



# Our Home, Inc.

YOUTH HANDBOOK

Psychiatric Residential Treatment – Huron  
(Revised 11/1/2022)

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**OUR HOME, INC., Psychiatric Residential Treatment**  
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Welcome \_\_\_\_\_:

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

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

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

Sincerely,

The Staff & Group Members  
Our Home, Inc.

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334 3<sup>rd</sup> St. SW  
Huron, SD 57350-2418  
Phone (605) 352-4368  
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Alcohol Treatment Center  
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40354 210<sup>th</sup> St.  
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## PROGRAM DESCRIPTIONS

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

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

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

**SURVIVOR:** This track focuses on treatment for victims of severe abuse of any kind, particularly the sexual abuse but also for physical and emotional abuse. The level of trauma-based indicators demonstrated by the youth's history and behavior will assist in making a determination for the need to participate in these assignments.

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

**SEXUAL ADJUSTMENT:** This track focuses on treatment for youth who have both victims and perpetrations, which have taken place recently. There must be evidence of current deviant sexual problems for a youth to be placed on this track.

**COMBINED:** This track focuses on treatment for youth who have both sexual victims and perpetrators, whose perpetrations may have taken place many years ago. They must not have any evidence of current deviate sexual problems.

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

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

**STAGE ONE: Trust and Accountability** - The trust and accountability stage focuses on developing a sense of trust and openness with the youth's group and staff. This stage allows for the youth to start taking more accountability for how they hurt themselves and how their behavior has affected others. This also is an opportunity for you to discover "how to" ideas in your development of coping skills or "toolbox".

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

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

Stage advancement is dependent on each youths individualized treatment needs. Youth will be given assignments based on the track they are on and their presenting treatment needs. As youth work through individualized assignments and are able to demonstrate readiness for advancement, they may then request for advancement in their stage in the program. Advancement in treatment stages requires approval by the youth's group and treatment team.

The program provides each youth with opportunities for social re-integration. This process is generally accomplished on Stage Two and Stage Three. The youth can participate in such things as job employment, GED's and extracurricular activities. These opportunities depend on the youth's capabilities and behavior. This process assists in evaluating each youth's abilities to make better choices and good decisions. The youth are provided various therapeutic groups and other necessary services to assist them in preparing to return to society. They are as follows:

Social skills are learned under the guidance and supervision of the professional staff. Such things as personal hygiene, cooking, cleaning and laundry skills, lawn and home maintenance, gardening skills, independent living skills and family roles are taught to the youth.

### **GROUPS AND OTHER SERVICES**

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

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

Group Therapy sessions, using the Positive Peer Cultural modality, are held four times a week under the supervision of a trained group leader.

Task Groups under the supervision of a trained group leader and staff are held once weekly.

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

Family Day is provided to give the families of the youth an opportunity to better understand the program expectations, goals and basic education about what each youth is learning during their stay. Family Days are facilitated by Group leaders. More in-depth education for families on individualized topics may be done electronically through zoom meetings or other means.

Alcohol and Drug counseling is provided by a chemical dependency counselor or certified trainee according to need. All youth will receive Drug and Alcohol education curriculum provided by a chemical dependency counselor/trainee who is facilitated by the youths Group Leader.

**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:**

- RTR (Reducing the Risk) is offered to youth 15 years and over that may not have participated in the program before coming to OHI. Reducing the Risk is a group that Builds Skills to Prevent Pregnancy, HIV and STD's, with strong emphasis on abstinence.
- Mastering Anger-Resolving Conflict: consists of 40 shortened-lessons that are aimed at students Grades 7-12, that empowers students to take control of their emotions, reject the use of aggression, de-escalate confrontations and resolve conflicts peacefully. Mastering Anger-Resolving Conflict is a one-hour weekly group that is required of all youth.
- Managing Emotional Intensity (MEI): uses a cognitive, behavioral and skills training approach that has been specifically designed to assist young people with emotional and behavioral regulation by using systems training for emotional predictability and problem-solving strategies. MEI is a one-hour weekly group (18 Lessons) that is required of all youth.
- Making Proud Choices (MPC): is an 8-module/lesson plan curriculum that provides adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. MPC is offered as an alternative group to the lengthy RTR lessons. MPC is a one-hour weekly group (8 Lessons) for youth at least 13 years old and have parental and/or placing agency approval.
- Understanding Self-Identity; Building a supportive environment for LGBTQ students: is a supplemental 2-lesson class designed to be taught before the RTR/MPC classes. Understanding Self-Identity provides the youth with background information on self-identity, sexual identity, sexual attractions, sexual orientation, sexual behaviors and gender identity for youth at least 13 years old and have parental and/or placing agency approval.
- Teaching Affirmative Consent: is supplemental 2-lesson class designed to be taught before RTR/MPC classes. Teaching affirmative consent uses practical guidelines to increase the students understanding, designed to help schools and communities deliver information about affirmative consent and the increasingly popular standard for sexual conduct policies. Under this standard, universally known as "Yes Means Yes," each person involved in a sexual encounter needs to be clear about giving and getting consent for any sexual activity. The youth must be at least 13 years old and have parental and/or placing agency approval.
- Dating Rights & Responsibilities is a supplemental 6-lesson class taught consecutively with the current attending RTR/MPC class. The lessons are broken into the following topics: Healthy or unhealthy relationships, Sex Myths, Tech Confidential, dealing with teen dating abuse and before you hook up: Dating rights & Responsibilities. The youth must be at least 13 years old and have parental and/or placing agency approval.

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

**Nursing services**: Nursing staff is available for the youth's physical and psychosocial needs twenty-four hours a day. On site, nursing maintains all medical appointments, provide health and education classes, medication management, maintains all 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 program offers a wide range of comprehensive aftercare services. In most cases, aftercare services are coordinated with community resources within the youth's community long

before the youth is discharged mutually between the referral worker and the Group Leader. Youth discharged can typically remain on aftercare from six months to a year. Based on a youth's needs, a plan will be developed during and indicated on their treatment plan to coordinate these services.

## **ADMISSION CRITERIA**

1. Admission to the Our Home, Inc. Huron PRTF Program is open to males aged 12 through 17. The program services a broad range of individuals requiring intensive professional assistance and therapy for behavioral or emotional problems in a highly structured, self-contained environment. The program shall not discriminate in admission practices 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.

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

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

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

The treatment team will make a decision on what track a youth will be on prior to admission based on known history and records. The track a youth will be on can change during a youth's treatment stay based on newly divulged or learned information.

## **CONTINUED STAY CRITERIA**

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

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



The Huron Program shall also assign the youth served to a treatment “Stage” and maintain “Stage Tasks” to further assist the youth’s transition through the treatment process.

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

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

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

Polygraph examinations will not be conducted by Our Home, Inc. Huron PRTF unless requested by the youth’s custodian with evidence of ethical support.

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

## **DISCHARGE CRITERIA**

### **General Discharge Criteria**

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

### **Alternate Discharge Criteria**

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

## Program Details:

### TREATMENT PLANS

YOU are the most important person in this aspect of your program. Our Home, Inc. has worked hard to develop a treatment team made up of the people that you may utilize to meet your treatment needs and objectives. This team consists of the Medical Director, Clinical Psychologist, Adolescent Counselor, Program Coordinator, Chemical Dependency Counselor, Group Leader and Nurse. This treatment team will form a healing partnership between you, your parent or guardian and your worker in developing your treatment plan.

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

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

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

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

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

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

### CONTROL OF MEDICATIONS

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

### STANDARDS OF PROFESSIONAL CONDUCT RELATED TO SERVICES

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

As a 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 values.

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

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

### **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 re-direction
- 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

## **SECLUSION AND PERSONAL RESTRAINT**

### **Policy**

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

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

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

### **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**

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

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

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

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

### **Monitoring of the Youth in and Immediately After Seclusion or Restraint**

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

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

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

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

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

### **Facility Reporting**

An incident report shall be completed following the use of seclusion or restraint.

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

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

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

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

### **Post Intervention Debriefings**

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

Family/Guardian/Significant others requested by the youth may participate in the discussion, unless clinically inadvisable.

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

### **Treatment Plan Review**

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

### **Education and Training**

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

### **Room Requirements**

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

### **Performance Improvement**

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

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

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

### **Annual Review**

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

### **Contact Information**

#### **State Medicaid Agency**

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

- or -

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

### **State-designated Protection Organization**

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

Huron Programs:

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

Parkston Program:

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

**State-designated Advocacy Organization**

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

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

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

**Notification of Agency Policies**

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

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

**Reporting Requirements**

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

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

**GROUP MEETINGS “The Heart of the Program”**

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

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

Problem Solving Meeting: This is where you will work at solving specific problems. Initially this will be to address problems brought out in the life history and how these problems have affected past behaviors and are affecting behaviors now.

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

## **LIFE HISTORY**

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

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

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

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

## **DESCRIPTION OF PROBLEMS**

- 1) Low Self-Image: Has a poor opinion of self, feels put down, or of little worth.
  - a) Feels unlucky, a loser, rejected, mistreated, feels sorry for himself/herself, has no confidence he/she can be of value to others.
  - b) Worries that something is wrong with him/her, feels inadequate, and thinks he/she is good for nothing, is afraid others will find out "how bad I really am".
  - c) Distrust's others, feels they are against him/her and want to hurt him/her, feels he/she must defend himself/herself from others.
  - d) Is uncomfortable when people look at him/her or speak to him/her, cannot face up to people confidently and look them in the eyes.
  - e) Is insecure with "superior" people, does not feel good enough to be accepted by others except those who also feel poorly about themselves.



- 2) Inconsiderate of Others: Does things that are damaging to others.
- a) Does things that hurt people, enjoys putting people down.
  - b) Acts selfishly, doesn't care about the needs or feelings of others.
  - c) Seeks to build self up by manipulating others for his/her own purpose.
  - d) Won't help other people, except, possibly, if they are members of his/her own family or circle of friends.
- 3) Inconsiderate of Self: Does things that are damaging to self.
- a) Puts self down, brings anger and ridicule on self, does things that hurt self.
  - b) Acts as though he/she doesn't want to improve self or solve problems.
  - c) Tries to explain away his/her problems or blames them on someone else.
  - d) Denies problems, hides from problems, runs away from problems.
  - e) Doesn't want others to point out his/her problems or talk about them; resists help with problems.
- 4) Authority Problem: Does not want to be managed by anyone.
- a) Views authority as an enemy camp "out to get him/her".
  - b) Resents anyone telling him/her what to do, does not readily accept advice from either adults or peers.
  - c) Cannot get along with those in authority, gets into big confrontations with authority figures, circumventing or manipulating them if possible.
- 5) Misleads Others: Draws others into negative behavior.
- a) Seeks status by being a negative or delinquent leader.
  - b) Given support to the negative or delinquent action of others.
  - c) Misuse's others to achieve his/her own goals, getting them to do his/her "dirty work".
  - d) Wants others to be in trouble with him/her, afraid of being alone or separate.
  - e) If others follow him/her and get into trouble, feels that it is their problem and not his/her responsibility.
- 6) Easily Misled: Is drawn into negative behavior by others.
- a) Can't make his/her own decisions and is easily controlled by stronger persons.
  - b) Can't stand up for what he/she believes, even when he/she knows he/she is right.
  - c) Is easily talked into committing delinquent acts in order to please or impress others.
  - d) Behavior varies from good to bad, according to influence from those with which he associates.
  - e) Let's people misuse him, is willing to be somebody else's flunky.
- 7) Aggravates Others: Treats people in negative, hostile ways.
- a) Makes fun of others, tries to embarrass them and make them feel low.
  - b) Seeks attention in negative ways, irritates or annoys people.
  - c) Makes subtle threats in word or manner.
  - d) Challenges, provokes, or hassles people.
  - e) Intimidates, bullies, or pushes people around.
- 8) Easily Angered: Is often irritated or provoked or has tantrums.
- a) Frequently becomes upset or explosive but may try to excuse such behavior as naturally having a bad temper.
  - b) Easily frustrated, unable to accept failures or disappointments.
  - c) Responds to the slightest challenge or provocation, thus making other people's problems his own.

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

9) Stealing: Takes things that belong to others.

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

10) Alcohol or Drug Problem: Misuse's substances that could hurt self.

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

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

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

12) Fronting: Puts on an act rather than being real.

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

### THE ABC'S OF PROBLEM SOLVING

1. **AWARE**: Becoming aware of the problem. This includes a definition of the problem and breaking it down:

- a) What problem do I have?
- b) Why is this a problem to me?

2. **BRAINSTORMING**: Propose solutions to the problem. Take a look at the alternative available and the possible outcome.

- a) How can I deal with this differently?
- b) What are some other ways to handle this?

3. **CHOOSE:** Make a decision as to which alternative may work for you. Have you tried other ways to solve the problem? Then make your choice.
  - a) I'll try to do this instead of what I have been doing.
  - b) Isn't this a better way to handle my problem?
  - c) What's the right thing for me to do?
4. **DO IT:** Put your decisions into action. Implement this alternative.
  - a) I'm dealing with my problem this new way.
  - b) When I do this, it doesn't become a problem.
5. **EVALUATE:** Examine the results of your decision. Take a look at your results.
  - a) Did it work?
  - b) Shall I try this solution a little longer...a little harder?
  - c) Did I do the right thing?

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

### **RELEASE PROCEDURE**

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

#### **Part One:**

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

#### **Part Two:**

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

#### **Part Three:**

The last portion of the meeting is started by the youth but ended by the group with a recommendation being made to the group leader. The youth, again having prepared, goes around the circle identifying how each individual has helped them work on an issue or problem. Preparation on the youth's part is extremely

important in this area. After the youth is through, each group member tells the youth requesting the release how he has helped them and then gives a yes or no for the youth's release. After all youth are through with their portion, a group member, possibly first chair or last chair, whatever is decided, makes a recommendation for the group members release or not. At this time the group leader will either accept the recommendation and take it back to the treatment team or deny the recommendation.

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

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

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

## **SPIRITUALITY**

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

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

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

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

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

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

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

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

## **CONFIDENTIALITY**

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

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

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

It is also the responsibility of all 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.

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

Upon entering Our Home, Inc. PRTF/Huron all youth will be required to be on the orientation stage. As part of the orientation stage there is a two-week adjustment period for Visitation. After this two-week adjustment period all youth may begin having visits. Exceptions to this adjustment period apply to those youth who are

being transferred from another existing Our Home program. These youth will not have to wait two weeks for a visit.

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.

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

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

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

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

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

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

Due to the sexual nature of problems individuals in the Adolescent Sexual Adjustment Program may have, certain limitations in place based on your progression and increase of your level of sexual safety as you work through your issues. Initially, all visitations will be on campus. This allows us as a treatment facility to further evaluate the needs of you and your family for future visits. After the first visit, all other determinations will be made regarding each request made, according to the appropriate stage privileges. These visits while on the accountability stage are also limited to immediate family only, this including parents, siblings, and grandparents. As you progress and reach the point where you have shared your past sexual behaviors and history with your parents (when you are ready), off ground visitations can begin. The initial off ground visitations may have limitations on length, example: visit begins on campus for an hour and the last three hours are off campus, however generally these visitations off campus will be four hours. After your son reaches the sexual safety stage and the off-ground visits have gone well, your son has developed an understanding of his offense cycle and behaviors and the plan is to return home, he can begin home visitations. This is also the point where extended family may visit, and/or friends, these requests being considered by worker, treatment teams, and of course the parents/guardian. It is preferable that your son have a minimum of three home visits ideally, however exceptions can be made depending on the worker, the

parent's situation at home, and the treatment team, either lengthening number or shortening the number of home visitations. Remember, your continued visitation depends upon each youth's individual needs and their ability to manage your home visits in a healthy, safe, and positive manner.

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

## **TELEPHONE CALLS**

There are no telephone calls for the first week of placement as 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 5:00 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:**

In order to assist in maintaining connections with family members and other individuals who are a key part of your treatment, Our Home, Inc. allows communication in addition to phone calls and visits. Additional forms of communication allowed but not limited to include Zoom and Facetime calls. These forms of communication are to be set up with restrictions to include times, dates and monitoring restrictions on an individual basis by your treatment team to include your family and custodian if applicable. Use of additional forms of communication may be revoked if deemed detrimental to your treatment.

## **SCHOOL**

After placement at the Our Home Huron program, all youth, with the exception of youth transferred from another Our Home program, will have at least a one to two-day waiting period prior to attending the district

alternative classroom. This provides for all school paperwork to be obtained, any and adjustment for the youth into the program.

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

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

## **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**

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

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

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

The receipt of clothing, gifts, and home baked goods is permitted. However, the baked goods must not be passed among other youths due to food allergies.

## **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 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.
7. When requested by a youth who has neither funds nor sufficient postage and upon verification of this status by staff, postage will be provided to the youth for mailing letters to maintain community ties. These funds will be advanced to the youth from their allowance.

### **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.

- B. Contacts or interactions of a sexual nature with a youth by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another youth.
- C. Sexual abuse takes place when a staff member, contractor, or volunteer permit or participates in sexual activity with a youth in care. This includes rape or attempted rape, fondling, voyeurism, exhibitionism, and the like.
- D. Sexual abuse of a 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.

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

5. Sexual Harassment is strictly prohibited.

- A. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one 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 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. 18<sup>th</sup> Street, Sioux Falls, SD 57105 – 1-605-333-2226

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

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.

## V. Retaliation Prohibited

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

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

## VI. 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 in the winter months, outside of the building. Meaning below 65 degrees.

7. No hard-soled boots are to be worn in the program. During outside community jobs, garden work, activities, winter snow shoveling, or staff can give consent functions that may require boots.
8. No hats on while in the building.
9. All pants will fit around the waist with no more than 2 inches of “slack” around the waist.
10. No pants or shorts will have anything printed on them congruent with the zipper.
11. All belts worn are not to hang down more than 3 inches or wrap around the waist any more than 3 inches.
12. All youths shall wear clothing, which is acceptable for the weather, unless there is a medical condition, which prohibits them from doing so.
13. Jewelry-necklaces must have a breakaway clasp, no heavy rings, earrings are allowed if approved by parent/guardian/custodian/treatment team (wearing of earrings may be revoked if detrimental to treatment).
14. Youths can save their own money to buy personal things.
15. 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.
16. 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.
17. It is preferred when able, that all youths will change clothing when working or playing outside.
18. 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.
19. 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.

1. Alcoholic beverages – destroy.
2. Any intoxicant or huffable product – destroy.
3. Any locking device or lock pick – destroy.
4. Over the counter or prescription medications – give to Nurse.
5. Cigarettes or other tobacco products, matches or lighters – destroy.
6. Any sharp objects, pins, tacks, etc. that may be utilized for self-mutilation - destroy.
7. Clothing adorned with alcohol or cigarette logos, or advertisements identifying alcohol or drinking establishments – place in storage.
8. India ink, needles or pins - destroy.

9. Pornography including videos, magazines, posters, including possession of 1-800 or 1-900 numbers or the Internet - destroy.
10. Property or money not belonging to the youth – return to owner.
11. Any money over the stage level limit – turn into Office Manager to be placed in youth's account.
12. CD's, movies, games or toys not listed on the privileges list, unless authorized by the Group Leader or Program Coordinator – place in storage.
13. Possession of clothing not in accordance with youth's clothing list – place in storage if owned by youth.
14. Gambling paraphernalia - destroy.
15. Letters, cards or pictures from individuals not on the youth's contact list – place in storage
16. Food items outside designated eating area or not appropriate for the youth's stage - destroy.
17. Hemp braided / beaded or other non-breakable necklaces for youth on first stage.
18. Radios, sharp objects, jewelry, pens, personal hygiene items containing alcohol - place in storage.
19. Carmex or mouthwash. (Unless authorized by the Our Home, Inc. Nurse.) – place in storage.

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

### **RESIDENTIAL GUIDELINES FOR DECORATION POLICY**

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

#### **Stage One:**

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

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

Picture frames are allowed; however, they must contain plexiglass or have no glass. (Allowance of picture frames may be altered if it is deemed detrimental to treatment for an individual youth).

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

The youth may have spiritual materials or items to assist them in following their own spiritual beliefs. Examples include Bible, sweet grass, sage, etc.

Up to 2 stuffed animals are allowed that have been approved by the group leader at admission or when received as a gift and approved. Stuffed animals are to be kept on beds only. (The amount or allowance of stuffed animals may be altered if detrimental to an individual youth's treatment). All knick knacks require group and treatment team approval.

#### **Stage Two:**

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

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

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

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

Youth may have an alarm clock, no CD players.

Youth may have anything on Stage One as long as it has been approved by the group and/or treatment team.

### **Stage Three:**

Youth who have acquired their 3<sup>rd</sup> stage will be eligible for privileges in addition to 1<sup>st</sup> and 2<sup>nd</sup> stage privileges. 3<sup>rd</sup> stage privileges are not uniform across the board and are based on the transitional therapeutic treatment needs of each individual youth. 3<sup>rd</sup> stage privileges must be requested by the youth and will be at the discretion of the treatment team.

## **EXPECTATIONS/PRIVILEGES/RESTRICTIONS**

### **All Track Program Expectations:**

- ♦ Youth are expected to participate in developing and following a monthly treatment plan with the group leader and to strive to meet the objectives you have helped to set.
- ♦ Youth are expected to participate in the process of dispensing medication and are to take direction from staff at all times during medication dispensing and should assist staff in encouraging the group members to take medication according to required times.
- ♦ Youth are required to follow the dress code specifications.
- ♦ Youth will develop understanding of expectations of daily jobs and follow safety and sanitation expectations.
- ♦ All youth attempting to run away or have ran away will comply with Our Home procedures.
- ♦ Youth are expected to understand and comply with prohibited acts and sanctions.
- ♦ The youth are expected during night hours to communicate to night staff when requiring assistance or needing to use the bathroom facilities.
- ♦ Youth as part of their treatment should want to comply with all nutritional requirements, personal hygiene expectations, and learning/practicing good manners.
- ♦ Youth are expected to maintain confidentiality within the group process.
- ♦ Youth are encouraged to participate in all groups, activities, and functions of their particular group.
- ♦ Youth are expected to follow and accept direction from staff.
- ♦ Youth are encouraged to follow medical assistance and direction from the doctor and nurse.
- ♦ The youth are expected to not have conversations or whispering among group members without the majority of the group and/or staff present and within hearing distance for the purpose of safety.
- ♦ To continue to work on and resolve problems from the PPC twelve problem list.  
To fully recognize and plan for appropriate placement upon discharge from the Huron program.
- ♦ Youth will ask for their release and follow the program procedures. The youth must ensure that all group members have heard their life history prior to asking for a release.
- ♦ All youth will be trained in the use of chemicals prior to usage.

### **SURVIVOR, ALTERNATIVE and COMBINED TRACK Programmatic Restrictions:**

1. No pets are allowed on campus.
2. Picture taking is limited to family and friends and will be taken for the family by staff. No cameras are allowed including that on cell phones on campus without Group Leader permission.
3. No youth is to be alone at any time with another group member in bathrooms, bedrooms, lounges, etc.
4. Youth and parents are not permitted on sides/youth dormitory/bedroom without a staff when on campus.



5. Youth will carry a journal and a pencil at all times, unless directed otherwise by adolescent counselor/group leader. Entries are encouraged as you explore thoughts/feelings and used interventions and can be written up to 15 minutes before bedtime or meals.
6. Youth will avoid breaking or invading space with staff, other youth, or visitors' personal space or boundaries, (an arm's length apart) during their stay.
7. No borrowing or gambling.
8. Youth are limited to TV programming that does not include provocative or sexual material. No R rated movies and all other movies, including personal movies, must be approved by treatment team.
9. Any youth on the suicide list, runaway list or exhibiting consistent negative/inappropriate behaviors will not be allowed off-grounds.
10. No talking when radio or TV is on. This includes when traveling in vehicles.
11. Lights are out at 9:45 pm., The group is limited to use of radios during activities, free time, traveling, and is up to staff discretion. At night, radios must be turned off no later than 10:15 pm Sunday through Thursday, and 10:30 pm Friday and Saturday.
12. Youth are not allowed food items, including candy, except when requested for group activities, family visitation, holidays or youth's birthday with prior approval.

**Adolescent Sexual Adjustment Track Programmatic Privileges:**  
***(These privileges can be revoked at any time pending attitude/behaviors)***

1. All youths are entitled to have 1-book, 1-board game/puzzle/deck of playing cards, 1- DVD (G, PG, PG-13), 1-magazine permitted in your bedroom with prior authorization by group leader/treatment team.
2. \*\*\*1-20 oz. bottle or 1-12 oz. can (2 -12 oz. cans on sexual safety stage) of pop is available with staff authorization.
3. Magazine and newspaper privilege (may be considered as to purpose and content) on the Sexual Safety stage.
4. Hair styling products. (Gels, mousse, sprays with prior approval), generally after reaching the Assignment "Grooming Behaviors" on the Sexual Safety stage.
5. To make 4-journal entries a day while on the Orientation/Evaluation and the Accountability stage.
6. All youth on the Adolescent Sexual Adjustment Program track should make a minimum of 1 to 2 "Empathy" journal entries until they have completed their "Apology Letter" assignment on sexual safety stage. Adolescent counselor may assign 1 to 2 role plays a week in preparation of your actual apology.
7. When youth on the Adolescent Sexual Adjustment Program track reach the "Grooming Behaviors" assignment of sexual safety stage, the adolescent counselor may assign 1 journal entry, and possibly a nightly relapse sheet as you begin the reunification/resocialization process of the Sexual Safety stage.

\*\*Exceptions may be made following the successful completion of the "Apology Letters" assignment and D&A treatment, such as individual privilege, GED, job in the community, extended home visits after the first two visits, several home visits in a row, volunteering, religious youth group etc.

**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., or for youths in the custody or under the supervision of the Bureau of Prisons, to the CCM or USPO. The appeal must be in writing and submitted within 15 days of the disciplinary decision.

## **GRIEVANCE PROCEDURE**

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

Our Home, Inc. wants you to know that if after utilizing all of the steps of the agency's internal policy and you feel that your grievance was not addressed to your satisfaction, 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 8:00am to 5:00pm 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 limit to letters, emails, texts messages, telephonically or other reliable form of communication. Employees shall accept and respond promptly to all requests for emergency protection. Responding accordingly shall include taking immediate and temporary proactive action as necessary to protect the at-risk 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 submittal of a PREA – Emergency Grievance Documentation Form. The Program Coordinator shall review and assess this information in order that more long-term protective action can be taken, or, if and when appropriate, the protective action can be discontinued.

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

A final agency decision shall be documented on the PREA – Emergency Grievance Review Form within **5 calendar days** after the grievance was submitted and then the Program Coordinator shall provide the final decision to all parties involved. The final determination shall again document the agency's determination of whether the 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:
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**DESCRIPTION OF THE COMPLAINT:**

(Attach Additional Sheets If Needed)

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

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ If Resolved, Youth Signature \_\_\_\_\_

**FIRST LEVEL OF APPEAL**

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

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

**SECOND LEVEL OF APPEAL**

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

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\_\_\_\_\_  
Associate Director  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Resolved, Youth  
Signature

**THIRD LEVEL OF APPEAL**

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

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\_\_\_\_\_  
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

## **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 cleaning up the grounds. The Foreman is responsible to ensure that each youth understands how the job is to be done and to make sure the entire area for their group has been cleaned to the best of the group's abilities. The staff accomplishes this by assisting the Foreman in checking jobs thoroughly. If there are jobs that need to be redone the staff will inform the group of what jobs are in need of further attention. The Foreman responsibility is to assist new group members in teaching them how to do the jobs they are assigned too.

### **Activity Committee:**

Whenever possible the groups participate in a planned group activity each weekend. The activity committee is selected by the group and is made up of four group members. The responsibility of this committee is to ask group members prior to request rap, what activities they would like to do for the weekend. The committee then meets to discuss recommendations from there group members and during request rap suggest 3 or 4 ideas, the group eventually picks two, one is the activity the group wants to recommend to the treatment team and the other is the alternate activity.

### **Request RAP:**

Request RAP is when the group meets to determine what type of activity all members of their group would like to participate in. It is the time to request spiritual opportunities, home visits, off-grounds visits, and special requests, requests for more privileges, etc. The whole group must agree upon

**Behavior RAP:**

RAPS are considered to be a form of helping and caring for one another. RAP provides for you to develop an understanding of what behavior they may need to evaluate and change. When RAP is called the group's, responsibility is to drop whatever they are doing and immediately go to RAP to assist their fellow group member in understanding what behavior is considered harmful and unacceptable.

**Allowance:**

All youth in the program will receive an allowance twice a month to buy personal hygiene items such as soap, shampoo, hair care products, etc. Those youth on second and third stage of the program may be allowed to buy other items, by requesting the purchase of these items through the group and their treatment team. Youth are encouraged to save their money by putting it into their house savings account/or bank savings account when they have no immediate personal item needs. The youth are allowed to keep a savings of up to \$50.00 in house. If the in-house savings account exceeds \$50.00, then once a month the account will be reduced by the youth making a deposit into their personal savings account kept at the American Bank and Trust in Huron.

**Shopping Responsibilities:**

Shopping by youth is considered a privilege. Youth who are not on the runaway or suicide list, have a sanction of placement on 'zero' or 'no stage', or pose a security or safety risk (acting out behaviors) will be considered to go to town to shop for personal hygiene (PH) items. For those youth allowed to shop at any time disruptive, disrespectful behavior is shown by any youth shopping privileges will be suspended immediately and the whole group will return to the facility. Shopping will be allowed one Saturday in the month for PH shopping. Other shopping can be arranged based on youth personal needs and requested through their weekly team meetings.

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

- ◆ Youth are to develop a shopping list prior to shopping. Staff and the group will review this shopping list in rap. This list must be approved prior to shopping or shopping will not be allowed. Any items purchased that are not on the approved list will be confiscated at a loss for the youth.
- ◆ Youth are to purchase items for their own personal use only unless otherwise approved by staff and on the appropriate stage.
- ◆ While shopping, the group is to stay in combos and are to be supervised by staff at all times. Otherwise, the entire group needs to stay together.
- ◆ Once PH items have been purchased, youth are not to remove or open the shopping bag.
- ◆ Any items bought that are not on the youths purchased list will be considered banned, confiscated and either returned or placed in lock up.
- ◆ Allowance is spent at the youth's discretion; personal items are the priority. The request for special items needs the group's recommendation and treatment team's approval.

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

If the in-house account exceeds \$50.00, then once a month the office manager will remove and deposit excess money into the bank savings account. When a youth leaves the facility, their money will be withdrawn from the bank and given to the resident at discharge.

Allowances are as follows:

Youths receive an allowance of \$26.00 per month with dispersal at the 15<sup>th</sup> and 30<sup>th</sup>/31<sup>th</sup> of each month in the amount of \$13.00 each time.

Youths are allowed to carry \$1.75 Orientation/Evaluation.  
Youths are allowed to have \$4.00 First Stage  
Youths are allowed to carry \$7.00 2<sup>nd</sup> Stage/Sexual Safety  
Youths can carry up to \$10.00 3<sup>rd</sup> Stage

## CAMPUS EXPECTATIONS

### Huron Facility/School & Gym:

- ♦ In helping and caring for each other, the respect, pride and consideration for each other's surroundings and living quarters should be taken into consideration. Therefore, at 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 movie in lounge. No food, candy, or pop is allowed in bedrooms.
- ♦ No food or drinks are allowed at the school or gym except for special functions arranged by teachers or staff; however, all 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.

### Dining Hall:

- No pop permitted during meals/snacks.
- Encouraged to be on time.
- Scrape trays one at a time
- Encouraged to try everything at least once.
- Pick up anything you may drop.
- Stack chairs after supper
- Wipe off and sanitize tables after every meal/snack.
- Put tables and chairs up when sweeping and mopping on movie night (when held in dining hall)

\*If group is late for supper, plates will already be dished up.

\*If group eats late, they are responsible to sweep and mop hall and wipe down chairs.

## 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 doorknobs

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

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

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

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

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

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

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

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

### **TORNADO SAFETY RULES**

When a severe storm warning or tornado warning is received, it is very important to follow instructions from 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 and 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 e-mail 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.

## **JOURNAL KEEPING CONTRACT**

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

## **INPUT FROM YOUTHS - 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 in the hallway by the school, it is also known as the money box. Input obtained from any suggestions will be reviewed by staff and, if possible, used to better provide services.

## **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.

## **GROUP FUND**

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

## **LOCKER FINES**

Locker fines are part of the program's way of teaching responsibility and learning to take pride in your surroundings. The fine is 15 cents and will come off the total of each youth's allowance. Each new youth is given two pencils, eraser, a notebook and a binder for assignments upon admission. Youth are responsible to maintain supplies after this and is part of his budgeting of allowance as an independent living skill. If a youth mis-budgets, supplies are available within the facility to purchase through a locker fine.

## **RUNAWAYS**

Our Home, Inc. advises against running away from the program. If you are having feelings to run, we encourage you to talk with your group or the staff about these feelings. In the event a 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, 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 e-mail address for purposes restricted to school and academic communication.

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

### **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: 1-877-696-6775

## Notification of Agency Policies

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

- |                          |   |
|--------------------------|---|
| * Admission              | * Confidentiality of Information                          |
| * Written Treatment Plan | * In-house Abuse and/or Neglect Prevention & Intervention |
| * Scope of Services      | * Access to Health Care                                   |
| * Case Management        | * Collection and Recording of Health Appraisal Data       |
| * Counseling             | * Medical Emergency Plan                                  |
| * Discharge              | * Immediate Medical Examination and Treatment             |
| * 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
- \* South Dakota Advocacy Services
- \* Centers for Medicare & Medicaid Services – Regional Office

