



YOUTH HANDBOOK

(Revised 11/3/2025)

Huron PRTF

Psychiatric Residential Treatment Facility

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OUR HOME, INC., Psychiatric Residential Treatment
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NEW YOUTH LETTER

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 and staff are 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.

PROGRAM DESCRIPTIONS

The Huron Psychiatric Residential Treatment Facility (PRTF) serves male adolescents ages 10–17. The program focuses on helping youth develop healthier attitudes, stronger coping skills, and positive strategies to address the concerns that led to treatment. Care is guided by Together Facing the Challenge (TFTC), an evidence-based treatment model that emphasizes relationship-building, skill development, and strength-based approaches. A multidisciplinary treatment team works closely with each youth and his family to design an individualized treatment plan that addresses specific needs and goals, with progress reviewed regularly.

Weekly programming includes anger management groups (MEI), strategies groups, independent living skills training, drug and alcohol education, group therapy, and individualized assignments. In addition, individual therapy and family therapy may be offered on an individualized basis according to the treatment team's recommendations. These services are considered supplemental support rather than the primary focus of the program.

The program also emphasizes a therapeutic group milieu, where peers play a vital role in daily treatment. Guided by TFTC principles, this environment helps youth learn and practice respect for self and others, develop healthy relationships, set and meet expectations, and take responsibility for creating a safe and supportive community.

GROUPS AND OTHER SERVICES

Therapeutic group sessions are held once each week and are led by a Licensed Clinical Psychologist or an Adolescent Counselor or Social Worker, along with trained professional staff who help co-facilitate the group. These groups are designed to support your growth, help you learn healthier ways to cope, and give you a safe place to talk, reflect, and build new skills.

The specific group you attend will depend on your individual needs and your treatment plan. Once you are placed in a group, you will receive more information about what the group focuses on, what assignments you may have, and what is expected of you. These sessions are an important part of your program and are meant to help you better understand yourself and make positive changes.

Group Therapy sessions (SHOP and Strategies for Success), grounded in the Together Facing the Challenge (TFTC) model, are held multiple times per week and focus on skill-building, problem-solving, and youth engagement through structured coaching and positive relationship development. Sessions are facilitated by a trained group leader or their designee, who guides youth in practicing pro-social behaviors, processing daily challenges, and applying TFTC coping and communication strategies.

Task Groups are held once weekly under the supervision of a professional staff and supporting staff. These sessions provide structured time for youth to work on assignments designated by the clinical team, which are specifically designed to address the identified issues and problem areas that led to their admission into treatment. Trained group leaders and staff offer guidance, monitor progress, and ensure that youth understand and apply the expectations outlined in their individualized treatment plans.

Family counseling is something that may happen during your stay if the treatment team decides it is necessary for your progress. It is not something everyone has automatically, but if it is recommended for you—and your family is willing to participate—it can help you and your family work through challenges together in a safe and supportive space. We encourage families to stay involved in positive ways, like joining meetings with staff, visiting you at the program, or supporting you during home visits when you are ready. Anytime your family is involved, the goal is to help you feel supported and to help you make progress in your treatment.

Alcohol and Drug Education is provided according to the needs of each youth and is facilitated by a Chemical Dependency Counselor or certified trainee. This service focuses on educating youth about substance use, its effects, and healthy decision-making. All youth participate in the Drug and Alcohol education curriculum, which is delivered by the D&A counselor or trainee and supported by the youth's Group Leader. This is an educational service and is not considered formal counseling.

Additional therapeutic groups may be offered at various times throughout a youth's treatment program. Therapeutic groups which may be offered include but are not limited to the following:

- Managing Emotional Intensity (MEI): uses a cognitive, behavioral and skills training approach that has been specifically designed to assist young people with emotional and behavioral regulation by using systems training for emotional predictability and problem-solving strategies. MEI is a one-hour weekly group (18 Lessons) that is required of all youth.
- An Independent Living Skills course is offered to help youth build the practical skills they need to successfully transition outside of treatment. The course is facilitated by professional staff and provides hands-on learning in areas such as managing money, budgeting, cooking and nutrition, basic housekeeping, personal hygiene, healthy relationships, communication, time management, job readiness, and problem-solving. Youth also learn how to access community resources, set goals, and make responsible decisions about school, work, and daily life. This course is designed to help youth gain confidence, develop self-sufficiency.

Along with previous mentioned therapeutic groups, you may also take part in other groups, activities, or tools that support your treatment. These may change over time because Our Home works hard to use the most up-to-date and effective practices to help youth succeed. These additional supports might include things like skill-building groups, emotional regulation tools, problem-solving activities, mindfulness or relaxation strategies, or other evidence-based programs. Not every youth will participate in every group—your treatment team will decide which ones fit your needs and goals.

As best practices grow and change, new groups or tools may be added to the program. If something new becomes part of your treatment, staff will explain why it's helpful and what you can expect. The goal is always to give you the best tools possible to support your growth and success.

Medical Director and Psychiatrist Consultants: The Medical Director and Psychiatrist Consultants play an active and essential role in the treatment process at Our Home. They are available to address any medical, psychiatric, or medication-related concerns and work closely with the treatment team to ensure each youth receives comprehensive, individualized care. These clinicians review clinical and behavioral information, and provide expert guidance on mental health diagnoses, medication management, and overall medical care. They consult with direct care staff, therapists, and group leaders to support consistent treatment approaches and to help the team understand how medical or psychiatric factors may influence a youth's behavior, progress, and daily functioning. Their involvement helps ensure that all mental health and medical decisions are informed, coordinated, and aligned with the youth's treatment goals.

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

After Care Services: Our Home Huron provides a wide range of aftercare services to help youth and families stay supported after leaving the program. In most cases, aftercare planning begins well before discharge so there is plenty of time to connect with the right community resources. The Group Leader and the referral worker work together to ensure the youth and family know what support will be available when the youth returns home. The treatment team helps create an aftercare plan as part of the youth's treatment plan, making sure the services chosen will support success at home, in school, and in the community.

Admissions and Placement Process

All applications must be submitted prior to admission to the intake coordinator. The Intake Coordinator works closely with the multidisciplinary team to determine whether a youth is eligible and appropriate for placement. Decisions are based on many factors, including the youth's needs, safety considerations, and the current population of the program.

Admissions for evaluation purposes may be considered on a case-by-case basis. While admissions are generally prioritized on a first-come, first-served basis, the safety and specific needs of the youth are always taken into account before a final decision is made.

Once admitted, the treatment team will guide you through your treatment journey. They will keep you and your parent, guardian, or custodian updated on the direction of your treatment, any changes that may occur, and what supports or services are being planned for you. As staff learn more about your needs, strengths, and goals, your treatment plan may be adjusted to ensure you receive the most appropriate care.

ADMISSION CRITERIA

1. Admission to Our Home, Inc. Huron PRTF Program is open to males aged 10 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 regarding 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 based on 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.

CONTINUED STAY CRITERIA

When you enter the Our Home Huron Program, the treatment team will begin creating a transitional services plan (treatment plan) to help you prepare for what comes next—whether that is returning home, going to another placement, or moving to a different level of care. This plan is reviewed every 30 days or sooner if needed to make sure it still fits your progress and needs.

As part of your treatment, the team will also work with you to create an aftercare plan. This plan helps make sure you continue to get support after you leave the program, including help with your medications if you take any. During your treatment plan reviews, you and the team will talk about your strengths, your needs, and the goals you're working toward.

Your progress is constantly evaluated, not by stages, but by things like:

- how much your unsafe or negative behaviors decrease,
- how well you are meeting your treatment goals,
- how you handle stress and challenges,
- how your coping skills are improving, and
- improvements in your CAFAS score, which is a tool we use to measure how you are doing in different areas of your life.

The treatment plan also includes a projected discharge date, which gives everyone a goal to work toward. This date can change as needed depending on how you are doing.

To decide if continued stay in the program is still the right fit for you, the treatment team works with an outside review group called a utilization review committee (PRO). They look at your progress, safety, and current needs to make sure you are getting the level of care that is best for you. Their decisions are documented on the PRTF Continued Stay Review Form.

To help track how you are doing, staff may complete something called a Child and Adolescent Functional Assessment Scale (CAFAS) at different points in your treatment. This helps everyone understand areas where you're improving and areas where you may still need support.

Polygraph examinations (lie detector tests) are not used at Our Home Huron unless your legal custodian requests one and provides ethical justification.

DISCHARGE CRITERIA

General Discharge Criteria

A youth may be ready for discharge from the program when:

- **Safety has improved.** The issues that brought the youth into treatment no longer appear to place them or others in danger.
- **Treatment goals have been met.** The youth has worked toward and successfully accomplished the goals written in their treatment plan.
- **Everyone agrees the youth is ready.** The youth, the treatment team, parents/guardians, the referring worker, and the utilization review team all agree that the youth is prepared to move to the next step.
- **A solid aftercare plan is in place.** A plan has been created to support the youth's continued success after leaving the program, based on their strengths, needs, and abilities.

- **The youth shows willingness to participate in treatment.** Progress involves taking part in therapy, groups, evaluations, and practicing new skills. A youth's motivation and effort are important factors in determining readiness for discharge.

Alternate Discharge Criteria

Sometimes a youth may be discharged from the program for reasons other than meeting all treatment goals. This may include:

- **Treatment is no longer helpful.** If the youth, the treatment team, parents/guardians, the referring worker, or the utilization review team believes that further treatment here is unlikely to help, discharge may be considered. An aftercare plan will still be created to support the youth.
- **Safety concerns increase.** If continued placement at the program is assessed as posing a risk of serious harm to the youth or others, discharge may be necessary. An appropriate aftercare or transfer plan will be created to keep the youth safe.
- **Lack of participation in treatment.** If a youth is consistently unwilling to engage in therapy, groups, school, or other required parts of the program—even after support and interventions—discharge or a different level of care may be considered. Motivation and participation are important parts of making progress.

Stages of Change

Throughout treatment, staff use a model called the Stages of Change to help understand where you are in your journey and how ready you are to work on different goals. This isn't about judging you—it's about understanding what kind of support you need, and when.

1. Pre-Contemplation ("I don't think I need to change.")

At this stage, you may not see a problem, or you may feel like change isn't possible. You might not be ready to work on treatment goals yet. Staff will help you understand your situation and explore how change could help you.

2. Contemplation ("Maybe I want things to be different.")

Here, you start thinking about change. You may feel unsure or have mixed feelings—this is totally normal. The team will help you weigh the pros and cons and figure out what you want for your future.

3. Preparation ("I think I can do this.")

You're starting to get ready to change. You begin setting small goals, trying new skills, and learning what helps you succeed. Staff will guide you through making a plan that feels right for you.

4. Action (“I’m working on it.”)

You are actively working toward your treatment goals—using new skills, talking things through, making healthier choices, and showing effort. The team will support you, coach you, and help you keep going.

5. Maintenance (“I’m keeping it going.”)

You have made progress and are focusing on staying on track. You practice your skills more independently and prepare for using them outside the program. This stage helps you get ready for discharge.

6. Relapse (“I messed up, but I can try again.”)

Sometimes old behaviors return. This doesn’t mean you’ve failed. It means you need extra support and time to get back on track. Staff will help you understand what happened and how to move forward.

Why the Stages of Change Matter

The Stages of Change model helps the treatment team:

- understand how ready you are to work on certain goals,
- choose the right supports to help you succeed,
- adjust your treatment plan as you grow,
- and decide when you may be ready for discharge.

Your willingness, participation, and progress are major factors in how your treatment moves forward and how your discharge plan is developed.

PROGRAM DETAILS

Together Facing the Challenge (TFTC)

TFTC is a program we use to help you build the skills you need to handle everyday problems, make healthier choices, and improve your relationships. TFTC is all about learning in real situations—talking things through, understanding what you’re feeling, and figuring out better ways to respond when things get tough. Staff will use TFTC to coach you, support you, and help you practice new skills during your day, not just in groups or therapy.

TFTC focuses on helping you notice your feelings, understand what triggers you, and learn positive ways to cope so you can stay safe and in control. It also teaches problem-solving, communication, and how to work through conflicts without things getting out of hand. You’ll get chances to practice these skills with staff and other youth, and we’ll help you learn from every

situation—both the good moments and the tough ones.

The goal of TFTC is to help you become more confident, build better relationships, and leave the program with tools that will help you succeed at home, in school, and in your community. You won't be expected to do everything perfectly, but you will be supported, encouraged, and coached every step of the way.

TREATMENT PLANS

You are the most important person in your treatment program. At Our Home, Inc., we use a trained multidisciplinary team to support you in meeting your treatment needs and goals. This team works together with you, your parent or guardian, and your worker to build a treatment plan that truly fits who you are and what you need.

The purpose of this team approach is to give you an active role in your own treatment. We want you to have a voice, make choices, and learn to take responsibility for your progress. Your treatment plan is a tool that helps guide your growth, support your success, and keep you safe.

Treatment plans are reviewed with you at least once each month, and more often when needed—such as after major changes in behavior or progress. These reviews usually take place on Thursdays between 8:30 a.m. and 1:00 p.m., with as many team members present as possible.

What Impacts Your Treatment Plan:

At Our Home, Inc., each youth's treatment plan is individualized. We focus on your unique needs and strengths so that we can create strategies that support your safety, well-being, and personal growth. Throughout treatment, we encourage you to use the coping skills you identified at intake and the new skills you learn along the way.

If old, unsafe, or negative coping skills show up, we have policies in place to keep everyone safe. Our Seclusion and Restraint Policy is used only as a last resort and only when there is immediate risk of harm to yourself or others. To help prevent this, your treatment plan includes a safety section with coping strategies and supports that can be used to reduce or avoid crisis situations before they happen.

S.H.O.P. Group (Strengths, Hope, Opportunities, Positivity)

This group meets 3-5 times a week to explore exactly what it says above, we encourage you during this group to find your resiliency through exploring those four words:

Strengths - We encourage you to identify what you do well and how you can build from that.

Hope- What are your goals?

Opportunities: Where are the opportunities for you to make steps in achieving your goals.

Positivity: Finding ways for you to carry that through your days.

STRATEGIES FOR SUCCESS GROUP

The purpose of this group is to focus on the new 8 problems and break them down month by month. This is a psycho-educational group that staff will also need to sit in. The groups will last an hour and will be both talk and interactive work. The 8 problems are a more broad scope and encompass the 12 problems within themselves. The 8 problems are mistrust, conflict, school difficulty, social difficulty, lacks self-control, lacks self-confidence, self-centered, and disrespect. I am going to break them down now to explain what each problem looks like.

Mistrust- This is where a child has few close bonds with adults or peers, is mistreated, bullied, or excluded, and feels unsafe and relationship-wary. In comparison to the 12 problems, this could look like low-self-image. When a client has achieved this problem, the strength would be trust.

Conflict- This is where a child hassles with authority, adults, or peers, hostility to persons seen as different, and related to a negative gang or group. When we talk about this problem with the 12 problems, this could compare authority or inconsiderate of others. When a client has achieved this problem, the strength would be cooperation.

School Difficulty- This is where the child fear failure in school or work, gives up when facing difficult challenges, and not motivated to engage in learning. In comparison to the 12 problems, this could compare to low self-image, authority, inconsiderate to self, or inconsiderate to others. The strength to this problem is talent.

Social difficulty- The child lacks skills for building relationships, seeks attention in inappropriate ways, and behavior irritates or aggravates others. In comparison to the 12 problems, this compares to misleads others, low self-image, aggravates others, fronting, inconsiderate to self, or inconsiderate to others. The strength to this problem is social skills.

Lacks self-control: The child is easily angered, upset, or discouraged, feels anxious, fearful, or helpless, and acts impulsively without thinking. This compares to easily angered, inconsiderate to self, inconsiderate to others, authority, or low self-image. The strength to this problem is self-control.

Lacks self-confidence: The child is easily misled or manipulated, feels powerless to control life events, and lacks maturity and responsibility. This can compare to easily mislead, misleads others, or low self-image. The strength to this problem is self-confidence.

Self-Centered: the child is selfish and lacks empathy for others, ignores feelings of persons in need, acts superior and uses put-downs. This compares to inconsiderate of others, low self-image, authority, aggravates others, or misleads others. The strength to this would be caring.

The final problem is disrespect. The child is inconsiderate of self or others, mistreats, bullies, or excludes others, and uses power to hurt or mislead others. This can compare to authority, low self-image, inconsiderate of self, inconsiderate of others, authority, aggravates others, or misleads others. The strength to this problem is respect.

THE ABC's OF PROBLEM SOLVING

In Together Facing the Challenge (TFTC), one of the main goals is helping you learn how to handle difficult situations in safer, healthier ways. Everyone faces problems—at school, at home, with friends, or even inside themselves—but not everyone has learned good tools for dealing with them. The ABC's of Problem Solving give you a simple, step-by-step way to slow down, think things through, and make choices that actually help you instead of making things worse. Staff will use this process to coach you, and you'll get to practice using it in real-life situations so you can build confidence and stay in control.

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.

CONTROL OF MEDICATIONS

When you arrive at the program, staff will ask you to turn in any medications or substances you have with you. This is done to keep everyone safe and to make sure we understand what you may already be taking. Staff will also ask whether you are currently on any medications and will check your belongings with you to make sure nothing is missed. Any medication that you bring will only be given to you if it can be properly identified and if we receive written orders from a licensed physician. This helps ensure that you receive the right medication, the right dose, and that everything you take is safe and approved by a medical professional. These steps are important because they protect your health, prevent accidental misuse, and help us give you the best care possible from the moment you arrive.

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 youth, 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 value
- 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 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.

De-Escalation and Safety Tools We Use: Ukeru and SCM

At Our Home, your safety—and the safety of everyone around you—is very important. Sometimes, situations can get stressful, and emotions can get really big. When that happens, staff are trained to help you calm down in safe and respectful ways. These are called de-escalation techniques, and they are used to help you stay in control, feel supported, and make safe choices.

We always try talking, coaching, taking space, and helping you use coping skills first. Most of the time, that's all that's needed. But if things get to a point where you might hurt yourself or someone else, staff may need to use special safety approaches. These are used only as a last resort, and only to keep everyone safe—not as punishment.

What Is Ukeru?

Ukeru is a system that focuses on staying safe *without* hurting anyone. It teaches staff how to:

- block or protect themselves in a gentle way,
- keep situations calm,
- avoid restraining as much as possible, and
- support you in getting back in control.

Ukeru is all about being kind, safe, and trauma-informed—which means staff try to avoid anything that could scare or hurt you.

What Is SCM?

SCM (Safe Crisis Management) is another safety model staff are trained in. It helps staff:

- understand what leads to unsafe situations,
- recognize early signs that someone is upset,
- step in early with calming strategies, and
- keep everyone safe during a crisis.

SCM focuses on preventing crises and using skills that help situations settle down quickly. Physical intervention is only used when absolutely necessary to prevent harm.

Why We Use These Tools

We use Ukeru and SCM because:

- We care about your safety.
- We want you to feel respected—even when things are hard.
- We want to help you learn safe coping skills for the future.
- We believe you deserve support, not punishment.

These approaches help us stay calm, stay safe, and help you get through difficult moments in the healthiest way possible. You will always be treated with dignity and care, even during challenging times.

SECLUSION AND PERSONAL RESTRAINT

Policy

It is the policy of Our Home, Inc. to limit the use of seclusion and personal restraint to situations where unanticipated youth behavior poses a serious threat of violence or injury to the youth or others if no intervention occurs.

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

- I. A youth shall not be placed in seclusion or personal restraint unless the placement agency has given Our Home, Inc. written permission and the use of seclusion or personal restraint has been incorporated into the youth's treatment plan. If the youth has been placed in Our Home, Inc. by the youth's parent or guardian, the parent or guardian must provide the written permission for the use of seclusion or personal restraint.
- II. The use of seclusion and personal restraint shall be selected only when other less restrictive measures are ineffective to protect the youth or others. All attempts shall be made to de-escalate crises and use seclusion and personal restraint only as a safety intervention of last resort. Appropriate interaction with staff shall occur as an effort to de-escalate threatening situations and manage behavior.
- 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 personal restraint.
- IV. Our Home, Inc. shall immediately assess contributing environmental factors that may promote maladaptive behaviors and shall act to minimize those factors.
- V. Our Home, Inc. personnel shall recognize that each youth has the right to be free from any form of seclusion or restraint used as a means of coercion, discipline, convenience, punishment, or retaliation by personnel, whether in lieu of adequate programming or as compensation for lack of staff presence or competency.
- VI. Seclusion and personal restraint shall be provided under the supervision and/or oversight of a licensed physician.
- VII. An order for seclusion or personal restraint shall not be written as a standing order or on an as-needed basis.
- VIII. Seclusion or personal restraint shall be implemented in a manner to avoid harm or injury to the youth. It must be used only to ensure the safety of the youth or others during an emergency safety situation and until the emergency safety situation has ceased. The youth's safety and the safety of others can be ensured, even if the seclusion or personal restraint order has not expired.
- IX. Seclusion and personal restraint shall not be used simultaneously.
- 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 youth'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 the exercise of seclusion and personal restraint. Youths will not be used or allowed to control other youths.
- XIII. Only staff who have completed and demonstrated competency in the required training as described in this policy may participate in an emergency safety intervention.

Procedures

Notification of program policy.

At admission, the incoming youth and the youth'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

The Medical Director, Clinical Psychologist, Registered Nurse, and Group Leader/Counselor shall obtain information about the youth to help minimize the use of seclusion or personal restraint.

- A. To determine whether seclusion or personal restraint can be administered without risk to the youth's health and safety, the Medical Director and Registered Nurse shall review the medical history of the youth. The Medical Director shall conduct the review during the initial physical examination and record findings on the Assessment Summary for Potential Seclusion or Personal Restraint form. If appropriate for youths with special needs, the Medical Director shall also document protocols for the use of specific interventions. The Registered Nurse shall conduct a secondary review during the initial health screening and record findings on the Nursing Care Evaluation form.
- B. The Clinical Psychologist or his designee shall review the behavioral health history of the youth for identification of prior trauma, including any history of physical, sexual, or emotional abuse, neglect, or exposure to violence that would place the youth at greater psychological risk during seclusion or personal restraint. The review shall be documented on the Assessment Summary for Potential Seclusion or Personal Restraint form.
- C. The Group Leader/Counselor and Registered Nurse shall consult with the youth regarding the alternatives preferred by the youth before using seclusion or personal restraint, and assess the effectiveness of previous use of these methods on the youth. These consultations shall be documented on the Assessment Summary for Potential Seclusion or Personal Restraint form.
- D. Pertinent information shall be included in the youth's treatment plan.

Determining the Need for and Implementing Seclusion or Restraint

- A. Staff members shall implement emergency safety intervention techniques designed to provide the best possible care and welfare for youths exhibiting threatening or harmful behavior. If the on-duty RN or staff member designated on the schedule by the Childcare Coordinator is not present at this time, one shall be summoned to lead the response to the emergency safety situation and assign duties as needed.
- B. When determining the use of seclusion or personal restraint, staff shall consider the information documented on the youth's Assessment Summary for Potential Seclusion or Personal Restraint form and the current situation. When less restrictive intervention techniques have been attempted, staff shall determine if an emergency safety situation exists and if seclusion or personal restraint is needed. An emergency safety situation exists when unanticipated youth behavior places the youth or others at serious threat of violence or injury if no intervention occurs and calls for the use of seclusion or personal restraint. Seclusion or personal restraint may occur without attempting less restrictive techniques.

Staff shall obtain a written or verbal order for seclusion or personal restraint. The order must be for the least restrictive emergency safety intervention that, based on consultation with staff, is most likely to be effective in resolving the emergency safety situation.

Monitoring of the Youth in and Immediately After Seclusion or Restraint

- I. The response leader must be physically present at the emergency safety intervention. For seclusions, this includes being outside the room or in the room when necessary to assure the safety of the youth. The response leader shall continually observe, assess, and monitor the youth to evaluate their physical and psychological well-being and the safe use of seclusion or restraint throughout the duration of the emergency safety intervention. Attention to vital signs, the need for meals, liquids, bathing, use of the restroom, and other personal needs shall be given throughout the intervention. For restraints, attention to the youth's skin integrity and circulation shall also be given.

Staff shall attempt appropriate interaction with the youth to de-escalate the crisis and continually re-evaluate whether the threat of harm is no longer imminent. The interaction shall include staff communicating to the youth their intention to keep them and others safe, and explaining how the specific intervention being used will achieve this. The re-evaluation shall include monitoring the youth for tension reduction (a decrease of physical and emotional energy following a crisis) to determine if the threat of harm is no longer imminent. Behavioral examples of tension reduction include deep breathing, crying, answering questions, relaxed muscles, and being apologetic.

For restraints, the attention and re-evaluations shall be documented and signed by the response leader at least every 5 minutes on the Restraint Observer Monitoring form. For seclusions, the attention and re-evaluations shall be documented and signed by the response leader on the Seclusion Monitoring form at least every 5 minutes when at least two staff members are present, or at the end of the seclusion when one staff member is present.

- II. Within 1 hour of the initiation of the seclusion or personal restraint, the Medical Director, another physician, a licensed physician's assistant, a certified nurse practitioner, a licensed psychologist, a licensed professional counselor, a licensed social worker, a qualified mental health professional, or registered nurse trained in the use of emergency safety interventions

must conduct a face-to-face assessment of the physical, emotional, and psychological well-being of the youth. The assessment ensures the youth's rights, assures that the seclusion or personal restraint is necessary and appropriate, and also allows the medical status of the youth to be evaluated.

Medical Treatment for Injuries Resulting from Seclusion or Restraint

All staff shall be alert for any youth or staff injuries following a seclusion or personal restraint incident. Specifically, staff shall observe and question all persons involved regarding their current health status immediately following the seclusion or personal restraint to determine if any injuries occurred.

Our Home, Inc. shall maintain written service agreements with local hospitals that reasonably ensure that:

- A youth will be transferred from the facility to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care.
- Medical and other information needed for care of the youth in light of such a transfer will be exchanged between the institutions in accordance with State medical privacy law, including any necessary information to determine whether the appropriate care can be provided in a less restrictive setting.
- Services are available to each youth 24 hours a day, 7 days a week, including emergent care.

Staff shall document in the chart of the youth all injuries that occur as a result of an emergency safety intervention, including injuries to staff resulting from that intervention.

Facility Reporting

An incident report shall be completed following the use of seclusion or restraint. The report shall include a description of the less restrictive intervention techniques used before the use of seclusion or restraint. The staff in charge of the intervention shall prepare the Seclusion Incident Report or Restraint Incident Report and the Seclusion Narrative or Restraint Narrative. They must also submit both documents, along with the completed Seclusion/Personal Restraint Order form and Seclusion Monitoring or Restraint Monitoring form, to the Program Coordinator.

The Program Coordinator shall then forward the documents to the Associate Director for review and signature. The Associate Director's review and signature shall occur after each instance of seclusion or restraint use. They must be completed before the youth's treatment plan review to ensure conformance with applicable policies/procedures.

Attestation of facility compliance. The Executive Director shall provide a completed Attestation – Psych Under 21 Rule form for each Our Home, Inc. psychiatric residential treatment facility (PRTF) to attest that each facility complies with CMS's standards governing the use of restraint and seclusion.

Reporting of serious occurrences. The facility must report each serious occurrence to the State Medicaid Agency and the State-designated Protection and Advocacy Organizations. Serious

occurrences that must be reported include a youth's death, a youth's suicide attempt, and a serious injury to a youth as defined in this policy. The reporting of such events shall be conducted following the Reporting of Serious Occurrences policy.

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

The parent(s) or legal guardian(s) of the youth 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 emergency safety intervention.

Post Intervention Debriefings

Within 24 hours after the use of seclusion or personal restraint, staff involved in the emergency safety intervention and the youth must have a face-to-face discussion for the purpose of: (1) hearing from the youth what they experienced and/or their perspective; (2) informing the youth as to why the seclusion/restraint was used; and (3) returning control to the youth.

Within 24 hours after the use of seclusion or personal restraint, staff involved in the youth debriefing, and appropriate supervisory and administrative staff, must conduct a debriefing session. The Program Coordinator, Childcare Coordinator, Registered Nurse, or other designated staff member shall organize, lead, and document the debriefing.

Treatment Plan Review

All uses of seclusion or personal restraint shall result in a review and, as appropriate, revision of the youth's treatment plan. The review shall occur within 30 days following the seclusion or personal restraint and shall incorporate recommendations from any debriefings.

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

A room designated for the use of seclusion or restraint shall have the following:

- A focus on the comfort of the youth, including adequate air flow, a comfortable temperature, and a safe, comfortable seating and/or lying arrangement
- An identified plan for emergency exit
- Access to bathroom facilities
- Sufficient lighting
- Observation availability that allows staff a full view of the youth in all areas of the room
- A location that promotes the privacy and dignity of the youth

In addition, a room used exclusively for seclusion shall be free of potentially hazardous conditions and have the following:

- Not less than 54 square feet of floor space

- A ceiling height of not less than 8 feet
- A lighting fixture, equipped with a minimum of a 75-watt bulb, screened or designed and installed to prevent tampering.
- A locking mechanism, if used, must be designed to be fail-safe and tied into the fire alarm system to release when the alarm is activated or when there is a loss of power to the fire alarm panel.

Performance Improvement

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

Plan to Minimize Use of Seclusion and Personal Restraint

To minimize or eliminate the use of seclusion and personal restraint in its treatment programs, Our Home, Inc.'s administrative staff shall implement an agency-wide plan that includes at least the following:

- Identification of the role of leadership
- Use of data to inform practice
- Development of workforce attitudes, skills, and practices that support recovery
- Identification of specific strategies to prevent a crisis
- Identification of timelines to reduce the use of seclusion and restraint
- Identification of roles for youths and advocates in determining if crisis procedures and practices are implemented in a positive and proactive fashion
- A review of the role of the debriefing process in supporting the reduction of the use of seclusion or restraint

On an annual basis, a written status report shall be prepared on the plan for the minimization or elimination of the use of seclusion and personal restraint. The status report shall include:

- Goals and timelines
- Progress made
- Areas needing improvement
- Factors impeding the elimination of the use of seclusion and restraint

Annual Review

The Clinical Psychologists and Medical Directors shall document their individual review and approval of this policy and related procedures on an annual basis to ensure that proper protocols are in place. The documented reviews and approvals shall be maintained on file with the Licensing and Accreditation Manager.

CONTACT INFORMATION

State Medicaid Agency

Nicki Bartel RN, RHIT
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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
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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

State-designated Protection Organization

Huron Programs:

DSS – Child Protection Services –Huron
1000 18th St. SW., Ste. 3
Huron, SD 57350
Phone: 605-353-7100
Fax: 605-353-7103

Parkston Program:

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

State-designated Advocacy Organization Services (CMS)

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

Centers for Medicare & Medicaid

Kimmine Hudson
Centers for Medicare and Medicaid

Denver Regional Office
1600 Broadway, Suite 700
Denver, CO 80202-4967
Phone: 303-844-7032

ALTERNATIVE TO SECLUSION AND PERSONAL RESTRAINT

It is Our Home, Inc's objective to create an environment where staff have a proven prevention alternative to the use of restraint and or seclusion to safely and effectively de-escalate youth with an alternative that is safer for both staff and youth, thus creating an environment where the youth can remain forward focused on their treatment planning. To meet this goal Our Home, Inc. utilizes the Ukeru model.

Ukeru, which is Japanese for "receive", is a crisis-training program which offers a physical alternative to restraint and seclusion. The Ukeru model centers around the effective use of protective equipment, and soft, cushioned blocking materials designed specifically for use with the Ukeru model— that keep both the employee and youth safe. Our Home, Inc. promotes a culture in which all intervention — educational and behavioral — is built on an approach of comfort rather than control. To achieve this, there are established techniques in place for use of the Ukeru equipment. These techniques include:

- Physical release techniques
- Physical redirection
- Blocking techniques

Ukeru equipment may not be used to:

- Back a youth into a corner or wall
- Confine a youth into a certain area with a blocking pad (i.e., bedroom, bathroom, lounge)
- Used to assist in restraining a youth's body part or as part of a restraint for the purpose of holding a youth.
- Jab at a youth to get them to move back to include forcing a youth into a room.
- As a weapon in any form

Notification of Agency Policies

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

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

Reporting Requirements

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

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

Spirituality

At Our Home, Inc., we believe that spirituality can play an important role in a young person's healing and overall well-being. We know that every youth comes from a different background with their own beliefs, traditions, and practices. Because of this, we make every effort to support each youth's spiritual needs in ways that are respectful, meaningful, and appropriate for them.

We try to offer opportunities for spiritual growth, reflection, and connection whenever possible. These may look different for each youth, and accommodations are made on a case-by-case basis depending on individual needs, safety, resources, and what our program is able to provide. While we do our best to support a wide range of spiritual needs, there may be times when we cannot meet every request, and we will always communicate openly about what is possible.

Participation in any spiritual activity is voluntary. You will never be required to take part in anything that does not fit your beliefs or comfort level. Our goal is simply to help support the spiritual side of your wellness if you choose to explore it.

Because we serve youth from many different cultures and belief systems, you may be exposed to a variety of spiritual expressions during your time here. This is part of creating a respectful community where everyone's background is valued.

If you or your parent/guardian/custodian ever have questions or concerns about spiritual practices or needs, please let us know. We are always willing to talk, listen, and work with you to find the best possible support within our program's abilities.

VISITATION (HOME VISITS & WEEKEND VISITATION)

When a youth enters Our Home, Inc. PRTF/Huron, it is important that they have time to settle in, learn the routines, and get comfortable with the program. As a best practice, we allow a two-week adjustment period before visits begin. This gives youth time to get oriented, understand expectations, meet staff, and start building a sense of safety and stability.

After this two-week adjustment period, youth may begin having visits with approved family members or supports. In some cases—such as when a youth is transferred from another Our Home program and is already familiar with how things work—this waiting period may not be required.

This approach helps make sure that visits happen at a time when youth are more ready, supported, and able to get the most out of their treatment and family connections.

Weekend visitation is on Saturday and Sundays from 1:00 p.m. until 5:00 p.m. (increasing in latter stages of the program). Weekend visitation is to be arranged two weeks 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 weekend visit and upon returning from a weekend 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.

Visitation is an important part of staying connected with your family while you are in the program. To make sure visits are safe, well-supervised, and meaningful for everyone, regular visitation takes place on Saturdays and Sundays. Because supervision and staffing are carefully planned, we must limit visits to these days whenever possible. However, we understand that families sometimes have unique schedules or special circumstances. If your family needs to arrange a visit on a different day, they may contact the designated professional staff at your program. When appropriate and staffing allows, we will work with your family to find an alternate time that supports both your needs and the safety of the program. Our goal is to help you maintain healthy family connections while also ensuring visits are safe, supported, and successful for everyone involved.

Off-ground and on-ground visitation is determined by the treatment staff after the two-week adjustment period. Decisions are based on your individual needs, your safety, your progress in the program, your behavior, and the dynamics within your family. All first visits take place on campus and are supervised. This allows the treatment team to better understand how you and your family interact, what supports may be needed, and how to plan safe and successful future visits. After the first visit, each additional visit—whether on-ground or off-ground—is reviewed and approved by the treatment team in consult with your parent/guardian/custodian. Decisions are made with your best interest in mind, considering safety, emotional readiness, family relationships, and what will support your ongoing progress in treatment.

Visitation is centered around what is safest and most supportive for you. Visits with immediate family members are generally the first priority, as these relationships are often the most important for your treatment and stability. As you settle into the program and the treatment team learns more about your needs, behaviors, family dynamics, and overall progress, visits from others—such as friends or extended relatives—may be considered when appropriate, safe and approved by your parent/guardian/custodian.

Visitation from spiritual advisers or clergy may be arranged at any time upon approval from parent/guardian/custodian if it is part of your individual needs or personal support system. These decisions are made carefully by the treatment team to ensure that every visit helps support your well-being, safety, and continued progress.

To help maintain safety, fairness, and consistency for everyone in the program, families must receive approval from designated professional staff before bringing any food for on-campus visits. If a family brings soda for you or themselves, it must be in an unopened, sealed container.

Any food that is approved for a visit must be eaten during that visit or taken back home with the family afterward. Food may not be left behind on campus.

Families are also asked not to bring donations or gifts for other youth, for the youths group, or for the facility. This helps ensure that all youth are treated equally and prevents misunderstandings or conflicts.

If your family has questions about what is allowed, they can speak with the designated professional staff at your facility to make sure visits are enjoyable, safe, and supportive for everyone.

During your time at Our Home, your visitation opportunities will grow based on your individual needs, your progress in treatment, and your ability to handle visits in a healthy and positive way. Home visits are an important part of preparing for your return to your family home or wherever you will be transitioning to after treatment. These visits help you practice the skills you are learning, reconnect with your support system, and work through any challenges in a real-life setting. Most youth typically have two home visits before discharge. These visits are arranged once the treatment team feels you are ready and have shown enough progress to safely begin spending time at home. Each plan is unique, and decisions are based on what will best support your success.

When home visits are approved, they usually take place from Friday after school until Sunday at 4:00 p.m. during the school year. Longer visits may be allowed when families live far away or when circumstances make it difficult for them to visit regularly.

While holidays are meaningful and it can be hard to be away from family, holiday visits are generally discouraged. Holidays often come with many distractions, large gatherings, and emotional stress, which can make it harder to focus on the skills and goals you and your family are working on. For this reason, home visits are preferred on weekends when the environment is calmer and allows you and your family to work on the things that matter most for your treatment and transition home.

All decisions about home visits are made carefully by the treatment team to support your safety, progress, and long-term success.

TELEPHONE CALLS

There are no telephone calls for the first week of placement as a part of adjusting to your group. After one- week (seven days) telephone calls will be limited to three per week up to 15 minutes each. Alternate forms of communication such as Zoom, or FaceTime calls may be supplemented for phone calls.

Exceptions to this telephone call requirement apply to any youth 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 makes 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 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. Should phone calls need to be monitored, permission from the youth's referral worker must be obtained.

HOURS OF AVAILABILITY

Personal phone calls may be made only during the following scheduled times. Incoming calls begin at 5:30 pm on weekdays and 1:00 pm on Saturday and Sunday. In special circumstances the group leader may grant exceptions.

ZOOM, FACETIME and OTHER FORMS OF COMMUNICATION:

To help you stay connected with your family and other important people in your life, Our Home, Inc. allows additional forms of communication beyond phone calls and in-person visits. These may include Zoom, FaceTime, or similar video-calling platforms.

Because every youth's needs and situation are different, these calls must be arranged with certain guidelines. Times, dates, and any supervision requirements will be set individually by your treatment team, along with your family or custodian when applicable. These guidelines are in place to make sure the communication is safe, supports your treatment goals, and is appropriate for your situation.

Video calls are coordinated by designated professional staff. If you would like to request a Zoom or FaceTime call, you can do so through the Request process.

Due to supervision needs, staffing limitations, and other responsibilities within the facility, video calls may be limited and cannot always be guaranteed—even if a time has been scheduled. The treatment team will do their best to make these calls happen, but the safety and needs of the program come first.

Please note that the use of video communication may be paused or revoked if it is found to interfere with your treatment or well-being.

SCHOOL

After placement in the Our Home Huron program, all youth—except those transferring from another Our Home location—will have a one- to two-day waiting period before attending the district's alternative classroom. This allows time for school records to be obtained and for the youth to settle into the program.

Youth attend school right on campus. Our close partnership with school personnel helps both the school and the program monitor progress, address challenges, and make sure each youth receives the strongest educational support possible. This may include discussing options such as working toward a GED when appropriate and eligible. Academic success is an important part of making positive choices and shows a youth's readiness to return to the community or move to a less-structured setting.

Youth also attend summer school, which gives them additional opportunities to earn credits toward graduation.

School is a vital and required part of the program. It carries the same importance as therapy, groups, and every other part of your treatment. Regular attendance, active participation, and appropriate behavior in the classroom are key expectations for every youth.

Refusing to attend school, refusing to get up in the morning, consistently disrupting class, or leaving school without permission will be taken seriously. These behaviors interfere with your treatment goals and are considered major barriers to progress. When school expectations are not being met, it becomes much harder for you to move forward in treatment.

These behaviors can also impact important parts of your program, including:

- delays or cancellation of home visits,
- loss or reduction of privileges,
- changes in your treatment plan, and
- a review of whether continued placement in the program is appropriate.

Your effort in school shows responsibility, commitment, and readiness to move forward. We will support you through challenges, but your participation is essential. Taking school seriously is one of the most important steps toward a successful future—both in the program and beyond.

Our goal is to help every youth succeed academically and develop the routines, skills, and responsibility needed to thrive both during and after treatment.

MAIL POLICY

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

MAIL PROCEDURES

Mail services shall be provided to the youths 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 youth mail will be monitored to intercept cash, checks, money orders, and contraband. Youths shall open incoming mail in the presence of a staff member. Any cash, checks, or money orders received will be deposited in the youth's account. Any contraband

(illegal or inappropriate items) found will be seized and disposed of accordingly

3. Outgoing youth mail may be inspected to intercept contraband. A designated 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 youths 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 youth. Staff shall collect incoming letters deemed detrimental to the youth's treatment and put in storage with the youth's other banned items.
5. There is no limit on the volume of mail a youth 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 youth will be notified when incoming mail is returned.
6. All first-class letters and packages will be forwarded to youths 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.

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). All contacts need to be approved by your guardian.

POLICY FOR SENDING AND RECEIVING PACKAGES

Parents/Guardians/Custodians and other individuals on a youth contact list may send clothing and small personal gifts for the youth while they are in the program. These items can help youth feel supported and comfortable. However, for safety and consistency across the program, there are important limits on what can be sent.

Items should be limited to things the youth personally needs or has specifically requested, such as clothing or preferred hygiene products. This may include shampoos, conditioners, lotions, body wash, or other hygiene supplies, especially if they prefer certain products over what is provided at the facility. If you are unsure whether an item is allowed, please check with designated professional staff before sending it.

No food of any kind may be sent to the facility. This includes snacks, candy, drinks, and all baked goods. Due to safety concerns, allergies, and program expectations, any food mailed or dropped off will be disposed of immediately and will not be given to the youth.

To keep everyone safe, families should not send the following items. This is a non-exhaustive list, and additional items may also be restricted based on safety, treatment needs, or staff discretion:

- Any food or drinks
- Medications, vitamins, or supplements
- Tobacco, vaping items, or electronic devices
- Sharp objects (scissors, razors, metal items, tools)
- Glass containers
- Aerosols, cleaning products, or chemicals
- Money or gift cards (unless approved in advance)
- Weapons or any item that could be used as a weapon
- Anything not permitted by the treatment team

If families ever have questions or want to confirm whether something is appropriate to send, designated professional staff are available to help ensure items meet program guidelines and support the youth's safety and well-being.

ACCESSIBILITY COMMITTEE

Our Home, Inc. maintains a committee of youth 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 youth, 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 youths 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 youth conduct that is abusive toward others.
- any youth-on-youth sexual activity.

It is further our policy to have zero-tolerance toward youth 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. 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.
 - B. Sexual abuse takes place when a staff member, contractor, or volunteer permit or participates in sexual activity with a youth in care. This includes rape or attempted rape, fondling, voyeurism, exhibitionism, and the like.
 - C. Sexual abuse of a youth by another youth 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 youth 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 youth, and
- 8) Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of a youth by staff for reasons unrelated to official duties, such as peering at a youth who is using a toilet to perform bodily functions; requiring a youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions.

3. Neglect is strictly prohibited.

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

4. Emotional Maltreatment is strictly prohibited.

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

5. Sexual Harassment is strictly prohibited.

- A. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth toward another; and,
- B. Repeated verbal comments or gestures of a sexual nature to a youth 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 youths to privately report incidents or suspicions of abuse and sexual harassment, retaliation by other youths or staff for reporting abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of abuse. Youths 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 youths to report abuse and harassment to entities that are not part of the agency. Youths 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, youths can expect the following activities to take place:

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

IV. Victim Advocates

Our Home, Inc. provides youths 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

Youths 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. Youths 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 Youth Handbook.

Retaliation Prohibited

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

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

V. Youth Orientation and Education

Each treatment facility provides new youths 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 Youth 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 youths via the Youth 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 your feelings and to protect yourself from future neglect and abuse.

Even though we want you to be free to discuss these issues, we also 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.

YOUTH RIGHTS

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

1. The right of all youths to have full access to the courts without reprisals or penalties in seeking judicial relief.
2. The right of all youths 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 youths to have access to legal assistance from law library facilities or from persons with legal training.
4. The right of all youths to have access to writing materials, supplies, publications and other services related to legal matters.
5. The right of all youths to communicate with a personal physician.
6. The right of all youths 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 youths to have access to information pertinent to their individual treatment in sufficient time to facilitate their decision making.
8. The right of all youths to receive treatment that adheres to research guidelines and ethics.
9. The right of all youths to refuse extraordinary treatment.
10. The right of all youths 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 youths to have access to self-help and advocacy support services.
12. The right of all youths to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment.
13. The right of all youths to have access to their own records.
14. The right of all youths to privacy of their medical information.
15. The right of all youths to be given access to recreational opportunities, including outdoor recreation.
16. The right of all youths to be allowed reasonable freedom in personal grooming.
17. The constitutional right of all youths to practice personal religion or attend religious services, subject to the limitations necessary to maintain facility security and order.
18. The right of all youths to receive visits, subject only to the limitations necessary to maintain facility security and order.
19. The right of all youths 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 youths to have access to telephones.
21. The right of all youths to formally complain without being subjected to any retaliation or barriers to services.
22. The right of all youths to have alleged infringement of rights investigated and resolved.

DRESS CODE

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

1. No drug or alcohol paraphernalia shall be printed on any clothing worn by youths.
2. No cropped shirts, excessively torn clothing or half shirts are to be worn.
3. All youths shall wear some type of shoes at all times when off unit. (i.e., slippers, shoes, flip flops).
4. Appropriate undergarments are to be worn at all times.
5. No excessive or overly large pants are allowed.
6. No tank tops, shorts, or cut-off sleeved shirts are allowed outside during the winter months or anytime the temperature is below 65°F.
7. Tank tops and cut-off shirts may only be worn at bedtime.
8. Shorts may only be worn when the temperature is above 65°F.
9. No hard-soled boots are to be worn in the program.
10. No hats on while in the building.
11. All pants will fit around the waist with no more than 2 inches of “slack” around the waist.
12. No pants or shorts will have anything printed on them congruent with the zipper.
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 youths shall wear clothing, which is acceptable for the weather, unless there is a medical condition, which prohibits them from doing so.
15. Jewelry may be worn as long as it is safe and appropriate for the program environment. All jewelry must be approved by the treatment team, and youth may be asked to remove any item that is considered unsafe or disruptive to treatment.
 - **Necklaces** are allowed only if they are considered safe by the treatment team.
 - **Rings** must be small and lightweight; no heavy or oversized rings are permitted.
 - **Earrings** may be worn if approved by the parent/guardian/custodian *and* the treatment team. Approval may be removed at any time if wearing earrings becomes unsafe or detrimental to treatment.
16. Youths can save their own money to buy personal things.
17. 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.
18. Depending on the male youths’ ability to demonstrate a responsible attitude, shirts can be taken off when the youth is outside and the weather dictates.
19. It is preferred when able, that all youths will change clothing when working or playing outside.
20. The facility reserves the right to confiscate any clothing or clothing items which are deemed to be contraband or detrimental to any youth’s treatment.
21. While in school, the Huron 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.

Substances

- Alcoholic beverages – **destroy**
- Any intoxicant or huffable product (aerosols, solvents, gas additives, glues, etc.) – **destroy**
- Over-the-counter or prescription medications not turned in at intake – **give to the Nurse**
- Cigarettes, vaping devices, e-cigarettes, tobacco, lighters, matches – **destroy**
- Personal hygiene items containing alcohol (e.g., certain mouthwashes, perfumes, sanitizer) – **place in storage**
- Carmex, mouthwash (unless authorized by the Nurse) – **place in storage**

Weapons / Hazardous Items

- Any sharp object (razors, blades, utility knives, pins, tacks) – **destroy**
- Pocket knives, multi-tools – **destroy**
- Tools (screwdrivers, pliers, wrenches, etc.) – **destroy**
- Glass bottles or breakable glass items – **destroy**

- Anything that could be used as a weapon (heavy belts with metal buckles, metal hairbrushes, metal files) – **destroy**

Items for Self-Harm or Unsafe Use

- India ink, tattooing equipment (needles, pins, homemade tattoo supplies) – **destroy**
- Rope, cords, strings, bandanas, scarves, shoelaces (if not program-approved) – **destroy or store as appropriate**
- Wire hangers – **destroy**
- Any jewelry that is unsafe (chains, chokers, large hoops, sharp jewelry) – **destroy or store**

Security-Risk Items

- Locking devices, padlocks, lock picks – **destroy**
- Electronics with camera or internet capability (unless approved): phones, tablets, smartwatches, gaming devices – **place in storage**
- USB drives or SD cards – **place in storage**
- Flashlights or lasers – **place in storage / destroy as necessary**

Clothing / Apparel

- Clothing with alcohol, drug, tobacco, or gang logos – **place in storage**
- Clothing not on the youth's approved clothing list – **place in storage**
- Oversized hoodies, coats, or clothing that can hide contraband – **store / review individually**
- Hemp braided, beaded, or non-breakable necklaces – **store or destroy**
- Any item items associated with gang indicators – **store**

Sexually Explicit or Inappropriate Material

- Pornography: videos, magazines, posters, digital content – **destroy**
- Phone numbers, letters, or materials connected to sexual exploitation or strangers – **destroy / store as appropriate**
- 1-800 or 1-900 numbers related to sexual content – **destroy**

Money & Property

- Property or money not belonging to the youth – **return to owner**
- Money above the program limit – **turn in to Office Manager for deposit**
- Gift cards, unless approved – **store**

Communication / Contact

- Letters, cards, pictures from individuals not on the youth's approved contact list – **place in storage**
- Unapproved communication devices (burner phones, SIM cards) – **destroy or store**
- GPS devices or AirTags – **store**

Food & Consumables

- Food items outside designated eating areas or not appropriate for the youth – **destroy**
- Snacks, candy, drinks, or edible items sent through mail – **destroy**
- Homemade food, baked goods – **destroy**

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.

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

Residential Decoration Guidelines

At Our Home, Inc., youth are encouraged to make their rooms feel comfortable and personal. However, all decorations and personal items must be safe, appropriate, and used responsibly. What you are allowed to have in your room depends on your ability to handle items safely, care for your space, and treat property with respect.

Youth are expected to:

- keep their room free from damage
- avoid harming walls, furniture, or paint
- use their items safely
- show responsibility and good judgment

These expectations help us decide what items are appropriate for each youth.

What You May Be Allowed to Have

Depending on your behavior, safety, and treatment needs, you may be allowed to have items such as:

- pictures of family or meaningful people
- approved personal blankets or comfort items
- spiritual items related to your beliefs
- a small number of stuffed animals or personal items
- toys/games/Mp3's, DVD players etc..
- posters
- drawings/art

All items must be approved by designated professional staff. Some items may not be allowed for certain youth if they create a safety concern or interfere with treatment.

Approval Is Individualized

Because every youth is different, the treatment team will look at:

- your ability to care for your room
- whether you have been destructive or unsafe with items
- your emotional and behavioral needs
- whether certain items support or conflict with your treatment goals

Based on these factors, staff will determine what personal items you may have and how many.

Keeping Your Room Safe

Any items that become unsafe, are misused, or cause damage may be removed. This helps keep your room safe, respectful, and supportive of your treatment.

If you are ever unsure about whether something is allowed, just ask designated professional staff. Our goal is to help you create a comfortable space while keeping everyone safe.

YOUTH DISCIPLINE

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

To govern youth rule violations, Our Home, Inc. maintains a written set of prohibited acts, sanctions, and disciplinary procedures. These documents are furnished to youths 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 youth, 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 youth 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 youth.
- The appointment of a staff investigator who reviews the youth's rights with the accused youth, documents the youth'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

Youths shall be granted the right to appeal disciplinary decisions to the Executive Director of Our Home, Inc.

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 youths.

Grievance and Appeal Process

Youths shall be given the opportunity to express themselves regarding problems they are having with the program or possible youth rights violations without being subjected to any retaliation or barriers to services. The subsequent procedures shall be followed for a youth complaint:

1. The youth shall initiate the grievance process by completing a standard Grievance Form. The completed form shall be given without alteration, interference, or delay to the youth's assigned Counselor/Group Leader. If assistance is needed, the youth 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 youth, other youths 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 youth to provide him/her with the decision. This investigation, decision making, and meeting with the youth 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 youth. Also, a copy shall be given to the youth 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 youth 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 youth'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 youth to provide him/her with the decision. This investigation, decision making, and meeting with the youth 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 youth. Also, a copy shall be given to the youth 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 youth 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 youth with a copy provided to the youth.
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 youth's referral worker to inform him/her of the unresolved complaint. If the youth have 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 youth. 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 youth 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 youth.

Additional Resources:

Additionally, you have the right to submit your grievance to the external grievance monitor with MWI Health.

Online:

<https://www.mwihealth.org/youth-services-grievance/>

In Writing:

Download and print a copy at:

<https://www.mwihealth.org/youth-services-grievance/>

Then mail to:

MWI Health

Attn: Grievance Monitor 4308 S. Arway Drive Sioux Falls, SD 57106 Or fax to: 605-573-2002

Phone:

(Monday -Friday 8:00 am to 5:00 pm CST) 605-573-2000 ext. 105

Emergency Grievance – Substantial Risk of Imminent Abuse

In the event a youth or other responsible party such as a parent or guardian suspects that they or any other youth is at substantial risk of imminent physical or sexual abuse, that youth or responsible party is encouraged to make an emergency grievance. An emergency grievance may be submitted in any form including but not limited 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 youth and safely containing the alleged perpetrator until a review of the alleged risk can be conducted.

After taking immediate action to protect the youth/s involved, any and all information about the alleged risk shall be immediately forwarded to the Program Coordinator through the employee's completion and submission of an 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 an 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 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 youth 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 youths involved.

The agency recognizes that failing to respond to a grievance within the time frames allotted for reply allows the youth to consider this failure to be a denial of the alleged risk. No youth shall be disciplined for alleging physical or sexual abuse or for alleging the risk of sexual abuse unless it is demonstrated that the youth 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 youths, 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

Youth's Name:

Date:

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, Youth Signature

FIRST LEVEL OF APPEAL

PROGRAM COORDINATOR FINDINGS AND RECOMMENDED DISPOSITION OF THE COMPLAINT:

Program Coordinator Signature

Date

If Resolved, Youth Signature

**SECOND LEVEL OF
APPEAL**

ASSOCIATE DIRECTOR FINDINGS AND RECOMMENDED DISPOSITION OF THE COMPLAINT:

Associate Director Signature

Date

If Resolved, Youth Signature

THIRD LEVEL OF APPEAL

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

Referral Worker/Advocate Signature

Date

Youth 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:

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

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

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

Youth 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 youth 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.

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

SUGGESTION BOX

Our Home, Inc. strives to continually focus on the expectations of youth and use their input to create services that meet or exceed their expectations. As part of that focus, the Huron PRTF maintains a suggestion box that is available for use by the youth. This box is located outside the Office Manager's office. Input obtained from any suggestions will be reviewed by staff and, if possible, used to better provide services.

ACCESS TO HEALTH CARE

Our Home, Inc. provides youths 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

Foreman:

Each group is assigned certain areas of the building to clean or clean 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.

Activities:

Each weekend, youth have the opportunity to help choose activities for their group. Staff make the final decisions, but everyone's ideas are considered. The activities chosen depend on how the group is functioning, how safe everyone is, and what options are appropriate at the time.

Most activities take place on campus, where we offer a variety of things to do. When the group is handling themselves well and showing responsibility, they may have the chance to go on group outings in the community. Examples of off-campus activities may include things like mini-golfing, swimming, bowling, going to the movies, enjoying community events, or going out to eat.

The goal of activities is to give you fun, healthy experiences while practicing teamwork, responsibility, and positive behavior. Staff will always choose options that keep everyone safe and support your progress in the program.

Making Requests

In our program, you have regular opportunities to make requests and share ideas with your group and staff. This includes asking for special activities, spiritual opportunities, home visits, off-grounds visits, changes in privileges, or personal items you may need.

As part of Together Facing the Challenge (TFTC), these discussions are meant to help you practice communication, problem-solving, and positive peer support. When you bring a request forward, you are encouraged to explain why it matters, how it supports your treatment goals, and how it will impact the group.

During these conversations:

- you and your peers listen to each other's ideas,
- you work together to think through safe and responsible options,
- and staff coach you through the process to help build your decision-making skills.

Even though the group may discuss and support certain requests, staff always have the final say to ensure that all decisions are safe, appropriate, and aligned with treatment.

This request process is a chance for you to use your voice in a positive way, take ownership of your treatment, and practice the skills you are learning throughout the program.

ALLOWANCE

All youth in the program receive an allowance twice a month to buy personal hygiene items such as soap, shampoo, deodorant, hair care products, and other approved personal items. Youth are allowed to keep up to \$50.00 in their in-house savings.

Allowances are distributed on or around the 15th and 30th/31st of each month in the amount of \$13.00 each time. (Distribution dates may shift if they fall on a weekend.)

Youth may carry up to \$5.00 on them. Based on safety concerns, behavior, or individual needs, staff may adjust whether a youth can carry money or how much. Youth who are advancing in the program may request to keep more than \$5.00 on them not to exceed \$10.00.

SHOPPING RESPONSIBILITIES

Shopping in the community is considered a privilege, not a right. Youth may be approved to shop in town for personal hygiene (PH) items if they:

- are not on runaway or suicide precautions,
- do not have a sanction restricting community outings,
- are not demonstrating behaviors that pose a safety risk,
- and consistently show responsible, respectful behavior.

PH shopping typically occurs one Saturday each month. Additional shopping may be approved during weekly treatment team meetings when needed.

Before Shopping

Youth must:

- make a shopping list,
- review the list with staff and their group,

- get approval before leaving the facility.

Items not on the approved list will be confiscated without reimbursement.

Youth may only purchase items for their own personal use, unless otherwise approved by staff.

During Shopping

Youth must:

- stay with their assigned staff and group (“combos”),
- follow directions at all times,
- keep purchased items sealed in bags until back at the facility.

Unapproved or unsafe items will be confiscated and returned, stored, or discarded depending on the item.

If any youth behaves disruptively or unsafely while shopping, the entire group may be returned to the facility immediately, and privileges may be suspended.

Allowance Use & Savings

- Allowance should be used wisely, with personal needs as the priority.
- Special item requests require both group input and treatment team approval.
- Youth are encouraged to save funds when possible.
- Youth will open an in-house savings account after their first week as part of independent living skill development.

If a youth’s in-house savings exceeds \$50.00, they will be asked to either spend down the amount to stay under \$50 or the excess funds will be given to their parent/guardian/custodian for safekeeping.

CAMPUS EXPECTATIONS

Huron Facility/School & Gym:

- ♦ In helping and caring for each other, respect, pride and consideration for each other's surroundings and living quarters should be taken into consideration. Therefore, at the Huron facility no food or drinks by any group member is allowed in individual rooms. At times, special considerations may be considered depending on what the group requests for activity, i.e. popcorn with movies in the lounge. No food, candy, or pop is allowed in bedrooms.
- ♦ No food or drinks are allowed at the school or gym except for special functions arranged by teachers or staff; however, all youth are allowed to carry water bottles on campus and may have water in any area of the facility, school, or gym.
- ♦ Families are allowed, if arranged by the Group Leader, to have food in the building/dining hall during visitation in a designated area.
- ♦ When permitted, all food, candy, or pop brought into the facility by parents, guardians, or referral workers must be taken home by the parties bringing these items into the facility or eaten on the visit.
- ♦ Prior approval must be obtained before these items are allowed on campus by anyone. If items are left behind, they will be confiscated and destroyed. This could be considered a violation of a Prohibited Act and a Sanction may be considered if not taken.

DAILY RESPONSIBILITIES

INDIVIDUAL JOBS:

Daily

1. Make bed, straighten/organize drawers/closet, and put dirty laundry in hamper
2. Empty garbage in-group room
3. Sanitize door knobs

As Needed

1. Clean windows, spot wash walls, wash mop boards, vacuum floor, dust
2. Vacuum Hall runner (as needed also)
3. Vacuum group room
4. Organize cubbies in lounge and school (as needed also)

GROUP JOBS:

In addition to upkeep of their bedroom individually, the group is responsible for upkeep of their assigned group bathroom, lounge, group room, and cubbies. The group as a whole is also assigned a specific area, they are responsible to clean on an as needed basis such as the school building, the staff offices, public bathrooms, the hallways, school classrooms/halls, and gymnasium, as well as keeping the grounds and program vehicles cleaned. Determination on when these areas will need to be cleaned will be at the discretion of staff.

In consideration of job assignments, each week the respective group will draw jobs out of a hat to see what their individual group job is. These group jobs are rotated approximately every 3-6 months.

*All groups help shovel snow on campus if there is a snowstorm/blizzard.

*Cleaning vehicles on weekends as needed and as assigned.

FIRE SAFETY

ESCAPE ROUTES:

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

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

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

FIRE PROCEDURES:

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

Safety Tips to Prevent Injuries or Fire:

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

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

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

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

If you awake at night and smell smoke, stay close to the ground, it will be easier to breathe, and evacuate through an alternate route, through a window or wait for help. **DO NOT PANIC. KEEP YOURSELF TOGETHER OR YOU WILL BECOME CONFUSED AND FORGET WHAT IT IS**

YOU SHOULD BE DOING.

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

TORNADO SAFETY

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

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

COMPUTER & ELECTRONIC DEVICE USAGE

Youth will have access to computers as part of their education through the Huron Public Schools. All of the Huron Public School computer usage rules apply. Please refer to the Huron Public School computer usage handbook for further information.

Youth are allowed supervised internet time for educational purposes and each child receives a school email address for purposes restricted to school and academic communication.

Our Home, Inc. Huron PRTF will not supply computers to youth.

Youth are not allowed to have access to or use of Our Home, Inc. employee computers. Exceptions to this may apply for use of computers for zoom meetings or other related usage that may have treatment value. Application of this exception must be approved by the treatment team and at no time will a youth have unsupervised access or usage.

Youth may have access to additional electronics devices such as but not limited to cellular phones, tablets and I-pads. Access may only be granted for devices owned by Our Home; Inc. Access must be pre-approved by the treatment team and must be supervised by staff.

Youth have access to additional electronic devices such as DVD players, gaming systems, mp3 players and I-pods. Use of these items is at the discretion of the treatment team approval.

CULTURAL COMMITTEE

The Huron PRTF program provides opportunities for youth to have input in cultural events, activities and a say in better providing and meeting youth's cultural needs. This committee consists of the childcare coordinator, three to five youth and at least three staff. The committee will meet semi-annually and develop plans for the upcoming months.

LOCKER FINES

Locker fines are one way our program helps youth learn responsibility, organization, and pride in their living space. When items need to be replaced due to loss or misuse, a small fine is applied and deducted from the youth's allowance. Fine amounts may vary depending on the item.

At admission, each youth receives basic school and program supplies needed to get started. After that, youth are responsible for keeping track of their materials and budgeting their allowance to replace or maintain what they need—an important independent living skill.

If a youth runs out of supplies or mismanages their budget, additional items are available through the facility and can be purchased using the locker fine system.

RUNAWAYS

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

REASONABLE AND PRUDENT PARENTING STANDARD

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

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

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

- Are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and
- In the case of a specific child, they 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. Youths are allowed supervised internet time for educational purposes and each child receives a school email 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 youths.

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 youth’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 youth 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 youths 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 youths.
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.

YOUTH ACCESS TO CASE RECORDS

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

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

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

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 youths to maintain confidentiality about other youths 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 youth.

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW THIS NOTICE CAREFULLY.

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

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

2. WHAT ARE TREATMENT AND HEALTH CARE OPERATIONS?

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

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

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

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

- As may be required by law.
- For public health purposes such as reporting of child abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight inspections, e.g., Licensing/accreditation surveys, audits, inspections or investigations of administration and management of Our Home, Inc.
- Lawsuits and disputes.
- Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in the practice, when emergency circumstances occur relating to a crime.
- To prevent a serious threat to health or safety.
- To carry out treatment and health care operations functions through transcription and billing services.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities.
- Alcohol and drug abuse information has special privacy protections. Our Home, Inc. will not disclose any information identifying an individual as being a youth or provide any mental health

or medical information relating to a youth's substance abuse treatment unless (1) the youth consents in writing;

(2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (5) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law

4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.

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

5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding your health information.

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

6. REQUIREMENTS REGARDING THIS NOTICE.

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

7. QUESTIONS AND COMPLAINTS.

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

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

U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Avenue, S.W. Washington, DC 20201

Or

Phone: 1-202-619-0257

Toll-Free: 1-877-696-6766

OUR HOME, INC.
MEDICAL CARE POLICIES AND PROCEDURES

Please acknowledge the following policies and procedures pertaining to the medical care of young people in the Our Home, Inc. programs. It is imperative that you provide documented consent authorizing Our Home, Inc. to secure emergency medical care so that we can assure for the safety of your child. Our Home, Inc. wants to acknowledge "your need to know" in regard to matters involving the medical care. Therefore, the following policies are maintained:

1. Consent for the purpose of securing Emergency Medical Care must be signed and provided to the Our Home, Inc. program prior to or at the time of admission. This consent form must be signed by an individual that holds parental rights or legal guardianship.
2. "Financial Responsibility for Medical Costs" form must also be provided prior to or at the time of admission. It is Our Home, Inc. program policy **that all medial costs are the responsibility of the parents or guardians**. This policy applies to Admission Physical Examination costs as well as those medical and medication costs incurred during the treatment process. Exceptions to this policy apply to those youth placed in the Our Home, Inc. Rediscovery program under the contract with the State of South Dakota and with Indian Health Services. In this exception , the Rediscovery Program pays the Physical Examination costs. THIS EXCEPTION APPLIES ONLY TO PHYSICAL EXAMINATION COSTS. It does not apply to incidental costs. All youth must have an admission physical by the Our Home, Inc. Medical Director as mandated by accreditation rules.
3. Our Home, Inc. recognizes that there will be situations wherein there is a potential for third party pay in regard to medical costs. If you wish the attending physician to bill the insurance company for any medical costs, it is **your responsibility to inform our Office Manager and furnish her with ALL necessary information**. Another option would be to have the attending physician send you the itemized bill, which you can send along with your insurance form to the insurance company.
4. Our Home, Inc. will make and document reasonable efforts to contact parents/guardians or third party pay if necessary in any event of a medical emergency. This is done to assure that significant others are advised of the emergency situation and to advise such party that it was necessary to incur an unexpected medical expense.
5. Our Home, Inc. will not obtain any routine medical care or incur any medical expense for ordinary care without the prior authorization or the parent/guardian.

OUR HOME, INC.
YOUTH ORIENTATION CHECKLIST

Youth Name: _____

By signing this checklist, I confirm that I have received a copy of the Youth Handbook and that staff have explained the following parts of the program to me in a way I understand:

- The purpose of treatment, how the program works, and what is expected of me.
- Program hours, daily routines, and my responsibilities.
- Confidentiality rules for drug/alcohol information, personal information, and the importance of respecting other youths' privacy.
- My rights as a youth in care, how to file a grievance, and policies for telephone and mail use.
- How on-grounds and off-grounds visitation works, including the two-week adjustment period before visits begin.
- Fire safety procedures, evacuation plans, kitchen safety, and appropriate use of chemicals.
- The general process for spiritual activities and how participation works.
- The Disciplinary Policy and the Our Home, Inc. Prohibited Acts/Sanctions.
- That designated professional staff are responsible for helping coordinate my services throughout treatment.
- The seclusion and restraint policy, and that it has been explained to me.
- The zero-tolerance policy for sexual abuse and sexual harassment.
- How to report abuse, neglect, or sexual harassment, including if I see it or suspect it.
- The Reasonable Accommodation Policy and how to request help if I have a disability or special need.
- The Notice of Privacy Practices and what it means for my information.
- How to make suggestions about the program and how suggestions are reviewed and responded to.
- Information about how I can access medical and healthcare services while in the program.
- Notification of agency policies and reporting requirements included in the Youth Handbook.
- The Reasonable and Prudent Parenting Standards and how they apply in the program.

I understand the above information and have had the chance to ask questions.