

Our Home, Inc

# RESIDENT HANDBOOK

ADOLESCENT SEXUAL ADJUSTMENT PROGRAM

(Revised: 1/6/17)

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# WELCOME

The staff of Our Home, Inc. Adolescent Sexual Adjustment Program would like to take this opportunity to welcome you into the program. We will do our best to understand that now is a particularly difficult time in your life. We are here to help you with the problems and needs that you bring with you to this treatment experience. We can, however, only help you to the extent that you are:

- ♦Willing to be honest with the staff and other program participants,
- ♦Willing to work at growth during your treatment experience,
- ♦Try to help others during your treatment experience, and
- ♦Do things recommended by your peer group and the treatment team.

It is our hope that you will utilize your treatment experience to gain a healthier life and rediscover your full potential as a young person.

## PROGRAM DESCRIPTION

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

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

### Agency Goals:

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

**Stage One: Evaluation / Orientation** – The evaluation stage is used to help you and the treatment staff in determining your needs and ways to aid you. This process will start by treatment staff gathering information which will best assist us and you in determining whether the ASAP program is the appropriate placement to best meet your needs. If the resident is not placed for evaluation, the resident will complete the orientation portion of their stage. The orientation portion generally only takes 2 weeks. The Evaluation portion of this stage generally takes at most 120 days depending on the resident and goes through Group Leaders. The first week (seven days) of placement is considered the adjustment period for all residents. During these seven days there is no phone contact or visitation except to inform parents that the resident arrived safely except for adjustment updates through the Community/Family Services Coordinator or Group Leader.

**Residents Goals/Expectations:**

1. To better help you in working your program you will complete the telling of your life history, as well as completing a family Genogram.
2. To complete assignments developed and agreed upon during initial and subsequent treatment plan. A listing of assignments is available in this handbook.
3. To begin and then practice an understanding of program responsibility and expectations while working to accept accountability for your behaviors and show care and concern towards yourself and others.

**Responsibilities:**

Resident will follow restrictions, responsibilities and expectations of first stage. The resident is also responsible for completing the above goals prior to moving to the second stage assignments.

\*Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired throughout completion of stage.

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

**Residents Goals/Expectations:**

1. To accept and demonstrate responsibility for the sexual and any other illegal offenses that the resident has been involved in and to develop an understanding to which the resident's own physical, emotional, neglect, and sexual abuse has affected their life.
2. To understand how the resident's own abuse may have contributed to the distorted thinking that led to their own offenses through their sexual history, which involves an honest report of their own usage of pornography, observed sex acts, masturbation practices and any other sexual acts that led to your sexual offenses.
3. To learn to accept accountability and responsibility for your behaviors and identify what behavior you feel you need to work on. (P.P.C. twelve problems)
4. Learning to replace deviant fantasies with appropriate fantasies, "arousal control". (2-9 assignment)

**Responsibilities:**

The willingness to show care and concern by learning to assist others in the pursuit of recognizing inappropriate behavior by calling Rap (Informal/impromptu group helping session). You will continue to be willing to make positive contributions towards helping others in your group, accept accountability for your own behavior by recognizing hurtful behavior and taking strides to intervene in appropriate ways. You will be asked to be a part of actively participating in development of academic improvement and setting short and long-term vocational and/or educational goals, take the emotional risk and to place trust in others, show pride in your surroundings and respect for yourself and others.

\*Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired throughout completion of stage.

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

**Resident Goals/Expectations:**

1. To increase your understanding of the consequences of your behavior to yourself, your family, and especially to your victim and develop an understanding of what motivated you to sex offend and what barriers you overcame to do so.

2. To achieve and develop empathy towards your victims and those you have hurt.
3. Identifying and understanding your grooming behaviors, your denial, and the setting of the scene to offend and developing an understanding and identifying pre-offense patterns and the thoughts and behaviors that are likely to lead up to re-offending.
4. To learn to identify your own thinking errors and develop a relapse prevention plan to assist and help you identify and interrupt pre-offense behaviors.

**Responsibilities:**

Consistently assist group members in working to manage inappropriate behaviors by calling raps, make positive contributions to the group by helping and showing care and respect to staff, group members and teachers. Resident should be calling raps to discuss their feelings and thoughts on a more consistent basis and utilizing appropriate coping skills to handle problems, feelings and thoughts in an appropriate manner. Also resident should be taking accountability for mistakes on a consistent basis. Resident should be preparing rules and consequences for home visits.

\*Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired throughout completion of stage.

**Stage Four: Re-socialization / Pre – Discharge** – The final and last stage of the program is to help the resident in adjusting back into the community. This stage is designed to assist the resident in developing better ways of coping and understanding community issues, situations and relationships, which may lead to making negative choices. This stage is to help and assist the resident in recognizing independent living skills and learning to meet their basic needs without hurting themselves or others. In the process of discovering themselves and learning these very important skills, we need to recognize how to combine our decision-making skills with new learned skills in order to make healthy and realistic decisions.

**Resident Goals/Expectations:**

1. Increase your knowledge and ability to meet your own sexual and interpersonal needs without victimizing others by increasing your awareness of the emotional, psychological, and situational process which led to your offense and to develop appropriate alternative behaviors.
2. To increase awareness of healthy and unhealthy communication patterns by fully recognizing your thoughts and feelings and the choices you make which affects your own consequences and responsibilities.
3. To learn how to be more assertive, take positive control and develop appropriate relationships looking at how all our choices in life can affect others and ourselves.

**Responsibilities:**

Be willing to assist in developing aftercare plans for future placement, academic, or vocational training. With the assistance of the Community/Family Services Coordinator you will be looking at potential options for continued counseling, attending AA or Alateen meetings in the community in which you are planning to reside. You will demonstrate appropriate leadership qualities and coping skills. Resident will continue to share your knowledge in assisting other residents in learning appropriate ways to handle problems (mentoring and role modeling for other residents).

\*Additional responsibilities will be considered as resident demonstrates ability to apply more skills acquired throughout completion of stage.

## **POSITIVE PEER CULTURE GROUP PROCESS**

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

It is the group's responsibility to help other group members who are showing problems by checking them. This gives the resident being checked an opportunity to look at their behavior and stop whatever hurting behavior they are showing. This is all about helping one another overcome and learn how to better

handle hurting behavior. The group is not given the “right” to punish, harass, restrict privileges, or in any way hurt another resident in the program.

Part of understanding how the program works is to understand the 12 problems. These 12 problems are so everyone in the program talks the same language and these problems are to be brought up and used in group meetings.

### **Group Meetings “The Heart of the Program”**

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

**Life History Meeting:** The life history is generally the first meeting a resident asks for during the group meeting time. The “group” and the resident should work at developing enough trust with the group to ask for the life history meeting within the first month or so. In the life history meeting, the resident should go back as far as they can recall. When telling the life history the group should assist their group member by going by school years or seasons so the group member telling their life history can tell their history in a fashion that everyone can follow.

The group’s responsibility is to find out the following things for every year:

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

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

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

**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:** The first step to a release meeting is resident’s readiness for release. The members of the resident’s group must also agree to the resident’s readiness for release. The resident asking for their release must ensure all other group members have heard their life history prior to asking for release.

The resident comes into a group meeting and asks to address the release issue. Assuming that the resident has asked for the release meeting and the request has been honored, the following steps are as follows:

1. The first step is to explain to the group what problems warranted their placement in residential treatment addressing each problem on the problem sheet that applies to them.

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

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

Once the resident has gained their release from the Positive Peer Culture process the resident must then ask for their release from the sex offender process of the program. This is accomplished by requesting their release in ASAP group. The resident will be asked questions regarding their assignments and how they have applied what they have learned, and how they have shown empathy towards their victims and their group. Upon completion of this process the group will vote and determine whether the resident has accomplished all the expectations of the ASAP process. Residents completing both the PPC and ASAP portions of the program will be given a treatment medallion indicating successful completion.

#### **Other Services Provided:**

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

**Social skills:** are learned under the guidance and supervision of the professional staff. Such things as personal hygiene, cleaning, and laundry skills, independent living skills, and family roles are taught to the residents. Also available are Anger Management, Reduce the Risk and Moral Reconciliation Classes.

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

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

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

**Family counseling and family education:** is done when necessary to meet the needs of the resident in problem resolution to the extent the family is willing to participate. Family group education is provided on an ongoing basis every three months. Family involvement is encouraged with appropriate staffings, visits with the resident at the facility and through home visits. All involvement with the family is intended to meet the therapeutic needs of the resident.

**Chemically Dependency and Alcohol and Drug Prevention Education Services:** are also a part of the ASAP program in which on site include; 30 hours of drug and alcohol prevention education class

and AA, Alateen, and NA offered during the week for the resident that has either completed treatment or preparing to enter alcohol treatment and/or relapse prevention classes. Further individual sessions are also provided for residents on an as needed basis. Any resident needing chemical dependency treatment will be considered for treatment upon completion of their 3-6 assignment. Counseling is provided by Alateen, a licensed chemical dependency counselor or certified trainee. Outside AA, NA, and Alateen will be considered for residents that have completed in-patient treatment.

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

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

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

**Treatment Plans:**

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

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

Treatment plans are generally held each week on Thursday mornings. Meetings are scheduled in 15 minute increments and notice is sent to parents and workers of the appointed time and date. If further discussion of the treatment plan is needed after the 15 minute meeting, a telephone call is scheduled for a later time by the group leader/case manager with the parent and/or worker.

It is Our Home, Inc.'s approach to address the behavioral health of all residents that allows us to keep both you and others safe. It is our hope that the residents of OHI will utilize their treatment plan and the coping skills they identify at intake and through the development of their treatment. Residents are encouraged to discuss achievements and /or changes made at least once a week with their group.

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

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

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



- ♦ To interact with you in a manner respectful and courteous of you, your culture and your spiritual values.
- ♦ To treat you fairly, without hostility and not in an offensive manner. This includes being free of discriminating practices.
- ♦ To be under staff supervision to help protect your safety.
- ♦ To interact with you in a way that preserves and enhances your personal dignity.
- ♦ To be safe from physical and sexual abuse.
- ♦ To be treated without favoritism or giving of preferential treatment.
- ♦ To work toward removal of barriers that 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.

## **EXPECTATIONS/PRIVILEGES/RESTRICTIONS**

### **Programmatic Expectations:**

- ♦Residents are expected to participate in the process of dispersing medication and are to take direction from staff at all times during medication dispensing and should assist staff in encouraging the group members to take medication according to required times.
- ♦Residents are required to following the dress code.
- ♦Residents will develop understanding of expectations of daily jobs and follow safety and sanitation expectations.
- ♦All residents attempting to run away or have ran away will comply with Our Home procedures.
- ♦Residents are expected to understand and comply with prohibited acts and sanctions.
- ♦Residents are expected to sit during raps if at all possible. Residents may stand if residents have permission from staff.
- ♦The residents are expected during night hours to communicate to night staff when requiring assistance or needing to use the bathroom facilities.
- ♦Residents as part of their treatment should want to comply with all nutritional requirements, personal hygiene expectations, and learning good manners.
- ♦Residents are expected to maintain confidentiality within the group process.
- ♦Residents are encouraged to participate in all groups, activities, and functions of their particular group.
- ♦Residents are expected to follow and accept direction from staff.
- ♦The entire group should be signed off and have completed all homework prior to any group activity.
- ♦Residents are encouraged to follow medical assistance and direction from the doctor and nurse.
- ♦The residents are expected to not have conversations or whispering among group members without the majority of the group or staff present.
- ♦To continue to work on and resolve problems from the PPC twelve problem list.
- ♦All residents should make a minimum of 1 to 2 “empathy” journal entries until they have completed their 3-3 assignment. Adolescent counselor may assign 1 to 2 role plays a week in preparation of your actual apology.
- ♦To fully recognize and plan for appropriate placement upon discharge from the ASAP program.
- ♦Resident will ask for their release and follow the program procedures. The resident must ensure that all group members have heard their life history prior to asking for a release.
- ♦Resident may be considered to provide some mentoring for other residents that are experiencing difficulties.
- ♦All residents will be trained in the use of chemicals prior to usage.

### **Programmatic Privileges:**

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

1. All residents are entitled to have two books, two board games/ puzzles/playing cards, two DVD's, three magazines permitted in bedroom with prior authorization by group leader/treatment team.
2. One pop per day.

3. Alarm clock/radio residents may utilize radio upon permission from staff (stage 3 and above), exception foreman.
4. Magazine and newspaper privilege (may be considered as to purpose and content) stage 3 and above.
5. Hair styling products. (gels, mousse, sprays with prior approval)

**\*\*Exceptions** may be made following the successful completion of the 3-9 assignment and D&A treatment, such as individual privilege (start walking from area to another with group leader permission), GED, job in the community, extended home visits after the first two visits, several home visits in a row, volunteering, religious resident group, attending public school, etc.

### **Programmatic Restrictions:**

1. No pets are allowed on campus.
2. Picture taking is limited to family and friends. No cameras are allowed on campus without Group Leader permission. Staff take pictures.
3. No resident is to be alone with another group member in bathrooms, bedrooms, kitchen, etc.
4. Resident will carry a journal and a pencil at all times. Entries will be made a minimum of 4 times daily on stage 2 and 2 times on stage 3 and once on stage 4. May be up to an hour before bedtime or meals.
5. Resident will avoid breaking or invading space with staff, other resident, or visitor's personal space or boundaries, (an arms length apart) during their stay. **NO EXCEPTIONS**
6. No borrowing or gambling.
7. Residents are limited to TV programming that does not include any music videos, provocative or sexual material. No R rated movies and all other movies, including personal movies, must be approved by treatment team.
8. Any resident on the suicide list, runaway list or negative/inappropriate behaviors will not be allowed off-grounds.
9. No talking when radio or TV is on.
10. The Wii and computer games are off limits unless prior approval from group leader's meeting.
11. 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.
12. Residents are not allowed food items, including candy, except when requested for group activities, family visitation, holidays or resident's birthday with prior approval.
13. Residents are limited to only have DVD's or CD's that are used for spiritual or academic purposes.

## **ASAP STAGE ASSIGNMENTS**

### **STAGE TWO: ACCOUNTABILITY**

- 2-1 Genogram** – Family relationships, dysfunctions and addictions.
- 2-2 Sexual Terminology** – Basic terminology of sexual disorders.
- 2-3 Sexual Life History** – Pornography history including magazines, video, tapes and internet use.
- 2-4 Sexual Anatomy and Diagramming** – So they can describe abuse appropriately and with detail.
- 2-5 Sexual Life History** – Observed sex acts and how they learned about sexual intercourse and other acts.
- 2-6 Telling – How Do I Explain?** – Understanding and overcoming their denial.
- 2-7 Victims** – Their physical, emotional and sexual abuse.
- 2-8 Sexual Life History** – Masturbation – When they started, how they learned, frequency, pornography used and other details.
- 2-9 Abuse Control, Fantasies, And What To Do** – Learning thought stopping techniques and changing inappropriate fantasies.
- 2-10 Sexual Life History** – Sexual Perpetration's – Complete and detailed admissions of all their past sexual perpetration's and victims.

### **STAGE THREE: SEXUAL SAFETY**

- 3-1 Why Did I Sex Offend?** – Understanding how their behaviors and thinking contributed to their distorted thinking and perpetrations.

- 3-2 Victim Empathy History-** Detailed description of how resident's hurt victims and the lasting effects of the abuse on the victims.
- 3-3 Empathy**– Looking at the affects their abuse had on their victims, understanding how they may feel now.
- 3-4 Apology Letter**-Writing apology letters to victim(s), doing apology video and getting ready for face to face apology with victim(s).
- 3-5 Grooming Behaviors** – Methods they used to groom or prepare their victims prior to perpetrating on them.
- 3-6 Recognizing My Pre-Offense Pattern** –What behaviors and denials led them to distorted thinking.
- 3-7 Thinking Errors** – Understanding how they rationalized, distorted and justified the abuse they put their victims through.
- 3-8 Understanding My Offense Pattern-** Looking at events and situations in their lives that may have contributed to the abuse.
- 3-9 Relapse Prevention Plan** – Understanding their cycle of abuse in detail from beginning to end.
- 3-10 Thinking Errors – The Sequel** – A more comprehensive and detailed look at their thinking before, during, and after the offenses.

#### **STAGE FOUR: RESOCIALIZATION**

- 4-1 Healthy and Unhealthy Communication Patterns** – Teaching appropriate verbal and non-verbal communication skills.
- 4-2 Choices, Choices, Choices** – Learning how to problem solve and make good choices in the future.
- 4-3 Taking Charge and Appropriate Relationships** – How to be more assertive, take positive control and develop appropriate relationships.
- 4-4 Choices and Consequences** – Looking at how all our choices in life can affect others and ourselves.

#### **SPECIAL ASSIGNMENTS**

**Self-Esteem and Relationships** – Looking at how their abuse has affected their self-talk and self-esteem. This includes instruction for building positive relationships in the future.

**Sexual Terminology and Anatomy** – Basic instruction to provide information and instruction so they can discuss specific details/issues.

**Feelings** – Extra help for victims who struggle with understanding their feelings related to the abuse and how it affected them personally.

**Anger Management** – Help for victims who struggle with misplaced anger and anger control problems. (Special anger management groups being developed.)

**Grief I & II** – Two assignments for those who are struggling with loss, either through death or through other traumatic loss in their lives such as abandonment.

**Nurturance** – For those that are confused about love and nurturance in relationships. Looking at their families and how they were affected.

**Self-Blame and Guilt** – To explore feelings of blame and guilt related to their abuse. Learning ways to move beyond this and towards forgiving self.

**Acceptance and Responsibility** – Looking at past life choices, responsibility for past actions and learning to make better decisions in life.

**Assertiveness** – To help victims with being more assertive and to stand up for themselves in the future.

**Attachment and Nurturance** – A combined assignment that deals with attachment disorders and how nurturance plays a part.

**The Effects of Sexual Abuse on Thinking** – This looks at how being victimized changes the way an individual thinks about themselves and the world.

**How Was I Affected** – A special assignment that helps individuals define how their abuse may have affected them in various areas of their lives.

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

**Situation:** In halls after rap.

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

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

**Intervention:** Journal, check in with group about my memories and feelings, pray.

**Rate effectiveness;** 30 %, 70% in regards to how well the intervention worked.

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

## PPC DESCRIPTION OF THE 12 PROBLEMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a. Frequently becomes upset or explosive, but may try to excuse such behavior as naturally having a "bad temper".
- b. Easily frustrated, unable to accept failures or disappointments.
- c. Responds to the slightest challenge or provocation, thus making other people's problems his own.
- d. Is so sensitive about himself that he cannot stand criticism or disagreement with his ideas.
- e. Easily upset if someone shouts at him, points a finger at him, touches him, or shows any negative feelings toward him.

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

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

- a. Thinks it is all right to steal if he is sneaky enough not to get caught.

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

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

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

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

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

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

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

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

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

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

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

## **ABC's OF PROBLEM SOLVING**

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

### **A. AWARE:**

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

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

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

### **B. BRAINSTORMING:**

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

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

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

### **C. CHOOSE:**

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

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

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

**D. DO IT:**

**Put your decision into action.**

Implement this alternative.

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

**E. EVALUATE:**

**Examine the results of your decision.**

Take a look at your results.

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

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

## **RESIDENT RIGHTS**

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

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

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

## **CONTRABAND LIST**

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

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

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

1. Any narcotics, marijuana, drugs, or related paraphernalia not prescribed for the individual.
2. A gun, firearm, weapon, knife, sharpened instrument, dangerous chemical, explosive, or ammunition.
3. A hazardous tool most likely to be used in an escape attempt or to serve as a weapon capable of doing serious bodily harm.
4. No alcoholic beverages, intoxicants, huffable products or tobacco products.

**Banned Items** – any item prohibited by the treatment facility or considered inappropriate for the resident's stage. These items shall be confiscated and either destroyed, placed in storage, or sent back to the resident's parents or guardian. Follow informal resolution procedures for any violations of the Prohibited Acts. **Note: Additional items may be banned or restricted during the course of the resident's stay in the program depending on the stage the resident is on, attitude being portrayed and/or if the items are deemed detrimental by the treatment team.**

1. Any locking device or lock pick – destroy
2. Over the counter or prescription medications – give to Nurse
3. Matches or lighters – destroy
4. Any sharp objects, pins, tacks, etc. that maybe utilized for self-mutilation - destroy
5. Clothing adorned with alcohol or cigarette logos, or advertisements identifying alcohol or drinking establishments – place in storage
6. India ink, powdered Kool-Aid, needles or pins - destroy
7. Pornography including videos, magazines, posters, including possession of 1-800 or 1-900 numbers or the Internet - destroy
8. Property or money not belonging to the resident – return to owner
9. Any money over the stage level limit – turn into Office Manager to be placed in resident's account
10. CD's, cassettes, movies, games or toys not listed on the ASAP stages / privileges list, unless authorized by the Group Leader or Program Coordinator – place in storage
11. Possession of clothing not in accordance with resident's clothing list – place in storage if owned by resident
12. Gambling paraphernalia - destroy
13. Letters, cards or pictures from individuals not on the resident's contact list – place in storage
14. Pictures of past victims or perpetrators without psychologist or adolescent counselor authorization. (Only pictures of immediate family members allowed on first stage.) – place in storage
15. Oversized clothing – place in storage
16. Food items outside designated eating area or not appropriate for the resident's stage - destroy
17. Hemp braided / beaded or other non-breakable necklaces.– place in storage
18. Personal items containing alcohol or Carmex, lip balm, facial cleaners, or mouthwash. (Unless authorized by the Our Home, Inc. Nurse.) – place in staff office or storage
19. Pillows from outside OHI-place in storage.
20. Gum and sunflower seeds on campus-destroy.



## **ADOLESCENT SEXUAL ADJUSTMENT DRESS CODE**

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

- ♦No drug, gang, music, derogatory/hurtful statements or alcohol paraphernalia.
- ♦No cropped, half shirts or excessively torn clothing.
- ♦No white undershirts or A shirts worn as outside shirts.
- ♦Conservative hairstyles-hair shall be kept clean, no sideburns, out of face, cut around ear, no longer than natural nape hairline, crew cut style no shorter than a 2. Exceptions: haircuts may be adjusted to meet the spiritual needs of any resident.
- ♦Shoes and socks are to be worn at all times. Exceptions: G.T and socks don't need to be worn with sandals in summer.
- ♦Flip flops are to be worn back and forth from the bathroom to the dorms. Slippers can be worn prior to bedtime.
- ♦Appropriate under garments are to be worn.
- ♦Pants are to be belted at the waist. No excessive or overly large pants allowed. Legs width must be less than 12 inches.
- ♦Residents are allowed two belts. Belts are not to hang more than three inches or wrap around waist any more than three inches and may be restricted if on suicide list.
- ♦Shirts, sweaters and hoodies are not to hang past the crotch.
- ♦Appropriate attire must be worn during groups, in school, while attending church or public functions.
- ♦Modest night clothing shall be worn to sleep in. (no street wear)
- ♦Tank tops, shorts or cut off/sewn sleeved shirts worn when temperature is 70 degrees or above (exception is at bedtime). Depending on the resident's ability to demonstrate a responsible attitude, shirts can be taken off when the resident is outside playing in a group activity or sport if okayed by staff.
- ♦All see through mesh shirts and low arm cut tanks must have undershirt worn also.
- ♦No hats to be worn in any campus building, hoods must be down, hats worn bill forward.
- ♦No more than two hoodies per resident.
- ♦No coats, jackets or zippered hoodies worn in school or lounge, also not hung in bedrooms.
- ♦Stocking hats worn when weather permits.
- ♦Resident should not have any more than three pair of shoes and one pair of boots.
- ♦Jewelry-modest or simple necklaces must have a breakaway clasp, no big heavy rings, no earrings, bracelets based on appropriateness.
- ♦No steel-toed boots.
- ♦Wallets and wrist watches.

## **RESIDENT GUIDELINES FOR DECORATION POLICY**

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

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

The resident may have spiritual materials or items to assist them in following their own spiritual beliefs. Examples include Bible, Rosary, sweet grass, dream catcher, sage, etc. (exceptions rocks, feathers or bones).

Pictures, posters and calendars must be appropriate and hanging on either the bulletin board or inside the closet door. Family pictures, picture albums, cards and letters from family that are appropriate and authorized and dated in red ink by staff.

## **ALLOWANCE/SHOPPING RESPONSIBILITIES**

Shopping for residents is considered to be a privilege. Residents who are not on the runaway or suicide list or pose a security or safety risk (acting out behaviors) will be considered to go to town to shop for personal hygiene items. For those residents allowed to shop, at anytime disruptive disrespectful behavior is shown by any resident shopping privileges will be suspended immediately. The whole group will return to the facility.

Shopping will be allowed one Saturday in the month for PH shopping. Other shopping can be arranged based on resident personal needs and requested through their team meetings. Only residents stage 3 and above must write up in request rap and be authorized by treatment team and Group Leader for additional items other than basic personal hygiene products.

*The responsibilities prior to shopping are as follows:*

- ◆Residents are to develop a shopping list prior to shopping. Staff and the group will review this shopping list. This list must be approved prior to shopping or shopping will not be allowed. Any items purchased that are not on the approved list will be confiscated at a loss for the resident.
- ◆Residents are to purchase items for their own personal use only unless otherwise approved by staff and on the appropriate stage.
- ◆While shopping, the group is to stay in groups of at least four and are to be supervised by staff at all times. Otherwise the entire group needs to stay together.
- ◆Residents who have obtained upper third stage or fourth may be considered to purchase personal items by themselves without staff or group supervision. This must be requested and authorized by group, treatment team and group leaders meeting.
- ◆Once PH items have been purchased, residents are not to remove or open the shopping bag. Upon returning from shopping the group and staff will check to be sure that only the items that were on their shopping list were bought. All monies over the limit of the stage the resident is on will be returned at that time and put in their personal in house savings account.
- ◆Any items bought that are not on the resident's purchased list will be considered banned, confiscated and either returned or placed in lock up.
- ◆Allowance is spent at the resident's discretion; personal items are the priority. The request for special items needs the group's recommendation and treatment team's approval.

Residents are encouraged to save their money by putting it into their in house savings account if they have no immediate personal needs/supplies. The residents are only allowed to keep a savings of up to \$50.00 in house. Residents after one week of admit will also open a savings account at a local bank in the community as an independent living skill. If the in house account exceeds \$50.00, then once a month the account will be reduced and a deposit will be made by the resident or the office manager in a personal savings account at his local bank in Huron. To prevent loss or theft, the office manager will hold the resident's savings pass book on campus until he needs to take it to town for a transaction. When a resident leaves the facility they will be given their pass book and can close their account if they wish either right before or after leaving the facility.

Allowances are as follows:

Residents receive \$16.00 for allowance monthly on stages 1 and 2.

Residents receive \$26.00 for allowance monthly on stages 3 and 4.

Residents are allowed to carry \$1.25 (stage 1)

Residents are allowed to have \$3.00 (stage 2)

Residents are allowed to carry \$5.00 (stage 3)

Residents can carry up to \$15.00 (stage 4)

## **TELEPHONE CALLS**

There are no telephone calls for the first week of placement as a part of adjusting to your group and your surroundings except to notify the parent of safe arrival and this phone contact should occur with the Community/Family Services Coordinator (or their designee) after admitting the resident. (Exceptions to this telephone call requirement apply to any resident being transferred from an Our Home, Inc. program.)

After one week (seven days) telephone calls will be limited to two per week up to 15 minutes each. This means there are only two phone calls per week if the calls are not 15 minutes long the balance of the time left can not be made up with another phone call. There will be no phone calls to individuals to obtain phone numbers. If the resident does not have phone number of the party they are trying to reach, the resident will need to send a letter to obtain the correct phone number. The Community/Family Services Coordinator may in some circumstances assist the resident in obtaining appropriate phone numbers. Direct calls will be billed at a rate of 5 cents a minute from the program. Resident are allowed to make outgoing and receive incoming calls from Monday through Friday 6 to 9 pm and Saturday, Sunday and holidays from 1 to 9 pm. Exception for outgoing – if resident has not completed their homework calls will not be permitted.

### **Guidelines For Calls**

1. The residents are not allowed to make outgoing phone calls during study time.
2. Incoming calls – Staff shall verify that the resident has authorized contact with the caller before allowing the resident to take the phone call.
3. Outgoing calls – Before a resident places a phone call, staff shall verify that the resident has authorized contact with the party to be called. When the resident makes a call, he shall turn the speakerphone on before staff dials the phone number. The speakerphone shall remain on until the number is dialed and staff is able to verify that the correct party has been reached.
4. Once staff has verified an incoming or outgoing call, provisions shall be made to ensure as much privacy as possible for the remainder of the call. Specifically, staff shall not monitor the call and the speakerphone shall be turned off.
5. Staff may only monitor resident phone calls when based on legitimate facility interests of order and security. Should phone calls need to be monitored, permission from the resident's referral worker will be obtained.
6. Only calls to individuals on the resident's phone contact list are allowed.
7. Only two phone calls per week are allowed unless special permission has been obtained through the group process, treatment team, and Group Leaders meeting.

All outgoing phone calls should be requested with the group and placed on the phone call list for that day prior to supper time on week days and during lunch on the weekends. The staff will assist the group with this list to help organize the times for phone calls. Only under certain circumstances will residents be allowed to ask at other times. This is up to the discretion of the staff on shift at that time.

During certain activities on campus, group members are not near a phone and it may be necessary for you to call back or wait on the line until your son can get to a phone.

Should your son's group be put on Group Togetherness (GT) there will be only one phone call to inform parent/guardian that your son is on GT and all visits and activities are restricted to on grounds. Following this initial call, your son may be assigned a specific day of the week for an additional phone call once a week until the group is taken off of GT.

## **VISITATION/HOME VISITS**

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

It is Our Home, Inc.'s goal to encourage your family's participation in your treatment. Therefore part of your treatment will involve contact with your family during visitation on grounds, off grounds, and home visits. It is mandatory for your family to meet with staff prior to a visit and upon returning from a visit. Family visitation occurs on either Saturday or Sunday for one to four hours or longer depending on resident's needs, safety with prior approval from the treatment team two times a month. While generally visitation is reserved to Saturday or Sunday, other days may be considered or arranged depending upon your family's circumstances. If your family needs to arrange a different day for visitation these arrangements should occur between your family and the Community/Family Services Coordinator.

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

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

The visitation for you while on the first and second stage of the program requires that you stay on Our Home, Inc. campus grounds. You will be considered for off-grounds visitation when you have completed and passed a sexual life history polygraph, are passing all classes in school, and have completed a staffing sharing your sexual history with your parents. Also expected before leaving campus you have completed the special off-grounds assignment. Once you have completed the first thinking errors assignment and have identified your pre and offense cycles, going on a home visit may be considered. Should you need to attend drug and alcohol treatment, successful completion needs to be accomplished before you can be considered for a home visit. This is generally following the thinking errors assignment as well.

Home visits will be considered upon completion of the thinking errors assignment. First two home visits are limited to Friday at 5:00 PM to Sunday at 5:00 PM. Visitations must be recommended by group and approved by treatment team. During the first home visit there is no authority. After the first home visit the resident may request with authority. No authority means the resident cannot be out of their parent's sight and are directly supervised at all times by their parents, (with the exception of when they are sleeping). Prior to any home visits, resident will complete Rules and Consequences to discuss with parents on first visit. On the second visit you will be expected to create and turn in to Community/Family Services Coordinator a contact list of friends with your third visit expecting you to request authority.

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

1. Any resident that is on their 3-5 assignment and passed a polygraph may be considered for a one day overnight visit. This will be considered depending upon sexual safety of the resident. The resident must have completed their off grounds assignment.
2. Day visitation can be considered for those completing off ground visitation expectations. One day over night home visit will be considered on holidays for those residents who have completed their empathy/apology assignment and have made apologies where needed.
3. Any resident on any assignment may be considered to have immediate family visit on grounds during the holiday. Special arrangements can be made with the Community/Family Services Coordinator.
4. On occasions, residents may have day visits or overnight visits in town prior to going to D&A treatment if approved by group, treatment team, and may be used upon approval from group and treatment staff.

## **MAIL**

The right to send and receive mail: It is the policy of Our Home, Inc. ASAP to provide mail services to the residents in treatment. Mail services shall be provided to the residents within the following framework:

Incoming and outgoing mail will not be held for more than twenty-four (24) hours, excluding weekends and holidays. The opening of incoming resident mail will be monitored to intercept cash, checks, money orders, and contraband. Residents shall open incoming mail in the presence of a staff member. Any cash, checks, or money orders received will be deposited in the resident's account. Any contraband (illegal or inappropriate items) found will be seized and disposed of accordingly. Outgoing resident 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. To ensure appropriateness of the correspondence, Our Home, Inc. may require residents 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 resident. Incoming letters deemed detrimental to the resident's treatment shall be collected by staff and put in storage with the resident's other banned items. There is no limit on the volume of mail a resident 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 resident will be notified when incoming mail is returned. All first-class letters and packages will be forwarded to residents 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.

## **SCHOOL**

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

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

This program also provides summer school so as to provide more opportunities for residents to earn graduation credits.

## **COMMENT CARDS**

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

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

### **Saturday Educational Voluntary Camp:**

Residents have the opportunity to do extra work and raise academic grades, turn in late work, etc. during this camp. The following are the expectations:

- Can sign up for failing, behind on work.
- Must be signed up by Friday at noon.
- Visits sit in another classroom with their parents until work desired is finished and turned into staff.
- If not signed up, you can't go just so you can get homework, this is done with the group during study time.
- Once signed up, you can't come off the list.
- Can help each other out with their work with staff permission.
- Must be in there for 1 and ½ hours unless work is finished and on visit.
- Leave work in folder, put in educational liaison bindle.

## **INPUT OPPORTUNITIES**

Our Home, Inc. values the input given by residents and their families, and considers it as an essential component in providing quality treatment services. All forms of provided input will be reviewed with the intent of improving upon our services. Throughout your stay, a variety of opportunities will be offered to you to provide input. These opportunities include:

Suggestion box  
Grievance Procedure  
Treatment Plan Meetings  
Group Sessions  
Individual Sessions  
Accessibility Committee  
Cultural Committee  
Pre/Post-Visit Meetings  
Debriefings  
Sick Call  
Meal Suggestion  
Daily Inspection Report  
Dept. of Social Services Annual Survey Monkey

After your stay, opportunities will also be offered to provide input regarding assessment of services and satisfaction. These opportunities include:

Resident Satisfaction Survey  
Parent/Family Satisfaction Survey  
Resident Post-Treatment Outcome Survey

## **SUGGESTION BOX**

A suggestion box is provided for all residents to make any suggestion they feel might benefit the program. All suggestions will be reviewed and given a response. The response will be given once a month with all three groups present.

## **FOREMAN**

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

need to be redone the staff will inform the group of what jobs are in need of further attention. The Foreman's responsibility is to assist new group members in teaching them how to do the jobs they are assigned to.

### **ACTIVITY COMMITTEE**

The activity committee is selected by the group and is made up of four group members. The responsibility of this committee is to ask group members prior to request rap, what activities they would like to do for the weekend. The committee then meets to discuss recommendations from their group members and during request rap suggest three to four ideas that the group eventually picks two, one is the activity the group wants to recommend to the treatment team and another as an alternative activity.

### **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 majority of the group must agree upon all requests and this is then written on a form called team feedback and is then considered as a recommendation to the treatment team. The group will find out the treatment team's decision in feedback rap. After discussed with the group, the team feedback sheet is then hung in the lounge on the bulletin board.

### **RAP**

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

### **CULTURAL COMMITTEE**

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

### **ACCESSIBILITY COMMITTEE**

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

### **RELIGIOUS SERVICES AND CEREMONIES POLICY**

It is the policy of Our Home, Inc. to allow attendance at religious services and ceremonies in accordance with individual belief and practices. This policy is based on Our Home, Inc.'s philosophy that spiritual needs hold an important part in the development and holistic wellness of the young people in our care. Therefore, efforts are made to meet these needs through providing and coordinating activities that are spiritually beneficial for the resident. There is a wide-range of activities that have a spiritual basis. Some activities practiced on a day-to-day basis include:

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

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

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

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

1. Our Home, Inc. shall make reasonable efforts to allow for the resident to participate in spiritually related activities that are consistent with the individual’s own choosing. Limitations may apply due to available resources, time and individual need. While the primary organizational goal is “treatment”, spirituality offers a way to enhance the overall treatment process.
2. Spiritual services will be provided in a manner that is safe, non-discriminatory and equitable.
3. All residents shall have freedom of choice in matters pertaining to their participation in any spiritually related services, ceremonies or activities. Participation is voluntary.
4. Our Home, Inc. serves a diverse population. Diverse populations have divergent belief systems. Because our services are group orientated, the young people in our care may be exposed to a variety of spiritual experiences as we seek to meet their needs.
5. Our Home, Inc. wants both the resident and their parents to be informed about the general nature of activities that occur. We ask that any resident or parent who has a concern about spiritually related issues advise us so we might discuss the concern.
6. Residents can attend their own church based on available staff to transport. Residents may sit by themselves, this applies to upper 3<sup>rd</sup> and 4<sup>th</sup> stage residents.
7. Visitation from spiritual advisors and clergyman is encouraged and will be taken into consideration anytime based on the resident’s individual needs and behavior.
8. Residents can include attending church with parents on visitation if pre-arranged with the Community/Family Services Coordinator and youth is allowed off ground visits.
9. The varying nature of different church services and sweat lodge ceremonies result in complexities that make providing these activities a challenge. Thus, the staff may find it necessary to make special considerations.
10. The sexual safety of the residents shall be carefully assessed in program efforts to accommodate for participation. This assessment of sexual safety risk will consider each resident’s history relating to same sex - sexual contact.
11. Also assessed are individualized relationship issues existing between the residents attending such programming or if there are treatment issues relating to other residents in attendance at the spiritual services provided.
12. Nothing within this policy statement or procedures shall prohibit Our Home, Inc. staff from altering any and all accommodation efforts due to changes in resident status, resource availability or crisis situations that may arise.
13. Residents eligible for off grounds visitation and returning from alternative program placements shall be considered as stage one or two residents for two weeks following their return to allow for a reasonable assessment and reintegration period to pass.
14. Stage four residents may attend church and sweat lodge ceremonies without review by the treatment team or placing authority, unless otherwise indicated.



## **PRIDE AWARD**

The pride award is twofold. This means an individual within each group has the opportunity to earn an individual weekly pride award as well as the group earning an overall monthly award. The individual earning the pride award will have the privilege of having special seating at the weekend movie. The individual pride award winners will be posted on the community board.

The group pride award earned will receive \$50.00 to spend on a group activity within two weeks. The plaque is given in honor of the group's pride, attitude, respect, and education accomplishments. The pride award will be announced at the end of the month in a rap with all three groups.

## **GROUP FUND**

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

## **LOCKER FINES**

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

## **GROUP TOGETHERNESS (GT)**

Group togetherness is a therapeutic strategy to help teach care and concern and to further develop the trust in your group. This occurs when the majority or whole group refuses to participate and assist one another in the helping process and provides opportunities for the group to become more positively involved with each other. During this time, staff are in a position of more control in the day to day routine and as the group takes on more responsibility to show care and concern and to help each other their group member responsibilities are given back to them. Should your group be put on GT there will be only one phone call to inform your parent/guardian that you are on GT and all visits and activities are restricted to on grounds.

## **CAMPUS EXPECTATIONS**

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

- ♦In helping and caring for each other, the respect, pride and consideration for each other's surroundings and living quarters should be taken into consideration. Therefore, at ASAP no food or drinks by any group member is allowed except back by the night staff desk. No food, candy, or pop is allowed in bedrooms.
- ♦No food or drinks are allowed at the school or gym except for special functions arranged by teachers or staff, however all residents are allowed to carry water bottles on campus and may have water in any area of the facility, school, or gym.
- ♦Families are allowed, if arranged by the Community/Family Services Coordinator, to have food in the ASAP building 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

Meal times:

Monday – Friday                      7:30 am breakfast

12:15 pm lunch

5:30 pm supper

Saturday/Sunday/Holidays        8:00 am breakfast

& during school vacation        12:15 pm lunch

5:30 pm supper

\*if group is late, past 5:50 pm for supper, plates will already be dished up

\*if group eats late, past 6:15 pm, are responsible to sweep and mop hall and wipe down chairs

## **DAILY RESPONSIBILITIES**

### **INDIVIDUAL JOBS:**

#### **Daily**

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

#### **Saturday or As Needed**

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

### **GROUP ON HALL/OUTSIDE JOBS:**

#### **Daily**

1. Empty all garbage cans in offices, bathrooms, laundry room, copy room and med room
2. Clean staff bathrooms, mirrors, stools and mop floor
3. During winter months scrape windows on car and mini van. (as needed also)
4. Sanitize door knobs

#### **Saturday or As Needed**

1. Sweep/mop foyer, hallways, night staff/hub, laundry room, chemical room (as needed also)
2. Dust-any flat surfaces/furniture
3. Spot wash walls
4. Wash off mop boards
5. Wipe off washer/dryer, vacuum rugs
6. Organize chemical closets (as needed also)
7. Vacuum copy room, file room and empty garbage (as needed also)
8. Wash off table/chairs at night staff/hub area
9. Clean windows (as needed also)
10. Vacuum and dust offices (as needed)
11. Scrape windows on all vehicles during winter months (as needed also)
12. Pull weeds and sweep sidewalks –spring, summer, fall (also as needed)

13. Pick up litter/walk grounds-spring, summer, fall (also as needed)
14. Shovel sidewalks, front and back building (as needed)

#### **GROUP ON BATHROOMS/LOUNGES JOBS:**

##### **Daily**

1. Clean showers, toilets, wipe off counters
2. Empty trash
3. Sanitize door knobs

##### **Saturday or As Needed**

1. Sweep, mop, vacuum lounges (as needed also)
2. Clean and sanitize bath mats (as needed also)
3. Clean mirrors and windows (as needed also)
4. Wash mop boards and spot wipe walls
5. Stock bathrooms (as needed also)
6. Dust furniture
7. Vacuum couches
8. Pick up litter, walk grounds-spring, summer, fall (as needed also)
9. Clean and organize shed (as needed also)

#### **GROUP ON SCHOOL BUILDING/OUTSIDE JOBS:**

##### **Daily**

1. Clean both restrooms
2. Empty trash
3. Sanitize door knobs

##### **Saturday or As Needed**

1. Vacuum halls, classrooms, offices, testing room (as needed also)
2. Clean windows and dust (as needed also)
3. Stock bathrooms with supplies (as needed also)
4. Clean and organize chemical closet (as needed also)
5. Wipe off desks/chairs, counters and sanitize (as needed also)
6. Sweep/mop foyer and gym (as needed also)
7. Vacuum rugs in gym (as needed also)
8. Clean supply closet in gym (as needed also)
9. Clean weight room (as needed also)
10. Clean mop boards and spot wipe walls
11. Pull weeds and sweep sidewalk – spring, summer and fall (as needed also)
12. Shovel sidewalks (north and west side including Journey steps (as needed)

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

\*Cleaning vehicles on Saturdays as assigned.

### **CONFIDENTIALITY**

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

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

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

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

## **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.

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

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

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

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

Our Home, Inc. ASAP also completes a Child and Adolescent Functional Assessment Scale at assigned increments to aid in the objective assessment of the person's progress or regression during the treatment process.

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

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

## **DISCHARGE CRITERIA**

### **General Discharge Criteria**

The person's presenting problems are assessed as no longer presenting a sexually or behavioral danger to others or to self.

The person served has accomplished the general treatment plan objectives.

Concurrence is established among the person served, the treatment team, referring parties, parents/guardians and the utilization review team as to discharge readiness.

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

### **Alternate Discharge Criteria**

If further treatment as assessed by the person served, the treatment team, the referring party, the parents and guardians or the utilization review team, is deemed unlikely to be of further benefit,

this assessment may stand as a discharge criterion. An aftercare plan appropriate to the strengths, needs and abilities of the person shall be established under this criterion.

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

## **CONTROL OF MEDICATIONS**

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

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

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

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

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

### **I. Definitions**

1. Physical Abuse is strictly prohibited.

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

2. Sexual Abuse is strictly prohibited.

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

- 4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

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

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

3. Neglect is strictly prohibited.

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

4. Emotional Maltreatment is strictly prohibited.

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

5. Sexual Harassment is strictly prohibited.

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

suggestive or derogatory comments about body or clothing, or obscene language or gestures.

## **II. Reporting Procedures**

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

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

## **III. Response Procedures**

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

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

## **IV. Victim Advocates**

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

Child's Voice – 1305 W. 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

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

## **V. Retaliation Prohibited**

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

While all staff members shall be observant for and report any suspected act of retaliation to their supervisor, the Program Coordinator has been assigned the primary responsibility for monitoring for acts of retaliation within their respective program. If the Program Coordinator substantiates

retaliation, he or she shall take prompt preventive measures. All acts of retaliation are subject to disciplinary action.

## VI. Resident Orientation and Education

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

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

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

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

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

## **NEGLECT AND ABUSE REPORTING**

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

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

## **SMOKING**

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

## **RUNAWAYS**

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



## **RESIDENT ACCESS TO CASE RECORDS**

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

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

\* Except for Our Home, Inc. generated material, staff shall not allow federal placement residents access to case record information without approval from the CCM.

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.

## **FIRE SAFETY**

### **FIRE ESCAPE ROUTES**

If fire breaks out do not panic, remain calm, alert others and exit through the nearest fire door. Emergency routes are posted throughout the facility. Do not try to take anything with you just get out as quickly and orderly as possible. Once safely out of the school, go to the parking area east of the dining hall. Once safely outside of the group home go to the west field/parking lot under the light post and regroup. It is important that everyone meet in the same spot so that we will know if everyone is out safely. If the fire doors are blocked, use a different emergency route, possibly through a window. It is important to work out alternate emergency fire routes, write them down and practice getting out (fire drills) so that you will not be caught off guard in case of a fire.

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

### **FIRE PROCEDURES**

1. Alert people in building, yell "FIRE!"
2. Follow instructions given by staff on duty.
3. Exit through nearest fire door, as quickly, but as safely as possible.
4. Go directly to the west field/parking lot under the light post and regroup if in the group home.
5. if on fire STOP! DROP! and ROLL!

6. Do not re-enter the building until told to do so by staff on duty.

### **MISCELLANEOUS:**

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**

### **TORNADO WARNING**

When a severe storm warning or tornado warning is received, it is very important to follow instructions from the staff. They will direct you to the bathrooms in Journey and Mercury lounge, group Genesis will split in half. 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.

## **RESIDENT DISCIPLINE**

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

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

### **Disciplinary Actions**

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

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

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

- ◆The completion of an incident report with a copy provided to the accused resident.
- ◆The appointment of a staff investigator who reviews the resident's rights with the accused resident, documents the resident's statement, asks if staff representation is requested, talks with witnesses and investigates statements.

- ◆The holding of the FDC Hearing and determination of the sanction(s) to be imposed if a prohibited act was committed.

### Appeal Process

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

## **NOTICE OF PRIVACY PRACTICES**

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

**PLEASE REVIEW THIS NOTICE CAREFULLY.  
Effective date of this Notice and policy is January 9, 2008**

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

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

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

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

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

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

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

or medical information relating to a resident's substance abuse treatment unless (i) the resident consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

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

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

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

You have the following rights regarding your health information.

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

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

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

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

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

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

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

#### **Notification of Agency Policies**

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

- \* Admission
- \* Confidentiality of Information
- \* Written Treatment Plan
- \* In-house Abuse and/or Neglect Prevention & Intervention
- \* Scope of Services
- \* Access to Health Care

- \* Case Management
- \* Counseling
- \* Discharge
- \* Resident Discipline
- \* Collection and Recording of Health Appraisal Data
- \* Medical Emergency Plan
- \* Immediate Medical Examination and Treatment

### **Reporting Requirements**

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

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

### **ACCESS TO HEALTH CARE**

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

- Inform your assigned staff member(s) that you have a non-emergency illness or injury and request to put your name on the sick call board for the Nurse.
- The Nurse will fill out the sick call form.
- The facility Nurse will check the community board daily and will talk with you and will make an appointment to see you.

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

### **GRIEVANCE PROCEDURE**

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

#### **Grievance and Appeal Process**

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

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

The Counselor/Group Leader shall review the complaint and conduct an investigation. This and any further investigation may include questioning the resident, other residents in the program, staff members, etc. Following the investigation, the Counselor/Group Leader shall render a decision and record it in the appropriate section on the Grievance Form. The Counselor/Group Leader shall also meet with the resident to provide him/her with the decision. This investigation,

decision making, and meeting with the resident shall be completed within 5 days of the date of the complaint. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Program Coordinator.

- A Grievance Form shall not be submitted or referred to a staff member who is the subject of the complaint. In this circumstance, the grievance shall be submitted or referred to the next highest level of supervision.
  - In the event the resident complaint is regarding health care, the completed Grievance Form shall be given to the facility's Nurse instead of the assigned Counselor/Group Leader.
  - Any formal complaint regarding sexual harassment, policy and procedure violations where-in sexual abuse was not thought to be an end result, or allegations thought to be of casual physical contact preliminarily suspected to have occurred without sexual intent will be investigated following the agency's Internal Administrative Inquiries procedures.
  - Any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators. Our Home, Inc. allows fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing formal complaints relating to allegations of sexual abuse and to file formal complaints relating to allegations of sexual abuse on behalf of residents.
  - Any case wherein a violation of resident's rights has occurred shall be reported by the complaint reviewer to the Associate and Executive Directors.
2. If the complaint is not resolved in step 1, the Grievance Form shall be forwarded without alteration, interference, or delay to the Program Coordinator. The Program Coordinator shall review the complaint and conduct an investigation. Following the investigation, the Program Coordinator shall render a decision and record it in the appropriate section on the Grievance Form. The Program Coordinator shall also meet with the resident to provide him/her with the decision. This investigation, decision making, and meeting with the resident shall be completed within 5 days of the completion of step 1. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Associate Director.
  3. If the complaint is not resolved in step 2, the Grievance Form shall be forwarded without alteration, interference, or delay to the Associate Director. The Associate Director shall review the complaint and conduct an investigation. Following the investigation, the Associate Director shall render a decision and record it in the appropriate section on the Grievance Form. The Associate Director shall ensure that the resident is informed of the decision. This investigation, decision making, and informing shall be completed within 5 days of the completion of step 2. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident with a copy provided to the resident.
  4. If the complaint is not resolved in step 3, the final level of review will be conducted by a source external to the agency. The Program Coordinator shall contact without delay the resident's referral worker to inform him/her of the unresolved complaint. If the resident has no referral worker, South Dakota Advocacy Services shall instead be contacted. The Program Coordinator shall be responsible to provide the external source with any information needed to perform the review. The external source will review the complaint, conduct an investigation, and attempt to resolve the complaint in cooperation with the agency and resident. The external source shall then record their findings and the final disposition in the appropriate section on the Grievance Form. The external source will be encouraged to complete this process within 14 days of being contacted. The Program Coordinator shall ensure that the resident is informed of the final

disposition and given a copy of the Grievance Form. The original Grievance Form shall then be filed in the chart of the resident.

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

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

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

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

## **SECLUSION AND PERSONAL RESTRAINT**

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

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

- I. A resident shall not be placed in seclusion or personal restraint unless the placement agency has given written permission and the use has been incorporated into the resident's treatment plan. If the resident has been placed by their parent or guardian, the parent or guardian must provide the written permission.
- II. Use shall be selected only when other less restrictive measures have been ineffective. All attempts shall be made to de-escalate crises and use seclusion and personal restraint as a safety intervention of last resort.
- III. Our Home, Inc. shall be dedicated to creating an environment and an organizational approach that strives to prevent, reduce, and eliminate the use of seclusion and restraint.
- IV. Contributing environmental factors that may promote maladaptive behaviors shall be immediately assessed with action taken to minimize those factors.
- V. Staff shall recognize that each resident has the right to be free from seclusion or restraint, of any form, used as a means of coercion, discipline, convenience, punishment, and retaliation.
- VI. Seclusion and restraint shall be provided under physician supervision/oversight.
- VII. An order for seclusion or restraint shall not be written as a standing order.
- VIII. Seclusion or restraint shall be implemented in a manner to avoid harm or injury and must be used only until the situation has ceased and the resident's safety and the safety of others can be ensured.

- IX. Seclusion and restraint shall not be used at the same time.
- X. The physical plant of each agency treatment facility shall be planned to safely and humanely accommodate the practice of seclusion or restraint.
- XI. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse).
- XII. Staff will be solely responsible for conducting seclusion and restraint. Residents will not be used or allowed to control other residents.
- XIII. Only staff who have completed and demonstrated competency in required trainings may participate in an emergency safety intervention.
- XIV. Videotaping of calculated restraint incidents is required on all U.S. Probation and Custody residents.

## **Procedures**

### **Notification of program policy.**

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

### **Admission Assessment for Potential Seclusion or Restraint**

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

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

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

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

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

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

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



the resident's release, a second assessment must be conducted after the seclusion or restraint ends.

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

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

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

### **Facility Reporting**

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

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

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

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

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

### **Post Intervention Debriefings**

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

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

### **Treatment Plan Review**

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

## **Education and Training**

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

## **Room Requirements**

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

## **Performance Improvement**

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

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

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

## **Annual Review**

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

## **Contact Information**

### **State Medicaid Agency**

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

- or -

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

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

Child Protective Services  
Central Intake Number  
Phone: 877-244-0864

#### Parkston Program:

Coreen Odens (ext. 228) or Kathy Boysen (ext. 225)  
Intake Specialists  
DSS – Child Protection Services – Yankton  
3113 N. Spruce St., Suite 200  
Yankton, SD 57078-5320  
Toll Free: 1-866-847-7338  
Phone: 605-668-3030  
Fax: 605-668-3014

### **State-designated Advocacy Organization**

Rod Raschke, Intake Specialist  
South Dakota Advocacy Services  
221 South Central Avenue  
Pierre, SD 57501  
Phone: 605-224-8294 Voice/TDD \ 800-658-4782  
Fax: 605-224-5125  
E-mail: [raschke@sdadvocacy.com](mailto:raschke@sdadvocacy.com)

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

Michael K Bishop  
Centers for Medicare and Medicaid Services  
Denver Regional Office  
1600 Broadway, Suite 700  
Denver, CO 80202-4967  
Phone: 303-844-7048  
Email: [Michael.Bishop1@cms.hhs.gov](mailto:Michael.Bishop1@cms.hhs.gov)

## **Reasonable and Prudent Parenting Standard** (12/13/2016)

### **POLICY**

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

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

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

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

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

### **PROCEDURES**

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

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

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

- Determining if the activity maintains or promotes the child's health, safety, best interests, and well-being

**Agency Requirements:**

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

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

# RESIDENT ORIENTATION CHECKLIST

(1/6/17)

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

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

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

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

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

