM:

Daily clean toilet, sink, counter and bathtub. Wipe off all walls as needed. Wipe off shower mats and hang them up to dry. Clean off mirror as needed.

STAFF BATHROOM SATURDAY JOBS:

Clean toilet using scrub brush, counter, and bathtub. Clean and scrub shower walls, scrub mop boards, along with scrubbing floor with scrub brush and then mop. Clean mirror off.

RESIDENT BATHROOM:

Daily clean toilet, sink, counter and shower stalls. Sweep and mop the floor. Wipe off shower mats and hang them up to dry. Clean off mirror as needed.

RESIDENT BATHROOM SATURDAY JOBS:

Clean toilet using scrub brush, counter and shower stalls. Clean and scrub shower walls, scrub mop boards, along with scrubbing floor with scrub brush and then mop. Clean off mirror.

DUST:

Daily dust all window ledges and door ledges, window frames, staff desk, picture frames, counter tops in dining room and counter top of cabinet in the living room.

Note: On Saturday Jobs: Dust off all wood and flat surfaces after the vacuuming has been completed.

GARBAGE:

Daily empty kitchen garbage can, living room garbage, both bathrooms and staff office.

Note: On Saturday Jobs: Empty all trash and wash out garbage cans.

BASEMENT:

Sweep and vacuum as needed, along with laundry room. Empty laundry room trash can. Make sure that all cleaning rags and kitchen rags are put into washer daily.

Note: On Saturday Jobs: All of the above as well as wiping off the washers and dryers.

CHEMICAL CLOSET:

Daily put things back where they go, check chemicals to make sure that all bottles are full.

Note: On Saturday Jobs: All of the above along with sweeping and mopping the floor.

ROOMS:

Keep them picked up at all times AM&PM. Daily make bed, put dirty clothes in laundry bag. Make sure that your closet and drawers are straight and up to expectations before leaving your room. Also make sure that you open your blinds in the am before leaving your room. Vacuum floor as needed.

Note: On Saturday Jobs: Take everything out of your closet, drawers and wipe them out and put stuff back neatly, dust everything, vacuum, empty trash and wipe out garbage can, clean window. Wash your linen.

FIRE SAFETY

LOUNGES

1. Watch for breaks or wear in lamps and appliance cords.
2. At Christmas time take extra precautions to safeguard against fire caused by dried out trees, decorations and frayed light cords.
3. Do not overload electrical circuits.

KITCHEN AND DINING AREA

1. Always inspect stove before leaving the house.
2. Do not let grease accumulate on stove - keep grease containers away from stove area.
3. Do not use water to put out a grease fire as this will spread the fire quickly. If a pan catches fire **DO NOT REMOVE THE PAN OR ATTEMPT TO CARRY IT OUTSIDE OR ANYWHERE ELSE**. Cover the pan with a lid, if possible or douse with BAKING SODA, which should always be kept on hand. These two methods will smother and extinguish the fire, if neither method works, alert others in the house, evacuate quickly and summon help. **REMEMBER, NEVER ATTEMPT TO MOVE A BURNING PAN.**
4. Do not throw water on an electrical fire because you may electrocute yourself. Do not unplug a burning electrical device, get out and get help.
5. Do not heat sealed jars or cans on the stove or in microwave.
6. Do not throw flour, uncooked cereals or dust from a vacuum cleaner or dust pan into a lit stove. Dust is explosive, wrap it up and dispose safely.

BEDROOMS

1. 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.**

2. Don't string an electric cord or wire around the room, under rugs or over nails, friction may ignite fires. Always check electric cords for dangerous wear and don't roll beds or heavy furniture over them.

BATHROOM

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

SHED AND OTHER SPOTS TO CHECK

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

FIRE ESCAPE ROUTES

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

If you or your clothing catches on fire do not run as you will only fan the flames. Remember to STOP! DROP! and ROLL! If someone else catches on fire instruct them to stop, drop and roll and help smother the flames by wrapping a blanket, towel, etc. around the person then get the person to safety and keep them calm and lying down until help arrives.

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.
5. If you are on fire, do not panic. STOP! DROP! and ROLL! This will extinguish fire. If someone is on fire instruct them to do the same you may help put out the flames by wrapping them in a blanket, towel, etc.
6. Do not re-enter the building until told to do so by staff on duty.

TORNADO SAFETY RULES

TORNADO WARNING

When a severe storm warning, including heavy rain, frequent lightening, hail, winds of more than 50 mph, or a tornado warning is received in the public safety communication center, the sirens are activated. The tone will be a straight, steady wail and it means you should turn on the radio or television to find out what is happening.

Do not go outside to look at the sky as you may get caught in the very storm you are being warned about. The siren is not a tornado warning in itself, but rather an all-purpose warning to signal that

something is threatening Huron, and you should turn the radio or television on to find out what it is and how to protect against it.

EMERGENCY CHANNELS - HURON

KOKK 1210 or KIJV 1340 AM

KURO 92.1 FM

Channel 6

RESIDENT'S DUTIES IN CASE OF WARNING:

1. When you are alerted of a warning, go quickly, but safely (do not run) to the bathrooms and sit down, remaining quiet. The staff will split group (B) in half and designate a bathroom accordingly.
2. Stay in the room until an "all clear" has been given by the staff member on duty. NEVER leave the bathroom to check on weather conditions, or for any other reason until the staff member on duty declares the "all clear" signal.
3. Follow the instructions as given by staff member(s) on duty.

EQUIPMENT NEEDED FOR STORM WARNING:

Flashlight	Extra Batteries
Radio	2-3 gallons uncontaminated water

REMEMBER: Tornado Watch means tornados are expected to develop. Tornado Warning means a tornado has actually been sighted.

If in a vehicle, leave it and go to a substantial structure, residing in the southwest corner. If there is not shelter available, lie flat in the nearest ditch, ravine, or culvert with your hands shielding your head.

CULTURAL COMMITTEE:

The ASAP program provides for 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, 3-5 residents and at least three staff. The committee will meet semi-annually and develop plans for the upcoming months.

RELIGIOUS SERVICES AND CEREMONIES

POLICY

It is the policy of Our Home, Inc. to allow attendance at religious services and ceremonies in accordance with individual belief and practices. This policy is based on Our Home, Inc.'s philosophy that spiritual needs hold an important part in the development and holistic wellness of the young

people in our care. Therefore, efforts are made to meet these needs through providing and coordinating activities that are spiritually beneficial for the resident. There is a wide-range of activities that have a spiritual basis. Some activities practiced on a day-to-day basis include:

- offering a meal blessing
- saying the “Serenity” or “Lord’s Prayer” at the close of a group session
- conducting smudge purification ritual
- placing a food offering
- discussing the concept of a “Higher Power” 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:

- attending church services within the community
- attending Inipi or “Sweat” ceremonies
- Bible study

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. Spiritual services will be provided in a manner that is safe, non-discriminatory and equitable.
3. All residents shall have freedom of choice in matters pertaining to their participation in any spiritually related services, ceremonies or activities. Participation is voluntary.
4. Our Home, Inc. serves a diverse population. Diverse populations have divergent belief systems. Because our services are group orientated, the young people in our care may be exposed to a variety of spiritual experiences as we seek to meet their needs.
5. 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 resident or parent who has a concern about spiritually related issues advise us so we might discuss the concern.

GOALS

It is the goal of Our Home, Inc. to:

- A. accommodate for the spiritual needs and the spiritual development of the juveniles;
- B. help juveniles develop an understanding of spirituality;
- C. help juveniles develop tolerance toward other people’s spiritual ways;
- D. help juveniles develop healthy self-esteem; and
- E. help foster positive relations in the community and help juveniles develop and maintain community ties.

PROCEDURES

1. The Program Coordinator shall assist in the planning and resource coordination necessary to accommodate the spiritual services for the residents in placement. All staff shall refer related issues and needs to the Program Coordinator and work cooperatively with the Program Coordinator in meeting resident needs.
2. Each treatment facility shall arrange for the residents to attend a weekly church service as a group. The decision on which church service to attend shall be based upon two considerations – the residents' differing denominations and the availability of community resources.
3. The Program Coordinator shall arrange Inipi or "Sweat" ceremonies for the residents when possible. Ceremonies will be conducted by staff of Our Home, Inc. or by individuals from various communities who volunteer to help the residents in this way.
4. The varying nature of different church services and sweat lodge ceremonies result in complexities that make providing these activities a challenge. Thus, the staff may find it necessary to make special considerations. For example, the need to sit in long rows in church or to sit in a dark sweat lodge shall be considered cause for special planning. These examples relate to the staff's ability to provide the necessary supervision and to assure for sexual safety.
5. Because one resident may present a greater level of sexual safety risk than another resident, the sexual safety of the residents shall be carefully assessed in program efforts to accommodate for participation. This assessment of sexual safety risk will consider each resident's history relating to same sex - sexual contact.
6. The staff shall also assess if there are individualized relationship issues existing between the residents attending such programming or if there are treatment issues relating to other residents in attendance at the spiritual services provided. The staff may initiate specialized and individual program strategies that offer reasonable alternatives to spiritual needs and to accommodate for attendance under specified conditions; especially if any resident's treatment or sexual safety is jeopardized.
7. All requests for church or sweat lodge attendance that cannot be accommodated shall be referred (generally in advance of the requested activity) to the Program Coordinator for the purposes of quality control and review.
8. Nothing within this policy statement or procedures shall prohibit Our Home, Inc. staff from altering any and all accommodation efforts due to changes in resident status, resource availability or crisis situations that may arise.

SPECIFIC PROCEDURES FOR ASAP PROGRAM RESIDENTS

The following procedures shall be applied to accommodating requests from ASAP Program residents to attend spiritual services and ceremonies:

STAGE ONE & TWO RESIDENTS: Stage one & two residents and in particular stage one & two residents with a patterned history of same sex – sexual contact shall be routinely considered as at high risk in terms of sexual safety due to their entry level status and generally untreated condition. Therefore, stage one residents may only attend church services and sweat lodge ceremonies by making a written request to do so. The peer group and the treatment team that includes the Program Coordinator, clinical services department staff and the Group Leader shall review the written request. In the case of a FEDERAL BUREAU OF PRISONS placement, the Group Leader will also consult with the Community Corrections Manager (CCM) about the request prior to making a final decision. As a guideline, staff shall approve requests for one & two stage residents only when two conditions can be fulfilled:

1. Conditions must be such that extraordinary treatment issues must be evident to the extent that church or sweat attendance is thought to have a critical role in the planned care of the resident.

2. Agency conditions must allow for adequate resources such that close supervision and sexual safety is assured. Such resident requests shall be accommodated only to the extent that it is possible to have a staff member or volunteer sit between the resident that has made the request and any other resident.

STAGE THREE RESIDENTS: Stage three residents may routinely make written requests to attend church and sweat lodge ceremonies. The peer group and the treatment team that includes the Program Coordinator, clinical services department staff and the Group Leader shall review the written request. In the case of FEDERAL BUREAU OF PRISONS placements, the Group Leader will also consult with the Community Corrections Manager (CCM) about the request prior to making a final attendance decision.

As further guidelines, Our Home, Inc. shall assure that the following conditions are fulfilled:

1. The case history and current resident progress assessment shall not indicate any extraordinary risk conditions. Being currently assessed as a high sexual safety risk shall constitute extraordinary risk. Such resident requests shall be accommodated only to the extent that it is possible to have a staff member or volunteer sit between the resident that has made the request and any other resident. Residents on the second stage and the third stage may sit side by side during services and ceremonies if their sexual safety risk has been assessed as moderate or low.
2. Due to the physical nature of the sweat lodge ceremony, stage two residents with a patterned history of same sex – sexual contact will not be allowed to sit directly side by side each other.
3. Stage three residents returning from alternative program placements shall be considered as stage one or two residents for two weeks following their return to allow for a reasonable assessment and reintegration period to pass.

STAGE FOUR RESIDENTS: Stage four residents may attend church and sweat lodge ceremonies without review by the treatment team or placing authority, unless otherwise indicated. As a general practice, upper stage residents shall sit between lower stage residents to every extent possible. Finally, stage four residents returning from alternative program placements shall be considered as stage one and two residents for two weeks following their return to allow for a reasonable assessment and reintegration period to pass.

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 with 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 Prisons, to the CCM or USPO. The appeal must be in writing and submitted within 15 days of the disciplinary decision.

Rules of Conduct

Our Home, Inc ASAP program maintains a written set of prohibited act, sanctions, and disciplinary procedures to govern the resident rule violations. All prohibited acts, sanctions, and disciplinary procedures shall be posted in each group lounge and in the resident orientation manual so they are available for all resident and staff. The staff and group will go over these policies and procedures with all new group members to ensure that all resident understand the programs disciplinary procedures, prohibit acts, expectations, rules, and sanctions.

ACCESS TO HEALTH CARE

Our Home, Inc. provides residents with unimpeded 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:

- 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 board for the Nurse.
- The Nurse will fill out the sick call form.
- The facility Nurse will check the community daily and will talk with you and will make an appointment to see you.

Any complaints regarding healthy care shall be processed following the facility's Grievance Procedures.

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

The employees at Our Home, Inc. 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 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, your 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 Compliance Manager) responsible for helping decide if Our Home can meet your needs and how your needs can best be meet.

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 will be allowed to take your request (Appeal) to the Executive Director to ask that he reconsider the decisions made if you wish to do so. 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 success a request down for one of the following reasons:

1. Your needs may not be actually 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 wants 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:

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

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

***** 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

The reason for the request not being approved was

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: _____ B-5

JOURNAL KEEPING CONTRACT

NAME: _____ DATE: _____

INSTRUCTIONS: 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. It needs to be with you at all times and accessible for use when needed. When using your journal you are to follow this example:

Situation: In halls after rap.

Thoughts: Group member was talking about being physically/sexually abused by his mother. This brought up memories of when I used to get hit for no reason and called stupid, lazy, good for nothing, worthless, etc. It also brought up feelings about when I was sexually abused and how my perpetrator used to hit me. Wanted to go into behaviors and take my anger out on others.

Feelings: Felt angry, sad, disappointed, unwanted and alone.

Intervention: Journalled, checked in with group about my memories and feelings, prayed.

You will turn in your journal weekly to your Group Leader who will review as a way to understand where you're at and what you're feeling. Additionally, staff and certain group members who have been working through their issues and are far enough in their program may ask to read your journal to help you.

AGREEMENT TO FOLLOW JOURNAL REQUIREMENTS

I have read the above statements and understand that journaling is an important part of me working my program appropriately. I agree to use my journal regularly as required by my staff and Group Leader.

Resident Signature: _____

Date: _____

Group Leader: _____

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

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

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

OUR HOME ASAP PROGRAM

(For resident's file)

RESIDENT ORIENTATION CHECKLIST

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.
2. Program expectations and stages of the adolescent sexual adjustment program.
3. I have been informed of the program hours and responsibilities.
4. 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.
5. I have been informed of the resident rights, grievance procedures, telephone usage, and mail policies.
6. I have been informed of how on grounds and off grounds visitation works and the two-week adjustment period, prior to visitation.
7. I have been informed of fire safety and evacuation. I have been oriented in the use of chemicals in the program and kitchen safety.
8. I have been informed of the policy and procedures for attending church, sweat, and spiritual events.
9. I have been given and understand the Federal Bureau of Prisons and or the Home, Inc. Prohibited Acts information. This includes methods to reinstate restriction or loss of privileges of rights.
10. I have been given the seclusion and personal restraint policy.
11. The policy has been explained to me and I understand its contents.
12. I acknowledge that my Group Leader / Case Manager _____ is responsible for my service coordination.
13. I have been informed about the reasonable accommodation policy, which explains what to do if I have a disability or special needs.
14. I have been informed about the Notice of Privacy Practices.
15. 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 during the first Friday of the month meeting.

Staff Signature Date

Resident Signature Date