



Our Home, Inc.

RESIDENT HANDBOOK

Psychiatric Residential Treatment – Parkston
(Revised 8/17/20)

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OUR HOME, INC., Psychiatric Residential Treatment

103 W Maple Street, Parkston, SD 57366, Phone (605) 928-7907, Fax (605) 928-7910

Welcome _____:

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

Your group is here to help you and will tell you everything that you need to know to begin to learn the expectations, but don't hesitate to ask them questions if you don't understand.

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

Sincerely,

The Staff & Group Members
Our Home, Inc.

Administrative Offices
334 3rd St. SW
Huron, SD 57350-2418
Phone (605) 352-4368
Fax (605) 352-4976

Rediscovery Drug &
Alcohol Treatment Center
40354 210th St.
Huron, SD 57350-7928
Phone (605) 353-1025
Fax (605) 353-1061

Adolescent Sexual
Adjustment Program
40354 210th St.
Huron, SD 57350-7928
Phone (605) 352-9098
Fax (605) 352-0550



PROGRAM DESCRIPTIONS

The Our Home Parkston Program utilizes a therapeutic milieu environment, which means that during all hours the professional staff, supervise youth. The youth are offered any and all professional services that are deemed necessary and appropriate to assist youth in reentry into the community in a manner that will enable youth to function to their fullest possible extent. Youth are in direct contact with professional staff involved in teaching behavior management, independent living skills, social skills and continued enhancement of the steps of AA, Alateen and Drug and Alcohol education.

The program consists of three stages or levels and an orientation stage. These include the orientation stage, trust and accountability stage, exploration and disclosure stage and resocialization stage. Each stage will give youth new skills that will help them prepare to reintegrate back into society. Along with the stages, there are four different areas of training or tracks that are designed to assist those youth with certain needs.

All youth first entering the Our Home Parkston program will first start with the Orientation Stage at which time the treatment staff will start to determine which track will best suit the youth's individual needs. This process may take 30 days or longer to help the treatment staff gather more information to better determine the appropriate track for each youth. The goal is to individually assess the need for placement, assist the youth in becoming familiar with the program and determine the appropriate track for each youth that best meet his or her individual needs. The tracks are as follows:

SURVIVOR ASSIGNMENTS: These assignments are for victims of severe abuse of any kind, particularly the sexual abuse but also for physical and emotional abuse. The level of trauma-based indicators demonstrated by the client's history and behavior will assist in making a determination for the need to participate in these assignments.

ALTERNATIVE ASSIGNMENTS: These are special assignments for those without victim or perpetrator issues to deal with. Assignments for this track will be determined at the time of the development of the treatment plan. Other assignments may be added based on each youth's individual needs.

SEXUALLY AGGRESSIVE ASSIGNMENTS: These assignments are for youth who have both victims and perpetrations, which have taken place recently. They must have evidence of current deviant sexual problems.

COMBINED ASSIGNMENTS: These assignments are for youth who have both sexual victims and perpetrators, whose perpetrations may have taken place many years ago. They must not have any evidence of current deviate sexual problems.

There are three basic stages that each youth must complete prior to discharge. The following is a brief description of those stages:



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

STAGE ONE: Trust and Accountability - The trust and accountability stage focuses on developing a sense of trust and openness with the youth's group and staff. This stage allows for the youth to start taking more

accountability for how they hurt themselves and how their behavior has affected others. This also is an opportunity for you to discover “how to” ideas in your development of coping skills or “tool box”.

STAGE TWO: Exploration and Disclosure - On this stage the youth will work at better understanding why they make the choices that hurt themselves, and others. The youth will explore their thoughts, feelings, behaviors and relationships.

STAGE THREE: Resocialization - The final stage of the program is to help youth adjust back into the community. The youth will become more aware of the outside issues, situations and relationships, which lead to negative choices. The youth work at better understanding themselves and discovering how to make realistic and healthy decisions and choices.

The program provides each youth with opportunities for social re-integration. This process is generally accomplished on Stage Two and Stage Three. The youth can participate in such things as job employment, GED's and extracurricular activities. These opportunities depend on the youth's capabilities and behavior. This process assists in evaluating each youth's abilities to make better choices and good decisions. The youths 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 youth.



GROUPS AND OTHER SERVICES

Individual counseling is offered in the form of diagnostic interviews and on an “as needed basis”.

Therapeutic group sessions are held once per week with a Licensed Psychologist and a trained group leader working together in the co-facilitation of sessions to address a number of behavioral and sexual issues; such as but not limited to criminal thinking, victimization and perpetration. The groups assist in developing healthy coping skills as alternatives to the behaviors that have lead to treatment.

Group Therapy sessions, using the Positive Peer Cultural modality, are held five times a week for one and one half hour sessions under the supervision of a trained group leader.

Family counseling is done when necessary to meet the needs of the youth in problem resolution to the extent the family is willing to participate. Family involvement is encouraged with appropriate staffings, visits with the youth at the facility and through home visits. All involvement with the family is intended to meet the therapeutic needs of the youth.

COMPASS Day is provided three to four times a year to provide the families of the youth an opportunity to better understand the program expectations, goals and basic education about what each youth is learning during their stay.

Alcohol and Drug counseling is provided by a chemical dependency counselor or certified trainee. Drug and Alcohol education, Relapse prevention group, AA, and Alateen are provided.

Managing Emotional Intensity (MEI) is a weekly group required of all youth and is an approved curriculum that offers alternatives to the negative effects of anger.

RTR (Reducing the Risk) is another well reviewed and State approved group offered to youth 15 years and over that may not have participated in the program before coming to OHI. Reducing the Risk is a group that Builds Skills to Prevent Pregnancy, HIV and STD's, with strong emphasis on abstinence.

ADMISSION CRITERIA

1. Admission to the Our Home, Inc. Parkston PRTF Program is open to both males and females age 12 through 17. The program services a broad range of individuals requiring intensive professional assistance and therapy for behavioral or emotional problems in a highly structured, self-contained environment. The program shall not discriminate in admission practices in regard to race, color, gender, religion, ancestry, national origin, disability or co-occurring disorder.
2. Applicants must be experiencing problems related to one or more of the current DSM psychiatric disorder diagnostic categories. Due to the wide range of diagnostic profiles served, the program admission criteria do not restrict admissions on the basis of diagnostic condition. All applications for admission are reviewed on a case-by-case basis.
3. Applicants must be reasonably expected to benefit from or halt further regression of their condition through the services provided.
4. Applicants must not present the threat of serious risk of physical or sexual harm to self or others within the context of the treatment environment provided.
5. Applicants must have sufficient intellectual capacities such that they can be reasonably expected to benefit from and participate in the therapeutic and educational services provided. Historical experience with admissions suggests that those applicants with a Full Scale IQ of 68 or below have had difficulty benefiting from the services provided.
6. In the event of co-occurring chemical dependency, applicants shall not need medical detoxification at the time of admission. Prior chemical dependency assessment is preferred.
7. Pre-arrangement of funding is a required criterion.

All applications must be submitted prior to admission to allow for Program Coordinator and Treatment Team review to determine admission eligibility and appropriateness.

Admissions for the purpose of evaluation (for appropriateness) will be considered on a case-by-case basis.

Admissions are prioritized on a first-come, first-served basis with the consideration of which group best meets the referral child's needs, as each group has a specialty subgroup for which it serves. An additional consideration is the status of the child's safety until the admission can take place.

CONTINUED STAY CRITERIA

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

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

The Parkston Program shall also assign the person served to a treatment "Stage" and maintain "Stage Tasks" to further assist the person transition through the treatment process.

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

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

The Parkston Program also complete a Child and Adolescent Functional Assessment Scale at assigned increments to aid in the objective assessment and monitoring of the person's progress or regression during the treatment process.

Polygraph examination may be assigned on a case by case basis to female sex offenders to assess sexual safety as the person served transitions through residential care.

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

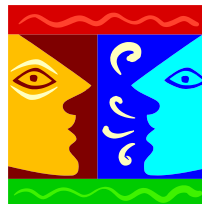
DISCHARGE CRITERIA

General Discharge Criteria

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

Alternate Discharge Criteria

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



Program Details:

TREATMENT PLANS

YOU are the most important person in this aspect of your program. Our Home, Inc. has worked hard to develop a treatment team made up of the people that you may utilize to meet your treatment needs and objectives. This team is made up of: the Medical Director, Clinical Psychologist, Program Coordinator, Chemical Dependency Counselor, 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.

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

Treatment plans are reviewed a minimum of one time monthly with you and as many team members present as possible. There are circumstances in which these are reviewed more frequently, such as after significant behavioral changes.

Treatment Plans are held each Wednesday between the hours of 8:30am and 12:30pm.

Items that Impact Your Treatment Plan:

It is Our Home, Inc.'s approach to address the treatment needs of all youth individually in order to develop treatment strategies that allows us to keep both you and others safe. It is our hope that the clients of OHI will utilize their treatment plan and the coping skills they identify at intake and through the development of their treatment.

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

CONTROL OF MEDICATIONS

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

STANDARDS OF PROFESSIONAL CONDUCT RELATED TO SERVICES

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

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

- To interact with you in a manner respectful and courteous of you, your culture and your spiritual values.

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

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

SECLUSION AND PERSONAL RESTRAINT

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 and an organizational approach that strives to prevent, reduce, and eliminate the use of seclusion and restraint.
- IV. Contributing environmental factors that may promote maladaptive behaviors shall be immediately assessed with action taken to minimize those factors.
- V. Staff shall recognize that each resident has the right to be free from seclusion or restraint, of any form, used as a means of coercion, discipline, convenience, punishment, and retaliation.
- VI. Seclusion and restraint shall be provided under physician supervision/oversight.
- VII. An order for seclusion or restraint shall not be written as a standing order.
- VIII. Seclusion or restraint shall be implemented in a manner to avoid harm or injury and must be used only until the situation has ceased and the resident's safety and the safety of others can be ensured.
- IX. Seclusion and restraint shall not be used at the same time.
- X. The physical plant of each agency treatment facility shall be planned to safely and humanely accommodate the practice of seclusion or restraint.
- XI. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse).
- XII. Staff will be solely responsible for conducting seclusion and restraint. Residents will not be used or allowed to control other residents.
- XIII. Only staff who have completed and demonstrated competency in required trainings may participate in an emergency safety intervention.

- XIV. Videotaping of calculated restraint incidents is required on all U.S. Probation and Custody residents.

Procedures

Notification of program policy.

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

Admission Assessment for Potential Seclusion or Restraint

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

Determining the Need for and Implementing Seclusion or Restraint

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

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

Monitoring of the Resident In and Immediately After Seclusion or Restraint

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

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

Medical Treatment for Injuries Resulting from Seclusion or Restraint

All staff shall be alert for any resident or staff injuries following seclusion or restraint. Specifically, staff shall observe and question all persons involved regarding their current health status immediately following the seclusion or restraint to determine in any injuries occurred. As necessary, staff shall follow medical emergency or medical examination policies to ensure for resident care.

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

Facility Reporting

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

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

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

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

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

Post Intervention Debriefings

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

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

Treatment Plan Review

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

Education and Training

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

Room Requirements

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

Performance Improvement

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

Plan to Minimize Use of Seclusion and Personal Restraint

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

Annual Review

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

Contact Information

State Medicaid Agency

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

- 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

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

Huron Programs:

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

Parkston Program:

DSS-Child Protection Services – Yankton
3113 N Spruce Street, Ste 200
Yankton, SD 57078-5320
Phone: 605-668-3030
Fax: 605-668-3014

State-designated Advocacy Organization

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

Centers for Medicare & Medicaid Services (CMS)

Helen Jewell
Centers for Medicare and Medicaid Services
Denver Regional Office
1600 Broadway, Suite 700
Denver, CO 80202-4967
Phone: 303-844-7048

Notification of Agency Policies

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

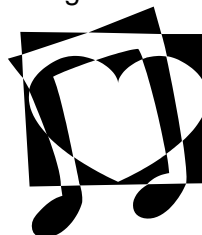
- * Admission
- * Written Treatment Plan
- * Scope of Services
- * Case Management
- * Counseling
- * Discharge
- * Resident Discipline
- * Confidentiality of Information
- * In-house Abuse and/or Neglect Prevention and Intervention
- * Access to Health Care
- * Collection and Recording of Health Appraisal 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
- * Centers for Medicare & Medicaid Services – Regional Office



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 resolved. There are three types of group meetings:

Life History Meeting: This is 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 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 behaviors 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 residential treatment facility. During a release meeting, you will address problems you showed before placement here as well as 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.

LIFE HISTORY

The life history is generally the first meeting an individual asks for during group meeting time. The “group” and individual 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 individual should go back as far as they can recall. The group's responsibility is to find out the following things for every year:

1. How did they get along with their peers, mother, father, brothers, sisters, and/or relatives?
2. How did they get along with their teachers for each year along with grades acquired, most difficult subjects, and problem incidents 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 about how the individual 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.

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's life history meeting should be told their life history outside the group meeting. Re-telling an individual's life history to a new group member should include at least two group members who have already heard this life history in the group meeting. This responsibility should take place in a quiet area with no distractions. No individuals should be involved in anything other than listening attentively and asking appropriate questions.

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/herself, has no confidence he/she can be of value to others.
 - b) Worries that something is wrong with him/her, feels inadequate, and thinks he/she is good for nothing, is afraid others will find out "how bad I really am".
 - c) Distrusts others, feels they are against him/her and want to hurt him/her, feels he/she must defend himself/herself from others.
 - d) Is uncomfortable when people look at him/her or speak to him/her, cannot face up to people confidently and look them in the eyes.
 - e) Is insecure with "superior" people, does not 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/her own purpose.
 - d) Won't help other people, except, possibly, if they are members of his/her 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/she doesn't want to improve self or solve problems.
 - c) Tries to explain away his/her 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/her problems or talk about them; 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/her".
 - b) Resents anyone telling him/her what to do, does not readily accept advice from either adults or peers.
 - c) Cannot get along with those in authority, gets into big confrontations with 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) Given support to the negative or delinquent action of others.
 - c) Misuses others to achieve his/her own goals, getting them to do his/her "dirty work".
 - d) Wants others to be in trouble with him/her, afraid of being alone or separate.
 - e) If others follow him/her and get into trouble, feels that it is their problem and not his/her responsibility.

- 6) **Easily Misled:** Is drawn into negative behavior by others.

- a) Can't make his/her own decisions and is easily controlled by stronger persons.
- b) Can't stand up for what he/she believes, even when he/she knows he/she 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/herself that he/she cannot stand criticism or disagreement with his/her ideas.
- e) Easily upset if someone shouts at him/her, points a finger at him/her, touches him/her, or shows any negative feelings toward him/her.

9) Stealing: Takes things that belong to others.

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

10) Alcohol or Drug Problem: Misuses substances that could hurt self.

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

11) Lying: Cannot be trusted to tell the truth.

- a) Tells stories because he/she thinks others will like him/her more.
- b) Likes to live in a make believe fantasy world.
- c) Is afraid of having his/her mistakes discovered so he/she 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 self.
- 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 real feelings to others.



THE ABC's OF PROBLEM SOLVING

1. **AWARE:** Becoming aware of the problem. This includes a definition of the problem and breaking it down:
 - a) What problem do I have?
 - b) Why is this a problem to me?
2. **BRAINSTORMING:** Propose solutions to the problem. Take a look at the alternative available and the possible outcome.
 - a) How can I deal with this differently?
 - b) What are some other ways to handle this?
3. **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.
 - a) I'll try to do this instead of what I have been doing.
 - b) Isn't this a better way to handle my problem?
 - c) What's the right thing for me to do?
4. **DO IT:** Put your decisions into action. Implement this alternative.
 - a) I'm dealing with my problem this new way.
 - b) When I do this, it doesn't become a problem.
5. **EVALUATE:** Examine the results of your decision. Take a look at your results.
 - a) Did it work?
 - b) Shall I try this solution a little longer...a little harder?
 - c) Did I do the right thing?

IF IT DIDN'T WORK, GO BACK TO "2" AND CHOOSE ANOTHER ALTERNATIVE.

RELEASE PROCEDURE

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

Part One:

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

Part Two:

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

Part Three:

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

If the recommendation is accepted the following must then occur. The group leader takes the recommendation back to the immediate team, i.e. Phoenix, Star or Independence teams, to be discussed and decided upon. If the treatment team agrees with the group, the process continues with the group leader taking the group and team recommendation to the following group leaders' meeting. If not agreed to by the team, the group leader addresses this in the summary time of the next group meeting.

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

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

SPIRITUALITY

Philosophy: It is the philosophy of Our Home, Inc. that spiritual needs hold an important part in the development and holistic wellness of the young people in our care. Therefore, efforts are made to meet these needs through providing and coordinating activities that are spiritually beneficial for the youth. The diversity of the spiritual backgrounds of the young people at Our Home, Inc. can not be easily summarized but it is our

philosophical goal to hold a sense of respect for each young person's spiritual background. It is also our goal that each individual has an opportunity for spiritual development so that this may be applied as one aspect of resolving the problems in their lives.

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

- 1) Our Home, Inc. shall make reasonable efforts to allow for the youth to participate in spiritually related activities that are consistent with the individual's own choosing. Limitations may apply due to available resources, time and individual need. While the primary organizational goal is "treatment", spirituality offers a way to enhance the overall treatment process.
- 2) All youth shall have freedom of choice in matters pertaining to their participation in any spiritually related services, ceremonies or activities. Participation is voluntary.
- 3) Our Home, Inc. serves a diverse population. Diverse populations have divergent belief systems. BECAUSE OUR SERVICES ARE GROUP ORIENTED, THE YOUNG PEOPLE IN OUR CARE MAY BE EXPOSED TO A VARIETY OF SPIRITUAL EXPERIENCES AS WE SEEK TO MEET THE NEEDS OF THE WIDE RANGE OF YOUTH IN OUR CARE. We acknowledge that we have limitations and seek to minimize them for the youth in our care.
- 4) Our Home, Inc. wants both the young person and their parents to be informed about the general nature of activities that occur. WE ASK THAT ANY YOUNG PERSON OR PARENT WHO HAS A CONCERN ABOUT SPIRITUALLY RELATED ISSUES ADVISE US SO WE MIGHT DISCUSS THE CONCERN.

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

- 1) Offering meal blessings;
- 2) Saying the Serenity or "Lord's" prayer at the close of a group session;
- 3) Smudge purification rituals; (i.e. with sweet grass, sage, or cedar);
- 4) Prayer Circle with a Pipe
- 5) Placing of food offerings; and
- 6) Generic discussion relating to the concept of "Higher Power" as within the context of the Alcoholic Anonymous program.

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

- 1) Attending church services within the community. Our Home, Inc. arranges for the youth to attend a weekly church service. The youth generally attend in a "group" fashion and the decision about which specific church service to attend is based upon two considerations. One consideration is the differing denominations that the young people living at Our Home, Inc. may hold. The second consideration that some denominations may or may not be represented within the community and resource limitations may exist. Church attendance is considered as voluntary for each youth.
- 2) Attending Inipi or "Sweat" Ceremonies. Ceremonies are conducted by staff at Our Home, Inc. or individuals from various communities who volunteer to help the youth in this way. Ceremonies are coordinated through the Program Coordinator. Participation is voluntary.

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

CONFIDENTIALITY

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

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

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

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

VISITATION (HOME VISITS & SUNDAY VISITATION)

Upon entering Our Home, Inc. PRTF/Parkston all youth will be required to be on the orientation stage. As part of the orientation stage there is a two-week adjustment period for Sunday Visitation. After this two-week adjustment period all youth may have a Sunday visit. Exceptions to this adjustment period apply to those youth who are being transferred from another existing Our Home program. These youth will not have to wait two weeks for a Sunday visit.

Spiritual development is offered as an integral part of our program. Therefore, visitation is on Sunday from 1:00 p.m. until 5:00 p.m.(increasing in latter stages of the program) to allow youth that choose to attend an opportunity to do so. Sunday visitation is to be arranged one week prior to the visit. In keeping your family informed about your progress in the program it is important that your family's participation in your treatment be encouraged. As part of this visitation process it is mandatory that your family and you visit with staff prior to leaving on a Sunday visit and upon returning from a Sunday visit. This is helpful to you and your family to ensure communication is consistent with your family and that any questions your family may have about your treatment can be addressed.

While visitation is reserved for Sundays, *other days may be considered or arranged depending upon your family's circumstances. If your family may need to arrange a different day for visitation these arrangements should occur between your family and your Group Leader.*

Off ground and on ground visitation will be determined by the treatment staff after the two-week adjustment period and based upon a person's individual needs. It should be noted that all first visits are on campus and supervised, this allows us as a treatment facility to further evaluate the needs of you and your family for future visits. Following the first visit, all other determinations will be made regarding each request by the treatment team, according to the appropriate stage privilege.

Visitation can be with immediate family for those individuals who are on the orientation and first stage of the program. Once you get to the second stage of the program other visitation from friends and distant relatives can be considered. Visitation by spiritual advisers and/or clergyman will be taken into consideration anytime based on individual needs.

There will be no food brought to on campus visits without the prior approval of a group leader. If family is bringing in a soda for you or themselves it must be in an unopened sealed container.

All food that is approved for a visit, must also be finished on that visit or leave with family.

During the course of your treatment at Our Home, you will be progressing through three stages of treatment. As you progress through treatment, visitation may be increased depending upon your individual needs. Home visits can be arranged once you have progressed to the second stage of the program dependent on your discharge plan. However, visitation depends upon each youth's individual needs and their ability to manage home visits in a healthy and positive manner.

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



TELEPHONE CALLS

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

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

GUIDELINES FOR CALLS

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

HOURS OF AVAILABILITY

Personal telephone calls may be made only during the following scheduled times. Incoming calls begin at 5:00pm on weekdays and 12:00pm on Saturday and Sunday. In special circumstances, Group Leaders may grant exceptions.

Group Star has telephone calls on Mondays from 6:00 pm to 8:00 pm, on Thursdays from 6:00 pm to 8:00 pm, on Fridays from 6:00 pm to 8:00 pm, on Saturdays from 12:30 pm to 8:00 pm and Sundays from 12:30 pm to 8:00 pm.

Group Independence has telephone calls on Tuesday from 6:00 pm to 8:00 pm, on Thursday from 6:00 pm to 8:00 pm., on Fridays from 6:00 pm to 8:00 pm, on Saturdays from 12:30 pm to 8:00 pm and Sundays from 12:30 pm to 8:00 pm.

Group Phoenix has telephone calls on Mondays from 6:00 pm to 8:00 pm, on Wednesdays from 6:00 pm to 8:00 pm, on Thursdays from 6:00 pm to 8:00 pm, on Saturdays from 12:30 pm to 8:00 pm and Sundays from 12:30 pm to 8:00 pm.

SCHOOL

After placement at the Our Home Parkston program all students, with the exception of students 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 student into the program.

All students will be placed at the Parkston interim class. After the student starts to improve academically, behaviorally and is on the proper stage, being mainstreamed into 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 treatment facility to closely monitor and assist you to receive the maximum educational opportunities. After being mainstreamed into the public school system, you may be in a position to participate in other extracurricular activities such as band, music, drama, sports, etc.

LETTERS

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

POLICY FOR SENDING AND RECEIVING PACKAGES

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

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

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

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

MAIL POLICY



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

MAIL PROCEDURES

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

1. Incoming and outgoing mail will not be held for more than twenty-four (24) hours, excluding weekends and holidays.
2. The opening of incoming client mail will be monitored to intercept cash, checks, money orders, and contraband. Clients shall open incoming mail in the presence of a staff member. Any cash, checks, or money orders received will be deposited in the client's account. Any contraband (illegal or inappropriate items) found will be seized and disposed of accordingly.
3. Outgoing client mail may be inspected to intercept contraband. A staff member may inspect outgoing letters or packages before they are sealed. Any contraband found will be seized and disposed of accordingly.
4. To ensure appropriateness of the correspondence, Our Home, Inc. may require clients to read incoming and outgoing letters to their group members and staff. Outgoing letters deemed a threat to the safety and security of the facility shall be returned to the client. Staff shall collect incoming letters deemed detrimental to the client's treatment and put in storage with the client's other banned items.
5. There is no limit on the volume of mail a client may send or receive, except where there is clear and convincing evidence to justify such a limit. When based on legitimate facility interests of order and security, staff may reject incoming mail. The client will be notified when incoming mail is returned.
6. All first-class letters and packages will be forwarded to clients who are transferred to other facilities or released, provided a forwarding address is available. If a forwarding address is not available, first-class letters and packages will be returned to the sender.
7. When requested by a client who has neither funds nor sufficient postage and upon verification of this status by staff, postage will be provided to the client for mailing letters to maintain community ties. These funds will be advanced to the client from their allowance.

ACCESSIBILITY COMMITTEE

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

CHILD ABUSE, NEGLECT AND SEXUAL HARASSMENT PREVENTION & INTERVENTION

It is the policy of Our Home, Inc. to develop an environment for residents that provides for their safety and welfare; therefore, Our Home, Inc. strictly prohibits

- any staff member, contractor, or volunteer conduct that is abusive or neglectful of the youth in our care.
- any resident conduct that is abusive toward others.
- any resident-on-resident sexual activity.

It is further our policy to have zero-tolerance toward resident sexual abuse and sexual harassment. This means that some form of disciplinary action will be taken on all substantiated incidents.

I. Definitions

1. Physical Abuse is strictly prohibited.

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

2. Sexual Abuse is strictly prohibited.

- A. Contacts or interactions between a youth and an adult in which the youth is being used for the sexual stimulation of the perpetrator or another person.
- B. Contacts or interactions of a sexual nature with a youth by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another youth.
- C. Sexual abuse takes place when a staff member, contractor, or volunteer permits or participates in sexual activity with a youth in care. This includes rape or attempted rape, fondling, voyeurism, exhibitionism, and the like.
- D. Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - 2) Contact between the mouth and the penis, vulva, or anus;
 - 3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - 4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

Sexual abuse of a resident by a staff member, contractor, or volunteer includes:

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

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

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

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

II. Reporting Procedures

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

Our Home, Inc. also provides ways for residents to report abuse and harassment to entities that are not part of agency. Residents can report directly to their referral worker or to South Dakota Advocacy Services. Address: 221 South Central Ave., Suite 38 Pierre, SD 57501 Phone: 1-800-658-4782.

III. Response Procedures

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

- Protect the resident to ensure it cannot recur
- Attempt to prevent evidence destruction, preserve crime scene
- Notifying investigating agencies of allegation
- Medical health care – emergency medical treatment, forensic examination
- Mental health care – crisis intervention services, continuing services
- Investigation – completed, with resident notified of results
- Disciplinary action taken based on results of investigation

IV. Victim Advocates

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

Child's Voice – 1305 W. 18th Street, Sioux Falls, SD 57105 – 1-605-333-2226

Children's Safe Place – PO Box 49, Ft. Thompson, SD 57339 – 1-605-245-2767

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

V. Retaliation Prohibited

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

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

VI. Resident Orientation and Education

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

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

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

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

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

NEGLECT AND ABUSE REPORTING

The issues of neglect and child abuse are often very sensitive issues for all persons involved. It is something all too often not discussed or hidden. As a result, neglectful and abusive patterns within and outside the family go unrecognized and continue to harm those affected. If you have been neglected or abused emotionally, physically, or sexually, we want you to be able to talk about these issues in treatment. It is only

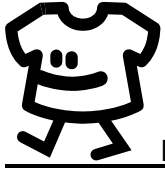
by bringing these matters out from behind closed doors that you can begin to deal with you feelings and to protect yourself from future neglect and abuse.

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

RESIDENT RIGHTS

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

1. The right of all residents to have full access to the courts without reprisals or penalties in seeking judicial relief.
2. The right of all residents to seek and have access to attorneys. The access is to include confidential contact by telephone, uncensored mail, and visits.
3. The right of all residents to have access to legal assistance from law library facilities or from persons with legal training.
4. The right of all residents to have access to writing materials, supplies, publications and other services related to legal matters.
5. The right of all residents to communicate with a personal physician.
6. The right of all residents to be protected from any financial or other exploitation, personal abuse, neglect, retaliation, corporal punishment, personal injury, disease, property damage, humiliation and harassment at all times.
7. The right of all residents to have access to information pertinent to their individual treatment in sufficient time to facilitate their decision making.
8. The right of all residents to receive treatment that adheres to research guidelines and ethics.
9. The right of all residents to refuse extraordinary treatment.
10. The right of all residents to have informed consent or refusal or expression of choice regarding treatment delivery, release of information, concurrent services, composition of the treatment delivery team, and participation in medical, pharmaceutical, or cosmetic research or experiments.
11. The right of all residents to have access to self-help and advocacy support services.
12. The right of all residents to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment.
13. The right of all residents to have access to their own records.
14. The right of all residents to privacy of their medical information.
15. The right of all residents to be given access to recreational opportunities, including outdoor recreation.
16. The right of all residents to be allowed reasonable freedom in personal grooming.
17. The constitutional right of all residents to practice personal religion or attend religious services, subject to the limitations necessary to maintain facility security and order.
18. The right of all residents to receive visits, subject only to the limitations necessary to maintain facility security and order.
19. The right of all residents to correspond with persons or organizations subject only to the limitations necessary to maintain facility security, order, and the prevention of further criminal activity.
20. The right of all residents to have access to telephones.
21. The right of all residents to formally complain without being subjected to any retaliation or barriers to services.
22. The right of all residents to have alleged infringement of rights investigated and resolved



DRESS CODE

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

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

1. No gang paraphernalia – colors will be confiscated.
2. No drug or alcohol paraphernalia shall be printed on any clothing worn by clients.
3. No cropped shirts, excessively torn clothing or half shirts are to be worn.
4. All clients shall wear some type of shoes at all times when off unit. (i.e. slippers, shoes, flip flops).
5. Appropriate undergarments are to be worn at any time.
6. No excessive or overly large pants are allowed.
7. No tank tops, shorts, or cut off sleeved shirts in the winter months, outside of the building. Meaning below 65 degrees.
8. No hard-soled boots are to be worn in the program. During outside community jobs, garden work, activities, winter snow shoveling, or staff can give consent functions that may require boots.
9. No hats on while in the building.
10. All pants will fit around the waist with no more than 2 inches of “slack” around the waist.
11. No pants or shorts will have anything printed on them congruent with the zipper.
12. All tank tops must be unadulterated. All see through mesh/lace shirts are to be worn with an undershirt/tank or cami underneath them.
13. All belts worn are not to hang down more than 3 inches or wrap around the waist any more than 3 inches.
14. All clients shall wear clothing, which is acceptable for the weather, unless there is a medical condition, which prohibits them from doing so.
15. Clients can save their own money to buy personal things.
16. Any clothing that is not acceptable shall be sent to the parents, worker, or put in storage in the absence of the previously mentioned options.
17. Depending on the male clients’ ability to demonstrate a responsible attitude, shirts can be taken off when the client is outside and the weather dictates.
18. It is preferred when able, that all clients will change clothing when working or playing outside.
19. The facility reserves the right to confiscate any clothing or clothing items which are deemed to be contraband or detrimental to any client’s treatment.
20. While in school, the Parkston Public School handbook may also apply.

CONTRABAND LIST

Contraband is any item possessed by a youth 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 youth'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 youth's stage. These items shall be confiscated and either destroyed, placed in storage, or sent back to the youth'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, 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 youth – return to owner
11. Any money over the stage level limit – turn into Office Manager to be placed in youth's account
12. CD's, movies, games or toys not listed on the privileges list, unless authorized by the Group Leader or Program Coordinator – place in storage
13. Possession of clothing not in accordance with youth's clothing list – place in storage if owned by youth
14. Gambling paraphernalia - destroy
15. Letters, cards or pictures from individuals not on the youth's contact list – place in storage
16. Food items outside designated eating area or not appropriate for the youth's stage - destroy
17. Hemp braided / beaded or other non-breakable necklaces for youth on first stage.
18. Radios, sharp objects, jewelry, pens, personal hygiene items containing alcohol - place in storage
19. Magazines or posters for youth on first stage – place in storage
20. More than one pencil or pen at a time for youth
21. Carmex or mouthwash. (Unless authorized by the Our Home, Inc. Nurse.) – place in storage
22. No Noxema – Place in storage

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

RESIDENTIAL GUIDELINES FOR DECORATION POLICY

It is the policy of Our Home, Inc. to allow all youth to decorate their living and sleeping quarters as guided by the stage in which the youth is on.

Stage One:

The youth on **Stage One** are allowed to have the following items in their sleeping areas:

While on stage one youth are only allowed to have pictures of immediate family members. Pictures are to be hung only on bulletin boards provided by Our Home, Inc.

Picture frames are allowed, however they must contain plexiglass or have no glass.

The youth may have one personal blanket or star quilt on their beds. Bedspreads are provided by Our Home, Inc. These items may be brought from home as long as the treatment team has granted permission.

The youth may have spiritual materials or items to assist them in following their own spiritual beliefs.

Examples include Bible, sweet grass, sage, etc.

Up to 5 stuffed animals are allowed that have been approved by the group leader at admission or when received as a gift and approved. Stuffed animals are to be kept on beds only. All knick knacks require group and treatment team approval.

Stage Two:

The youth on **Stage Two** are allowed to have the following items in their sleeping areas:

The youth on stage two may have pictures of extended family members as long as their group and treatment team have approved them.

The youth may have posters. Posters must be approved prior to purchase. All posters **MUST** be written up for and passed through the group and their treatment team for approval. No posters can be posted anywhere else in the room except for the designated bulletin board.

Requests for personal drawings and/or poems also must be passed through the group and treatment team.

Youth may have an alarm clock, no CD players.

Youth may have anything on Stage One as long as it has been approved by youth or treatment team.

Stage Three:

The youth on **Stage Three** are allowed to have the following items in their areas:

Earn an additional 10 minute phone call for the week.

When appropriate arrangements are made with the YSII a STAGE 3 may watch TV in the family visitation room by themselves for 30 minutes, once a week.

All items approved at stages one and two.

Requests continue to be made appropriately through group and treatment team.

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.

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 Procedure.

The Counselor/Group Leader shall review the complaint and conduct an investigation. This and any further investigation may include questioning the resident, other residents in the program, staff members, etc. Following the investigation, the Counselor/Group Leader shall render a decision and record it in the appropriate section on the Grievance Form. The Counselor/Group Leader shall also meet with the resident to provide him/her with the decision. This investigation, decision making, and meeting with the resident shall be completed within 10 days of the date of the complaint. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Program Coordinator.

- A Grievance Form shall not be submitted or referred to a staff member who is the subject of the complaint. In this circumstance, the grievance shall be submitted or referred to the next highest level of supervision.
 - In the event the resident complaint is regarding health care, the completed Grievance Form shall be given to the facility's Nurse instead of the assigned Counselor/Group Leader.
 - Any formal complaint regarding sexual harassment, policy and procedure violations where-in sexual abuse was not thought to be an end result, or allegations thought to be of casual physical contact preliminarily suspected to have occurred without sexual intent will be investigated following the agency's Internal Administrative Inquiries procedures.
 - Any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators.
 - 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.

Emergency Grievance – Substantial Risk of Imminent Abuse

In the event a resident or other responsible party such as a parent or guardian suspects that they or any other resident is at substantial risk of imminent physical or sexual abuse, that resident or responsible party is encouraged to make an emergency grievance. An emergency grievance may be submitted in any form including but not limit to letters, emails, texts messages, telephonically or other reliable form of

communication. Employees shall accept and respond promptly to all requests for emergency protection. Responding accordingly shall include taking immediate and temporary proactive action as necessary to protect the at-risk resident and safely containing the alleged perpetrator until a review of the alleged risk can be conducted.

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

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

A final agency decision shall be documented on the PREA – Emergency Grievance Review Form within **5 calendar days** after the grievance was submitted and then the Program Coordinator shall provide the final decision to all parties involved. The final determination shall again document the agency's determination of whether the resident is in substantial risk of imminent abuse and the actions taken in response to the grievance. If the determination of risk or if the action taken has not varied from the "initial response", the "initial response" may be marked as final and dated accordingly. All completed forms shall be filed in the charts of all residents involved.

The agency recognizes that failing to respond to a grievance within the time frames allotted for reply allows the resident to consider this failure to be a denial of the alleged risk. No resident shall be disciplined for alleging physical or sexual abuse or for alleging the risk of sexual abuse unless it is demonstrated that the resident filed such allegation or grievance in bad faith.

All information related to a sexual abuse report shall be handled confidentially and disclosures shall be made only to residents, investigators, government officials, counselors, therapists under the principal of "need to know." If allegations demand external investigation, all disclosures shall be cleared by the investigating authority to reduce the risk of impeding an investigation.

GRIEVANCE FORM

revised 11/19/13

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

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

Staff 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

(over)

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

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

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

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

First, 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 Accreditation Manager) responsible for helping decide if Our Home can meet your needs and how your needs can best be met.

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

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

CAN MY REQUEST FOR ASSISTANCE BE TURNED DOWN?

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

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

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

Communicate with your counselor and other staff involved! Our staff 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: _____

WAYS IN WHICH INPUT CAN BE GIVEN

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

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

ACCESS TO HEALTH CARE

Our Home, Inc. provides clients 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:

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

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

SMOKING

South Dakota law prohibits anyone under the age of 21 from smoking and purchasing chewing tobacco. Therefore, it is our policy that smoking by any youth in treatment is prohibited.

STRUCTURE WITHIN THE GROUP: (how things get done)

Foreman:

Each group is assigned certain areas of the building to clean or cleaning up the grounds. The Foreman is responsible to ensure that each youth 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 responsibility is to assist new group members in teaching them how to do the jobs they are assigned too.

Activity Committee:

Whenever possible the groups participate in a planned group activity each weekend.

The activity committee is selected by the group and is made up of three 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 there group members and during request rap suggest 3 or 4 ideas, the group eventually picks two, one is the activity the group wants to recommend to the treatment team and the other is the alternate 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

Behavior RAP:

RAPS are considered to be a form of helping and caring for one another. RAP provides for you 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 to assist their fellow group member in understanding what behavior is considered harmful and unacceptable.

Allowance:

All youth in the program will receive an allowance twice a month to buy personal hygiene items such as soap, shampoo, hair care products, etc. Those youth on second and third stage of the program may be allowed to buy other items, by requesting the purchase of these items through the group and their treatment team. Youth are encouraged to save their money by putting it into their house savings account/or bank savings account when they have no immediate personal item needs. The youth are 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 by the client making a deposit into their personal savings account kept at the Farmer's State Bank in Parkston.

Shopping Responsibilities:

Shopping for clients will be allowed on allowance weekends. Individual shopping lists are to be made prior to the shopping trip. These will be reviewed by the group and staff. **Lists must be approved prior to the trip or shopping will not be allowed.** Clients are to purchase items for their **own** use only unless otherwise approved by staff. **Upon return to the facility, each client will review their shopping list and the purchases made with the group.**

DAILY AND WEEKEND JOB EXPECTATIONS FOR PRIDE AWARD:

Below you will find copies of what is being expected of you as you rotate through each rotation on the weekday and weekend.

Daily Jobs First Rotation**Bedrooms**

- sweep and mop as needed
- empty trash
- beds made neatly
- wardrobes organized

Laundry room

- sweep and mop
- laundry and counters organized
- trash emptied
- dust
- chemical closet organized

Wing hallway

- dust mop and mop hallways
- group rooms as needed

Bathroom

- sweep and mop
- empty trash
- toilets, sinks, mirrors cleaned
- showers cleaned

-after each shower the stall should be disinfected and drains wiped out

Loop and Basement

- dust mop and mop loop to dining room door
- as needed clean family visitation room
- inspect/clean bathrooms in basement as needed
- inspect activity room/basement, tidy as needed
- trash emptied

Daily Jobs Second Rotation

Bedrooms

- sweep and mop as needed
- empty trash
- beds made neatly
- wardrobes organized

Laundry room

- sweep and mop
- laundry and counters organized
- trash emptied
- dust
- chemical closet organized

Wing hallway

- dust mop and mop hallways
- group rooms as needed

Bathroom

- sweep and mop
- empty trash
- toilets, sinks, mirrors cleaned
- showers cleaned
- after each shower the stall should be disinfected and drains wiped out

School/Outside Grounds

- vacuum locker room and ramp (entrance to the school)
- sweep/mop floor of interim school
- trash emptied
- inspect/clean restrooms as needed
- scoop snow as needed

Daily Jobs Third Rotation

Bedrooms

- sweep and mop as needed
- empty trash
- beds made neatly
- wardrobes organized

Laundry room

- sweep and mop
- laundry and counters organized
- trash emptied
- dust
- chemical closet organized

Wing hallway

- dust mop and mop hallways
- group rooms as needed

Bathroom

- sweep and mop
- empty trash
- toilets, sinks, mirrors cleaned
- showers cleaned
- after each shower the stall should be disinfected and drains wiped out

Administration area

- dust mop and mop main entry to dining room door
- vacuum and empty trash as needed
- bathroom, bowls, sinks, mirrors, trash and floors

PRIDE AWARD:

The pride award is given to one group a month. The pride award consists of one group receiving a passable plaque and \$50.00 to spend on a group activity. The plaque given is in honor 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 monthly ceremony where all groups meet to hand out the pride award, lead by the Family Coordinator.

OUR HOME, INC. AA CLUB EXPECTATIONS:

1. Meetings will be one hour long.
2. Members will practice respect, refrain from side conversations, and/or whispering.
3. Members will refrain from putting their feet up on the coffee tables or arms of the chairs.
4. Smoke free and caffeine free meetings.
5. No idle mingling with members from other groups.
6. Donations welcome. Dues to be used to purchase books and medallions. A treasurer will maintain responsibility.
7. No hurtful comments or flirtatious behaviors. Members will be confronted or asked to leave the meeting.
8. Each member will use the meeting for its purpose, to promote and provide support for the recovering alcoholic or addict.
9. Practice honesty in relating and asking for help in strengthening your recovery program. Don't make up issues. We have real ones to work through.
10. A chairman will be elected by the members to pick a topic and begin the meeting.

The following therapeutic meetings are available at Our Home, Inc:

In-house AA – weekly (varies whether open or closed)
D&A Task Hour-weekly (mandatory)
Educational Group – weekly for 30 weeks (mandatory)
Individual D&A Meetings – weekly (mandatory)

In-house Alateen – Weekly (mandatory)

The following areas are potentially addressed (not an inclusive list): Task work, Steps, Relapse Prevention and COA

While Our Home, Inc. understands that every client may not be diagnosed as needing specific drug and alcohol therapy, it is our philosophy that the basic ideals learned from these meetings will be beneficial to each client's treatment program. The Positive Peer Culture program is based on the 12-Steps.

ESCAPE ROUTES

If fire breaks out, do not panic; remain calm, alert others, and exit by the appropriate fire route 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 the treatment facility, go to the front of the designated area which is on the side walk between the bridge and 2 trees on the northeast corner of the lot and re-group. It is important that everyone meet in the same spot so that we will know if everyone is out safely.

Our Home Inc. is protected by fire rated doors and a full sprinkler system. If for some reason the fire doors or escape routes become blocked, seek alternative means of escape such as other escape routes. 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 fire.

REMEMBER THESE STEPS!!

1. Alert people in the building; Yell **FIRE!!!**
2. Follow instructions given by staff on duty.
3. Exit through nearest fire door as quickly and safely as possible.
4. Go directly to designated area and re-group, (Parkston – between the bridge and the two trees on the northeast portion of the lot)
5. If you are on fire – **DO NOT PANIC!!** **STOP, DROP, & ROLL** This will extinguish the fire. If you see someone is on fire, instruct him or her to do the same. You may help to put out the flames by wrapping them in a blanket, towel, etc. However, be extremely careful to avoid putting yourself in any type of dangerous situation as well. Remember to keep that person calm and lying down until help arrives.
6. Do not re-enter the building until told to do so by staff on duty.

THE FOLLOWING ARE SAFETY TIPS TO PREVENT INJURIES OR FIRE:

1. Living Room:
 - (a) Watch for breaks or wear in lamp and appliance cords.
 - (b) At Christmas time, take extra precautions to safeguard against fire caused by decorations and frayed light cords.
 - (c) Do not overload electrical circuits or use extension cords if at all possible.
2. Kitchen and Dining Areas:
 - (a) Do not use or store flammable cleaning fluids in the facility.
 - (b) Guard against spontaneous ignition fires by keeping oily rags or clothes saturated with furniture polish, paints, or wax in a closed metal box; not in a hot closed cupboard or closet.
 - (c) Always inspect the stove to determine whether or not it is on before leaving the facility.

- (d) Do not let grease accumulate on the stove and keep all containers containing grease or other flammable liquids or aerosol cans away from the stove area.
- (e) **DO NOT USE WATER TO PUT OUT A GREASE FIRE AS THIS WILL SPREAD THE FIRE QUICKLY. IF A PAN CATCHES FIRE, DO NOT TRY TO REMOVE IT OR ATTEMPT TO CARRY IT OUTSIDE OR ANYWHERE ELSE.** If possible, cover the pan with a lid, utilize the nearest fire extinguisher, or douse the fire with baking soda (which should always be kept on hand). These three methods will smother and extinguish the fire. If none of these methods work, alert others in the facility, evacuate quickly, and summon help. **REMEMBER; NEVER ATTEMPT TO REMOVE A BURNING PAN!**
- (f) Do not throw water on an electrical fire because you may electrocute yourself. Do not unplug a burning electrical device/appliance. Get out of the way and get help.
- (g) Do not heat sealed jars or cans on the stove, and **NEVER** try to heat up solvents such as paints, adhesives, lacquers, some cleaners, or thinners on the stove.
- (h) See that window curtains or hand towels cannot blow over a hot stove.
- (i) Do not throw flour, uncooked cereals, or dust from a vacuum cleaner or dustpan into a lit or hot stove. Dust is explosive. Wrap it up and dispose of it safely.

3. Bathroom:

- a) Be careful of possible shock hazards. Do not touch any metal electrical switches, outlets or appliances while you are wet.

4. Garage and Other Spots to Check:

- (a) Keep all other areas clean. Do not store flammable substances or saturated rags in closed areas. Do not store dry leaves. Do not overload circuits.

TORNADO SAFETY RULES

When a severe storm warning or tornado warning is received, it is very important to follow instructions from the staff. They will direct you to the Activities Room, away from all doors and windows. You will be seated against a wall with you head between your knees and both hands covering your head. Remain in this position until directed by staff to do otherwise.

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

COMPUTER USAGE

The following policies must be followed:

All of the Parkston Public School computer usage rules apply.

Clients and staff shall not alter or attach equipment to Our Home's computer hardware or install/load his or her own software. Access to DOS (the disk operating system) is prohibited.

Software piracy is a crime. Clients or staff may not make illegal copies of copyrighted software.

Computers are for homework related content only, there is no personal letter writing, writing up request, drawing and/or game playing on Our Home computers.

Clients and staff shall not play any music CD's on the computer.

Clients and staff shall not alter the current desktop setting on any computer.

Clients may only print schoolwork. Staff are to check the youth's comment sheet and homework before printing can occur.

If the computer becomes too much of a distraction for our clients, staff may request to have the computers removed to a different group until the current group can handle themselves to get the computers back.

At anytime if a client intentionally damages the computer software and or hardware the client will have to pay restitution for the replacement of the computer. The amount of the restitution will be at Our Home staff's discretion.

Clients must report any and all problems with the computers to their staff.

Computers are for schoolwork only, clients and staff must maintain with great strive to take care of their group computers, so other groups can use them.

INPUT FROM RESIDENTS - SUGGESTION BOX

Our Home, Inc. strives to continually focus on the expectations of the residents and use their input to create services that meet or exceed their expectations. As part of that focus, the Residential Treatment Program maintains a suggestion box that is available for use by the residents. This box is located in the hallway by the school, it is also known as the money box. Input obtained from any suggestions will be reviewed by staff and, if possible, used to better provide services.

REASONABLE AND PRUDENT PARENTING STANDARD

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

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

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

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

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

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

Guidelines for the decision-making process shall consist of:

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

Agency Requirements:

1. At the time of placement, the agency shall incorporate the reasonable and prudent parent standard into each resident's treatment plan. There shall be documentation signed by the facility's onsite caregiver designated to apply the reasonable and prudent parent standard.
2. The agency shall ensure that designees are available to make RPPS decisions for a resident in a timely manner, and that RPPS decisions are not delayed due to a designee being unavailable to make the decision.
3. Decisions made under the RPPS shall not conflict with any existing court orders.
4. The agency shall keep a record of all RPPS decisions made for each child, and document who made the decision.
5. Both Parents and/or guardians and residents shall be informed of this policy and its procedures and employees shall ensure that the child knows who the designated on-site official is who makes decisions using the RPPS. To ensure notification is completed, an acknowledgement form will be signed upon intake by parents and/or guardians and residents.
6. The agency shall conduct a review of RPPS parameters, requirements, and agency policies and procedures pertaining to the RPPS at least annually.

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

