

RESIDENT HANDBOOK

(5/18/17)

Our Home, Inc.

Rediscovery

Drug and Alcohol Center

40354 210th St

Huron, SD 57350

Phone: (605) 353-1025

Fax: (605) 353-1061

Table of Contents

New Resident Welcome	3
Program Description	3
Discharge Criteria	3
Short Term Adolescent Relapse Treatment	4
Mental Health Co-Occuring Disorders	5
Standards of Professional Conduct Related to Services	5
Assessment & Treatment Plan	6
Treatment Plan Development & Continued Stay Criterria	6
Seculsion & Personal Restraint	7
Notice of Privacy Practices	10
Ways In Which Input Can Be Given	12
Disability or Special Needs	13
Contact List	14
Family Counseling & Family Services	14
Suggestions & Input	14
Searchs & Contraband	14
Code of Ethics	15
Confidentialty	15
Release of Information	16
Child Abuse, Neglect & Sexual Harassment	16
Neglect & Abuse Reporting	19
Physical Health	19
Program Expectation	19
Accessibility Committee	20
Cultural Committee	20
Religious Services & Ceremonies	20
Client Rights	21
Client Responsibilities	22
School	22
Client Access of Case Records	24
Phase Privileges	24
Visitation	25
Requesting a Visit	25
On-Grounds Visi	26
Off-Grounds Visit	26
Phone Calls	27
Mail	28
Shopping Privileges	28
Client Guidelines for Decorating	29
Phase Privileges for Bedtime	30
Dress Code	30
Runaway	30
Transfer/Removal from the Program	30
Juvenile Discipline	31
Group Togetherness	31
Grievance Procedure	32
Medications& Administration	34
Access to Health Care	34
Smoking	34
Fire Evacuation	35
Additional Support Services	35
Facilty Tour	35
Request form for help with a disability	36
Daily Schedule_(During School)	37
Daily Schedule_(During Summer)	38

Welcome

The staff of Our Home, Inc. Rediscovery 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, Inc. Rediscovery Program is a program especially designed to help young people, such as yourself, who are experiencing substance abuse and dependence. The program is based on the belief that chemical dependency is a progressive illness and it is best treated as such. We also believe that this illness has a harmful affect on you as you are going through the natural process of growing into a young adult. The program that you will be participating in has been specifically designed to help you begin a chemical dependency recovery program, to help you understand that the transition from child to adult, as well as how this transition is affected by substance abuse/dependence. The program will also provide you with specialized skills to help you in your recovery program and in your transition into a young adult.

The program believes that group methods are the best way to help you in your recovery and personal growth. You will be participating in a lot of group activities during your stay. You will be expected to use these groups to your own advantage and to help others in their recovery and growth. Above all, it is very important that you understand that your treatment experience can only be a beginning in helping you live a healthier and more satisfying life. Ultimately, you are responsible for applying the things that you have learned in treatment to your daily life.

The Our Home, Inc. Rediscovery Program is 45 days to 60 days in length (Short Term Relapse Program is 18 days in length), depending upon your individual needs. During your stay, some of the activities that you will participate in will include the following:

- Peer Group
- Step Group
- Education Group
- Spirituality Group (optional)
- Task Group
- AA & NA Meetings (on & off grounds)
- Other groups and activities as assigned

You will also be participating in individual counseling, recreational activities, school and family counseling/services. ***Refer to the "Daily Schedule" tab to view the program's schedule.***

DISCHARGE CRITERIA

General Discharge Criteria

- The person's presenting substance abuse no longer appears to present danger to others or self.
- The person served has accomplished the treatment plan objectives.
- There is concurrence among the person served, the treatment team, referring parties, parents/guardians and the utilization review team as to discharge readinReess.
- 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.
- 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.

*****Read only if in the Short Term Relapse Program Track *****
Otherwise skip down to Mental Health on page 5

Short-Term Adolescent Relapse Treatment

The Our Home Short Term Relapse Treatment Program is an intensive 7-18 day program. This program is designed for adolescents with a diagnosis of alcohol and other drug dependence, and who have successfully completed drug and alcohol treatment at least once. The individual must have relapsed while living in the community. The purpose of the program is to assist adolescents in re-establishing their recovery program and in making vital community connections to support recovery. Therefore, the treatment process places a focus on identifying primary relapse "triggers", relapse prevention and developing a continued care plan. An emphasis is placed on family involvement as well as involvement from the primary referral and other community support providers.

Treatment Philosophy

The Our Home Rediscovery Program Philosophy is based on the belief that chemical dependency is a chronic and progressive illness and that the illness affects the individual in a holistic sense. The primary goal of treatment is for the individual to achieve sustained abstinence. However, programmatic experience is that relapse during recovery is not an uncommon event, especially among adolescents. Therefore, it is the philosophy of this program that early and intense intervention in relapse episodes can help arrest the relapsing condition and re-direct the individual toward recovery. Finally, it is also a critical belief that a philosophical sound support system increases the likelihood of recovery outside of a residential treatment setting.

Admission Criteria

The Our Home Rediscovery Program will accept individuals based upon the following admission criteria.

1. Applicants must be between the ages of 12 through 18 years of age.
2. Applicants must meet the current DSM diagnostic criteria for substance dependence disorders and have successfully completed treatment at least once.
3. Applicants shall not require detoxification services.
4. Payment arrangements must be established prior to admission.

Discharge Criteria

The Adolescent Relapse Treatment Program will base discharges on the specific criteria summarized below.

1. Satisfactory completion of the treatment plan;
 - Completion of Standard Tasks.
 - Completion of individualized tasks.
2. Develop a Continued Care Plan suitable to the client's needs and situation.
3. Assessed readiness for transfer to lesser level of care according to ASAM.
4. Completion of community contact with pre planned support system providers.

Clients that are identified as inappropriate for program services: The following conditions must be met prior to or as part of and client discharged under this classification;

1. Clinical treatment team consensus as to discharge or retention along with specific approval of Blaise Tomczak, Program Coordinator is required.
2. Notification of the primary referral party.
3. Referral to other more appropriate resources when applicable; and
4. The availability of safe transportation to the appropriate locations.

Discharge planning

Discharge planning is a vital component to assure that the youth is connected to the resources in their community. The process of connecting the youth and the community resources is summarized below:

1. The primary counselor will assure that the youth contacts community resources prior to youth’s discharge from treatment. Resources may include but are not limited to the following:
 - Aftercare counselor
 - School contact (Guidance Counselor, Principal)
 - Mentor
 - AA/NA Sponsor

2. A Continued Care Plan will be established prior to discharge. This plan may include but is not limited to the following:
 - Relapse triggers with basic intervention plans.
 - Denote appointments and aftercare dates.
 - Times and frequency of AA/NA meetings.
 - Support systems and phone numbers.
 - List of supportive peers.
 - List of supportive activities.

3. The client will review the Continued Care Plan and Aftercare instructions with the parent/guardian and referring party prior to discharge.

Mental Health
Co-Occurring Disorders

The Rediscovery Drug & Alcohol Treatment Program recognizes and acknowledges the needs of clients with co-occurring addictive and mental health disorders. Within the next couple days you will be meeting with Dr. Frank Dame (Director of Clinical Services). In this meeting Dr. Dame will be getting to know you by discussing your strengths and weaknesses to assist in your treatment. Clients with co-occurring disorder will have a structured treatment process addressing both their chemical dependency and their psychiatric needs. Our Home provides both individual and group therapy with these clients to assist them in learning to live with their illnesses. The treatment includes individualized cognitive therapy with medical management for those requiring psychotropic medication. This is done under the direction of our Medical Director & Our Home Psychological Services. The Rediscovery program also has mental health literature available to clients. You’ll find these in the display rack in northeast corning of the main living area.

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 from 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 form.

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

Assessment and Treatment Plan

You have been assigned name of counselor as your individual counselor who will be responsible for working closely with you during your stay in treatment. Within 5 days of your admission, name of counselor will be conducting an assessment interview. This will involve name of counselor sitting down with you and reviewing assessment materials that you will be completing, talking with you about your story (how you ended up here at Our Home). name of counselor will also be discussing how your use of chemicals has impacted your life (physically, emotionally, family, education, legally, spiritually, etc.). The purpose of conducting an assessment interview is to determine a diagnosis and recommendation for the appropriate level of treatment. name of counselor will also be working with the treatment team to determine the programming best suited to your needs.

Treatment Plan Development & Continued Stay Criteria

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, Counselor, and Nurse. This treatment team will form a healing partnership between you, your parent/guardian and your worker in developing your treatment plan.

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

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

Treatment plans are generally held each Thursday between 8:00 am – 12:00 pm. Our Home will be notifying your parent/guardian as well as your referral worker regarding the scheduled time of your treatment plan.

In addition:

The treatment plan shall, during the course of your treatment, identify the aftercare services planned for you. This plan shall be reviewed or updated during scheduled treatment plan reviews.

The treatment plan shall, during the course of your treatment, identify a discharge 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 you throughout the treatment process.

The Rediscovery Program shall also assign the person served to a treatment “Phase” starting at Phase One up to Phase Three. Phases are earned/maintained by resident increased responsibility and improved wellness. Treatment tasks assigned further guide and assist your 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.

The Rediscovery Program shall include the assessment of the person served against Dimensional Criteria established by the American Society of Addiction Medicine (ASAM). Assessment in accordance with ASAM criteria shall guide the process of determining admission and continued stay appropriateness.

To assist in the assessment of need for continued stay and appropriateness of placement, Rediscovery employees shall coordinate for and participate in 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 Recommendations on Continued Service Review form.

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

SECLUSION AND PERSONAL RESTRAINT

(11/19/13)

Policy

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

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

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

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

Procedures

Notification of program policy.

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

Admission Assessment for Potential Seclusion or Restraint

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

Determining the Need for and Implementing Seclusion or Restraint

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

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

Monitoring of the Resident In and Immediately After Seclusion or Restraint

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

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

Medical Treatment for Injuries Resulting from Seclusion or Restraint

All staff shall be alert for any resident or staff injuries following seclusion or restraint. Specifically, staff shall observe and question all persons involved regarding their current health status immediately following the seclusion or restraint to determine 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 shall also be submitted to the RRM within 24 hours of the restraint for all U.S. Probation and Custody residents.

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

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

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

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

Post Intervention Debriefings

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

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

Treatment Plan Review

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

Education and Training

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

Room Requirements

Rooms designated for the use of seclusion or restraint shall be free of potentially hazardous conditions and have a focus on the comfort of the resident, an emergency exit plan, access to bathroom facilities, sufficient

lighting, observation availability that allows staff full view of the resident in all areas of the room, and a location that promotes privacy and dignity of the resident.

Performance Improvement

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

Plan to Minimize Use of Seclusion and Personal Restraint

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

Annual Review

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

Contact Information

State Medicaid Agency

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

- or -

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

State-designated Protection Organization

Huron Programs:

DSS – Child Protection Services
Intake Specialist
Toll Free Hot Line: 1-877-244-0864
Ask for Fax # from intake worker
Or for email, get name and type
First.Last(names)@state.sd.us

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

Centers for Medicare & Medicaid Services (CMS)

Helen Jewell
Centers for Medicare and Medicaid Services
Denver Regional Office
1600 Broadway, Suite 700
Denver, CO 80202-4967
Phone: 303-844-7032
Fax: 303-860-5897

(Above Updated: 1/12/17)

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 client or provide any mental health or medical information relating to a client's substance abuse treatment unless (i) the client 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

Ways In Which Input Can Be Given

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

Suggestion Box
Grievance Procedures
Treatment Plan Meetings
Group Sessions
Individual Sessions
Accessibility Committee
Pre/Post-Visit Meetings
Debriefings
Sick Call
Meal Suggestions
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

Disability or Special Needs

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

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

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

First, your counselor or other staff member will review the form and visit with you so they fully understand your needs and to identify ideas to help meet these needs.

Second, your counselor will visit with your referral worker (but only with your permission) and will also visit with the Our Home employee (the Licensing and Accreditation Manager) responsible for helping decide if Our Home can meet your needs and how your needs can best be met.

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

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

CAN MY REQUEST FOR ASSISTANCE BE TURNED DOWN?

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

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

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

Communicate with your counselor and other staff involved! Our staff wants to help, but they need you to talk openly and work cooperatively with them to do so.

***Request Form can be found in back of Handbook ***

Contact List

Shortly after your arrival your assigned counselor will be sitting down with you and establishing a contact list. The list will consist of individuals that you can have contact with while in treatment. The list will consist of immediate family members (parents, grandparents, siblings, etc.). The guidelines for mail, phone and visitation will be covered later on in the handbook.

Family Counseling and Family Services.

Each client and his or her family unit shall be encouraged to participate in the family counseling services provided by the program. This may involve phone sessions, individual sessions and Family Program. The Family Program includes one day of structured family programming that's held every five weeks (Family Program is held on a Friday). Notification of the Family Program will be sent out to families a couple of weeks prior to the Family Program. No client will be denied program services based upon the unwillingness or absence of family members to participate in family programming. There may be cases that it may be a part of the admission requirements that family members agree to participate in this programming based upon the importance of the family in the recovery process. The family services are coordinated and provided by certified chemical dependency counseling staff.

INPUT FROM CLIENTS

(Suggestions/Input)

Our Home, Inc. Rediscovery is always looking for ways to improve services. As a client at Our Home, you will be able to give suggestions/input for program improvements. Any suggestions/ input that you may have can be put in the **SUGGESTION BOX** located on black filing cabinets (In the big group room). Suggestions can be put into the box anonymously. Each week during Staff Meeting suggestions will be discussed and, if possible, used to improve the services.

SEARCHS & CONTRABAND / WEAPONS

Our Home, Inc. wants to assure safety for all residents. It is policy of Our Home, Inc. to conduct searches of the residents and the residents' housing areas and personal property to control contraband. Contraband is any item possessed by a youth or found within the facility that is considered illegal by law or prohibited by the treatment facility. Items identified as contraband will be confiscated by staff and either preserved for evidence, destroyed, placed in storage, or sent back to the youth's parents or guardian.

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

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

1. Any narcotics, marijuana, drugs, or related paraphernalia not prescribed for the individual.
2. A gun, firearm, weapon, knife, sharpened instrument, dangerous chemical, explosive, or ammunition.
3. A hazardous tool most likely to be used in an escape attempt or to serve as a weapon capable of doing serious bodily harm.

Banned Items – any item prohibited by the treatment facility. These items shall be confiscated and either destroyed, placed in storage, or sent back to the youth’s parents or guardian. Follow informal resolution procedures for any violations of the Prohibited Acts.

1. Alcoholic beverages – destroy
2. Any intoxicant or huffable product – destroy
3. Any locking device or lock pick – destroy
4. Over the counter or prescription medications – give to Nurse
5. Cigarettes or other tobacco products, matches or lighters – destroy
6. Any sharp objects, pins, tacks, etc. that may be utilized for self-mutilation - destroy
7. Clothing adorned with alcohol or cigarette logos, or advertisements identifying alcohol or drinking establishments – place in storage
8. India ink, powdered Kool-Aid, needles or pins - destroy
9. Pornography including videos, magazines, posters, including possession of 1-800 or 1-900 numbers or from the Internet - destroy
10. Property or money not belonging to the youth – return to owner
11. CD’s, cassettes, movies, games, cell phones – place in storage
12. Possession of clothing not in accordance with youth’s clothing list – place in storage if owned by youth
13. Gambling paraphernalia - destroy
14. Letters, cards or pictures from individuals not on the youth’s contact list – place in storage
15. Oversized clothing that does not meet the dress code – place in storage
16. Food items brought into the facility that were not authorized by the treatment team - destroy
17. Hemp braided necklaces – place in storage
18. Wallets, radios, sharp objects, pens, personal hygiene items containing alcohol, video games – place in storage
19. Magazines or posters – place in storage
20. Carmex, lip balm, facial cleaners, or mouthwash. (Unless authorized by the Our Home, Inc. Nurse.) – place in storage

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

CODE OF ETHICS

Our Home, Inc. Staff maintain a Code of Ethics that include the following:

CONFIDENTIALITY

The confidentiality of alcohol and other drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or other drug abuser unless:

1. The patient consents in writing (Release of Information)
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a bona fide medical emergency or to qualified personnel for research, audit, or program evaluation.

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

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Our Home staff are required by

State Law to report these matters to the Department of Social Services. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.)

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.

RELEASE OF INFORMATION

Soon after arriving, your counselor will be sitting down with you and filling out Release of Information forms. As described above, your stay here at Our Home is confidential and that information can only be released by Our Home with your signed consent. Residents may revoke a Release of Information after they had signed one by putting it in writing that you choose to revoke (this is to be given to the assigned counselor or Program Coordinator). A signed Release of Information expires upon completion of the aftercare plan and required follow-up contacts, but not to exceed one year following discharge from the Our Home, Inc. Rediscovery Program.

CHILD ABUSE, NEGLECT AND SEXUAL HARASSMENT

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.

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.

4. Emotional Maltreatment is strictly prohibited.

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

5. Sexual Harassment is strictly prohibited.

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

II. Reporting Procedures

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

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

III. Response Procedures

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

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

IV. Victim Advocates

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

Child's Voice – 1305 W. 18th Street, Sioux Falls, SD 57105 – 1-605-333-2226
Children's Safe Place – PO Box 49, Ft. Thompson, SD 57339 – 1-605-245-2767

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

V. Retaliation Prohibited

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

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

VI. Resident Orientation and Education

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

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

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

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

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

NEGLECT & 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 of 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 inform you that the program staff are obligated by State Law to report these matters to the Department of Social Services 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.

PHYSICAL HEALTH

Our Home, Inc. wants to assure that your health is assessed in order to avoid any complications in the future. The nurse will be meeting with you to conduct a Nursing Care Evaluation. You will also be taken to the Huron Clinic for a physical examination. Our Home's medical director is Dr. Janice McKenney, 111 4th St. SE Huron, SD 57350 ph. (605) 352-8691.

PROGRAM EXPECTATIONS

It is also fair to advise you that there are certain expectations placed upon you because you are living in a residential treatment facility. You will be expected to meet these expectations, and to the extent possible, the group and the staff will help you do so. Your failure to meet these expectations may also result in appropriate consequences. The expectations that you should follow are these:

1. You are expected to wake up and go to bed at those times specified by the Program Schedule.

Monday thru Friday

Wake up is 6:35 a.m.

Saturday
Sunday

Wake up is 7:30 a.m.
Wake up is 7:30 a.m.

Sunday thru Thursday
Friday/Saturday

Bedtime is 9:30 p.m.
Bedtime is according to Phase Level – No Later than 10:30 p.m.

2. You are expected to attend all meals and to display appropriate table manners. All meals shall be eaten in the dining area only.
3. You are expected to follow a system of privileges based on your Phase Level.
4. You are expected to advise the staff of your comings and going, when leaving the premises in which the clients are not directly supervised by staff. (i.e. off-grounds visits, clients are expected to sign out and sign in upon return).
5. You cannot possess any pornography such as Playboy, Playgirl, Penthouse, etc.
6. You are expected to complete any assigned household responsibilities and therapeutic tasks as assigned.
7. You are expected to use language that shows respect for others and self.
8. You are expected to be on time for all scheduled group activities unless permission is granted by staff for tardiness.
9. You are not to enter staff offices, be within 3 feet of the childcare workers area, or be in other clients' dorms without the staff's permission.
10. You are to practice good personal hygiene habits and keep your living area neat and clean.
11. You are to dress in a manner that shows respect for yourself and others and in accordance with the dress code.
12. You are expected to adhere to those privileges and activities permissible by your appropriate Phase Level.
13. Above all, you are expected to make all efforts possible to help yourself and others by displaying both care and concern in your daily living activities. It is only by doing so that you and others can grow from your treatment experience.

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.

CULTURAL COMMITTEE:

The Rediscovery program provides for opportunities for clients to have input in cultural events, activities and a say in better providing and meeting client's cultural needs. This committee consists of the child care coordinator, 3-5 clients and at least three staff. The committee will meet semi-annually and develop plans for the upcoming months.

RELIGIOUS SERVICES AND CEREMONIES

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

client. 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
- Spirituality Groups

Our Home, Inc. shall make reasonable efforts to allow for the client 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. Spiritual services will be provided in a manner that is safe, non-discriminatory and equitable. All clients shall have freedom of choice in matters pertaining to their participation in any spiritually related services, ceremonies or activities. Participation is voluntary. 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. Our Home, Inc. wants both the client and their parents to be informed about the general nature of activities that occur. We ask that any client or parent who has a concern about spiritually related issues advise us so we might discuss the concern.

CLIENT 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.

Client Responsibilities

1. Provide an accurate account of your chemical use history.
2. Provide, to the best of your knowledge, accurate and complete information about current medical complaints, past illnesses, hospitalizations, medicines and other issues relevant to your care.
3. Follow rules and expectations set forth by Our Home, Inc.
4. Attend and participate in all therapeutic groups and individual sessions.
5. Complete all tasks/assignments.
6. Inform staff if you do not understand information relating to your treatment or if you are unable to comply with tasks/work assigned.
7. Participate in all group activities and other helping type situations.
8. Observe and comply with guidelines regarding visits.
9. Attend and cooperate with school guidelines and teachers.
10. Accept responsibility of your actions.
11. Be considerate of other clients.
12. Be considerate of the personal space of other (Staff and other clients).
13. Abide by confidentiality rules and guidelines.
14. Show courtesy and respect to Our Home, Inc. personnel.
15. Be considerate of other clients and Our Home, Inc. property.
16. Behave reasonably and appropriately, showing respect for yourself and others – **NO PHYSICAL VIOLENCE.**

School

Clients in the Rediscovery program attend Our Home Alternative School (Academic & Wellness Center) that is located on campus. You will be attending classes for four hours each day. The curriculum that you'll be following is based on the option type that best fits your educational needs. You and your parent/guardian should have decided/agreed on an educational option – the options are:

45-day treatment: Clients at the Rediscovery Program become dually enrolled (enrolled in both Our Home Alternative School and the client's home school). Our Home Alternative School, a part of the Huron Public School system, is designed to meet the client's educational needs while still enabling them to work on treatment issues. It is up to the parent/guardian to inform the home school of the length of time that their child

will be out of school and dually enrolled at Our Home Alternative School. Please send us any special education IEP plan or 504 plan necessary for enrollment. Since this is a short term placement (45-60 days), enrollment will continue with your school district and the student will not be enrolled long enough at Our Home School for any necessary updates to be completed.

Option 1: There are options available for the clients/student during their treatment stay. Students will be spending four hours a day in the classroom. The Alternative School offers Civics for both High School and Middle School students. Students will be able to earn ½ credit if they complete the work. Students would have one class, take a break in the middle of the day to work on Title skills (basic reading, math, and language arts skills through the Moby Max Program) and then return to class to resume working on Civics. This schedule will hopefully assist the student in focusing better as they will all be working independently. Students would be in various places in the class as they enter treatment at different times.

Option 2: Students that want to bring work from their home school would also have that option. Because of the shortened school day they would be limited to bringing no more than two subjects. The home school would be responsible for getting assignments to the student (done through mail, staff email, and fax). In order for this option to be successful the home school needs to be consistent with sending the assignments and required books or materials. Students would not have access to their own email.

Option 3: There are some students that earn credit through virtual/cyber school. This option would only be available to client/student that are already set up in a virtual/cyber school and come in with their own computer. Our Home is not responsible for any damages caused to student's computer. The Our Home Alternative School as well as the Rediscovery building are equipped with wifi; however, work would need to be completed at the unit since log-in passwords for the school server are not provided to short term students.

Students that are waiting on work from their home school will start out in Option 1 and when the school work arrives will switch to Option 2.

Students that elect options 2 or 3 that fail to abide by what is outlined above or experience complications that disrupts learning will be put into Option 1.

Basic assessments are completed at the beginning of the client's stay to determine skill levels and needs. The youth may have a chance to work on basic reading, math, and language arts skills through the Plato Fastrack Program and under the guidance of the Title I teacher or Special Education teacher.

A letter grade for each class will be given at the end of the youth's stay. In addition, the number of hours that the youth attended school will also be placed on the grade report with the credit that they have earned. It is up to the home school to determine how these hours/credits may be used toward fulfilling the requirements of the home school district. These grades will be forwarded to the client's home school upon request.

Students in Option 1 that are discharged without finishing the credit – Our Home Alternative school will not send the work they need to complete the class. A checklist will be sent denoting what each unit of the class entailed and what the student finished (a syllabus combined with a to-do list).

Short Term Relapse Program: Clients that are in the Short Term Relapse program (18-day program) have the opportunity to continue their education. A client coming to treatment needs to notify their home school prior to coming in order to get an excused absence and advanced make up assignments. Clients will be allowed 4 hours a day back at the unit to work on school work. If needed, Clients do have the availability of a fax machine in the event that assignments need to be faxed back and forth from their home school. Clients failing to get an excused absence and advanced make up assignments, will be enrolled and attend the Our Home, Inc. Alternative School and be working on Option 1.

Short Term Clients that are on an IEP (Individual Education Plan) will be required to attend classes at the Our Home, Inc. Alternative School. Our Home, Inc. needs a copy of the IEP (this can be faxed to 605-353-1061

Attention: Blaise Tomczak). Our Home, Inc. Alternative school will not be updating IEP plans that have lapsed due to the short time period that the clients attend school here.

GED: Clients that are pursuing their GED need to be responsible for obtaining records from the agency that they are currently attending. If individuals are currently studying for pre or post testing, please bring all study guides, materials or books that are needed. If an individual tests during their stay at Our Home, they are responsible for the costs of all testing. Testing schedules are on a six week rotation at Cornerstone Career Center, Huron, SD.

Client Access of Case Records

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

1. The client shall make a written request to their assigned Counselor for permission to review the case record. The client 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 client 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 client. *
3. If the client 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 client. *
4. If permission to review is granted, the Counselor shall be present when the client is reviewing the record, for control and interpretive purposes. The review shall be noted in the client's progress notes.
5. If permission to review is denied, the Counselor shall provide the client with an explanation as to why denial was made and shall note the explanation in the client's progress notes.

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

PHASE PRIVILEGES

GROUP POLICY

Upon entering treatment you will be on Phase I also known as the Admission Phase. During this Phase you will be spending time getting to know others in your group (building trust). You will be receiving a *Phase II Expectation Sheet*. Completion of all requirements of this sheet is needed in order to advance to Phase II. Phase III may be requested the last week of your stay provided that you have completed the majority of assigned tasks and you are demonstrating that you are working a recovery program. In order to get Phase III, you will need approval from your peer group as well as approval from the treatment team. Listed below are the Phase privileges as well as some expectations.

Phase I **Must be with (2) responsible group members, 1 being a Phase II at all times.**

Phase II Must have approval of the entire group and a staff to go from one room to another. Clients **May** be allowed the privileges of:

- Phone calls
- Visitation
- Allowed to carry \$5 on them
- Shopping

- Listening to CD player (head phones) during free time
- Watch Movie during Fun Night – A Client's first weekend in treatment they will be allowed to watch the Fun Night movie but will have to move up to Phase II in order to watch additional movies.
- Pop Privilege – Phase I may possibly have pop during special occasions.
- Play the Wii (video games) during free time (Phase II clients need to have task work ready to present before being allowed to play any video games)
- Outside AA & NA meetings (Phase I clients may possibly be allowed to attend outside AA/NA pending behaviors and approval from staff/counselor the day of request).

These privileges will be available only **IF** the client is showing responsible Phase II behaviors and okayed by staff.

Phase III

Individual privileges in-house. **You must let staff know where you are at all times.** May be allotted free time away from the group (no more than ½ hour segment/day) to do activities pending approval from supervising staff. Activities may include: read news paper, read magazines, work on puzzles, watch TV, Play the Wii, listening to the radio with head phones, listening to CD player, draw, etc. Phase III will be allowed one additional phone call free of charge. Phase III group members will have the privilege of purchasing/wearing makeup (to be worn modestly) – this is all arranged through the client's assigned counselor. Phase III group members are responsible for doing individual chores such as cleaning their rooms and can take their free time during group chores. This will not be granted for major clean-up. Phase III group members need to attend all groups & raps.

ALL PRIVILEGES ARE PENDING STAFF APPROVAL & MANAGEABILITY OF THE GROUP!

VISITATION

The program recognizes that visitation with family is very important. Clients have the right to reasonable visitation with family. There are no visits while on Phase I. Phase I clients participating in the Family Program may have on-grounds visitation following the Family Program for 2 hours (If approved by the Treatment Team). A client may request a visit once they reach Phase II. Visits will either be on or off-grounds. Saturday and Sunday are days that visits can be scheduled. The visiting hours on Saturday (off-grounds) are from 11:00 am to 6:00 pm and (on-grounds) 1:00 pm to 5:00 pm. Visiting hours on Sunday (off-grounds) are from 12:00 pm until 7:00 pm and (on-grounds) 1:00 pm to 5:00 pm. All visits need to be requested (see Process for Requesting a Visit below). Visitation by family members during the week must go through the same process and be marked as a special consideration visit. Visitation during the week is discouraged due to program scheduling, unless such visits occur in conjunction with structured family therapy provided by the program. When a visit request is received from a client it will be reviewed by the treatment team and a decision will be made regarding the status of the visit which will largely depend on the client's progress. The treatment team will also take into account parental conditions to assure client safety involving visits. Clients are allowed visits on holidays. Holiday visits **DO** require to be written up on a Visit & Late Night Request Form. Visit times shall follow the regular Saturday visitation schedule. Visits will be in accordance with the client Phase privileges – ***Refer to the "Visit & Late Night Request Form" tab to view this form.***

Process for Requesting a Visit

All requests for visits need to be written up on a "Visit & Late Night Request Form". This form can be found in the brown filing cabinet (top shelf) in the bindles (southwest corner of the living room). When on Phase II, you are able to request a visit (on or off-grounds). Very rarely will an on-grounds visit be denied. If an off-grounds visit is requested and denied, an on-grounds visit will most likely be granted. All requests for visits need to be

written up and handed in to your counselor no later than Thursday by noon. A request after this time will be reviewed under special consideration. Visit requests will be reviewed by the treatment team on Thursday afternoon. A decision will be made regarding the status of the visit and put into writing on the visit request form (staff feedback and recommendations). You will receive a copy of your request so that you are aware of the status of your visit request and can contact family members. ***Refer to the "Visit & Late Night Request Form" tab to view this form.***

On & Off-Ground Visit Guidelines

(Do's and Don'ts)

Below are some guidelines that we ask that you follow during visits. There might be additional instructions depending on your child's circumstances. We encourage you to learn as much as you can about the program and are supportive of your child.

On-Grounds

Do's

- Talk to your child about the program
- Have your child tell you about the different groups he/she attends
- Have your child show you what he/she is working on in treatment.
- Talk about how you feel about coming to visit. Ask them how they feel.
- Visit about expectation/goals that you would like to see your child accomplish. Ask them about their goals.
- Do some activities (play a game, shoot baskets, play horse shoes, walk around outside).
- Stay with your child at all times.
- Let staff know of any problems that you experienced during the visit.

Don'ts

- Don't allow your child to use a phone (including cell phones) during your visit.
- Don't sit/visit in vehicles.
- Discourage your child from talking about other clients – no exception to this (keep confidentiality).
- Don't take pictures of other clients that are in treatment.
- Don't allow your child to leave your sight.
- Don't bring food in unless approved by your child's counselor. Usually if treats are brought in we ask that you bring enough for the clients in both groups.
- Don't allow your child to use any chemicals.
- Don't allow your child to smoke (even if 18 years old).
- Don't smoke around your child.
- Don't give your child letters from others- give these to the staff.
- Your child can have a pop only if the group is allowed to have pop- ask staff first.
- Don't allow your child to go to the bathroom without staff present.

Off-Grounds

Do's

- Talk to your child about the program.
- Have your child tell you about the different groups he/she attends.
- Have your child show you what he/she is working on in treatment.
- Talk about how you feel about coming to visit. Ask them how they feel.
- Visit about expectation/goals that you would like to see your child accomplish. Ask them about their goals.
- Do some activities (go to the park, play Frisbee Golf, walk around, etc.).
- Stay with your child at all times.
- Let the staff know of any problems that you experienced during the visit.

- If there are problems that you experience in town and need the staff to assist, call 353-1025.

Don'ts

- Don't allow your child to use a phone (including cell phones) during your visit.
- Don't leave city limits.
- Discourage your child from talking about other clients – no exception to this (keep confidentiality).
- Don't allow your child to leave your sight. Don't allow your child to run off if in a store. Be aware of public bathroom- they may have huffable air freshener spray.
- Don't bring food in unless approved by your child's counselor. Usually if treats are brought in we ask that you bring enough for the clients in both groups.
- Don't allow your child to use any chemicals.
- Don't allow your child to smoke (even if 18 years old).
- Don't smoke around your child.
- Don't give your child letters from others- give these to the staff.
- Don't allow your child to drink an excessive amount of pop or eat a lot of candy.
- Don't allow your child to manipulate you in buying things for them (only purchase what they need).
- Don't let your child drive your vehicle.

PHONE PRIVILEGES

Phase II & III may have 2 calls each week - Duration of 15 minutes each.

Immediate family only, with approved written release. Personal telephone calls may be made or received only during the following scheduled times. In special circumstances, Counselors may grant exceptions.

All Groups	Monday, Wednesday Thursday & Friday	6:30pm to 9:00pm **
	Tuesday	6:00pm to 9:00pm* &**
	Saturday	1:00pm to 9:00pm
	Sunday	1:00pm to 9:00pm

* Education Group is held on Tuesday from 7:00pm to 8:00-8:30 pm. Calls are to be made prior to or after this group.

** Evening groups may limit phone hours on Monday, Tuesday, Wednesday & Thursday.

** During the Summer Schedule, personal calls may additionally be made or received during scheduled free time.

** Phone coupons can be purchased (.75 cents for 15 minutes) on allowance day.

Program-related phone calls may be made or received anytime with authorization from a staff member.

Restrictions

1. No personal phone calls are allowed for juveniles on Phase I unless approved by their assigned Counselor.
2. Juveniles on Phase II or III may make or receive 2 personal phone calls per week. Program-related calls do not count as a personal call.
3. Only personal phone calls with immediate family members will be allowed (with approved written release).
4. Personal phone calls must be made using collect call or a calling card.
5. Personal phone calls are limited to 15 minutes.
6. When clients are on GT, only incoming calls will be allowed.

Guidelines for Calls

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

MAIL

The right to send and receive mail: It is the policy of Our Home, Inc. Rediscovery to provide mail services to the clients in treatment. Mail services shall be provided to the clients 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 client mail will be monitored to intercept cash, checks, money orders, and contraband. Clients shall open incoming mail in the presence of a staff member. Any cash, checks, or money orders received will be deposited in the client's account. Any contraband (illegal or inappropriate items) found will be seized and disposed of accordingly. Outgoing client mail may be inspected to intercept contraband. A staff member may inspect outgoing letters or packages before they are sealed. Any contraband found will be seized and disposed of accordingly. To ensure appropriateness of the correspondence, Our Home, Inc. may require clients to read incoming and outgoing letters to their group members and staff. Outgoing letters deemed a threat to the safety and security of the facility shall be returned to the client. Incoming letters deemed detrimental to the client's treatment shall be collected by staff and put in storage with the client's other banned items. There is no limit on the volume of mail a client may send or receive, except where there is clear and convincing evidence to justify such a limit. When based on legitimate facility interests of order and security, staff may reject incoming mail. The client will be notified when incoming mail is returned. All first-class letters and packages will be forwarded to clients who are transferred to other facilities or released, provided a forwarding address is available. If a forwarding address is not available, first-class letters and packages will be returned to the sender. When requested by a client who has neither funds nor sufficient postage, and upon verification of this status by staff, postage will be provided to the client for mailing letters to maintain community ties. These funds will be advanced to the client from their allowance. Address for the program: Our Home, Inc. Rediscovery 40354 210th St. Huron, SD 57350

SHOPPING PRIVILEGES

Individual shopping lists are to be made up prior to shopping trip. They must be turned into staff on Wednesday before noon; staff then approves the lists. Lists must be approved prior to trip or NO shopping will be allowed for that week.

Allowances will be issued on Thursdays. Staff will hold any extra money from shopping or outings until clients actually go shopping. Shopping times will be at staff's discretion and according to the manageability of the groups.

All money over \$5.00 is to be turned in after shopping or in the event that shopping was missed just leave it in the lock box.

Kmart or Wal-mart is the approved store for shopping – counselor may approve other stores if **needed** to obtain needed items. **Any item bought that is not on clients shopping list is to go into lock-up. These items will be give back to the client at discharge.**

Clients are to purchase items for their own use only, unless otherwise approved by staff.

Disruptive/disrespectful behavior by individual or individuals during shopping may result in loss of shopping privileges and involve consequences.

Clients requesting personal money in addition to their weekly allowance must make written request to staff and turn it in with their weekly shopping lists. Stamps must also be requested at this time.

There are no shopping privileges for clients on Phase I.

Staff will purchase any **approved items** needed for Phase I clients with their allowance, during regular shopping trip.

CLIENT GUIDELINES FOR DECORATION POLICY

It is the policy of Our Home, Inc. to allow all youth to decorate their living and sleeping quarters.

GUIDELINES FOR DECORATION

The youth are allowed to have the following items in their sleeping areas:

- A. Youth are allowed to have pictures of immediate family members which will need to be approved by your primary counselor. Pictures are to be hung (taped) or placed on the cabinets in the bedroom area.
- B. The youth may have personal blankets or star quilts that are made of cotton on their beds. These items may be brought into the home as long as the treatment team has granted permission. (No pillows besides the ones you have been given from Our Home)
- C. The youth may have spiritual materials or items to assist them in following their own spiritual beliefs. Examples include Bible, sweet grass, sage, etc.
- D. Youth may be allowed up to 3 stuffed animals that have been approved by the counselor at admission or when received as a gift and approved. All knick knacks also require approval from the treatment team and assigned counselor.
- E. Request for personal drawings and/or poems also must be passed through the treatment team and counselor.
- F. Any other items that youth wish to have in their room needs to be approved by the treatment team and counselor.

PHASE PRIVILGES FOR BEDTIME

Friday & Saturday Night:

- Clients that are on Phase II can request to stay up for Late Night. Late Night request must be made on the Visit & Late Night Request Form which can be found in the brown filing cabinet (top shelf) in the bindles (southwest corner of the living room). Requests need to be turned in on Thursday no later than noon. The request will then be reviewed by the treatment team and you will receive feedback following the staff meeting that is held Thursday afternoon.

Television Privileges:

- Clients on Phase II may have the opportunity to watch television during late night on Friday & Saturday night. This will need to be requested on the Visit & Late Night Request Form and handed in to your counselor no later than noon on Thursday.
- MTV, VH1, CMT channels will not be allowed.
- Programming that contains sexual or violent content will not be allowed.

Radio Privileges:

- Staff must approve the radio.
- The use of the radio is according to the manageability of the groups!
- Radio times (upon staff's approval) may be during major clean up, riding in the vans, etc.

DRESS CODE

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

While you are at Rediscovery, the following clothing rules and restrictions will be enforced:

1. No drug or alcohol paraphernalia.
2. No gang paraphernalia.
3. No music paraphernalia.
4. No cropped or excessively torn clothing.
5. No Leggings, Jeggings, Tights or Yoga pants.
6. Moderate hairstyles (hair shall be kept clean & not allowed to cover the face or cause health or hygiene risks.
7. No make-up is allowed on Phase I & II (Refer to Phase III privileges regarding use of make-up)
8. Shoes and socks are to worn at all times, with the exception of G.T. Flip flops are to be worn back and forth from the bathroom to the dorms.
9. Appropriate under garments are to be worn.
10. Pants are to be worn appropriately – pulled up to the waist. No excessive or overly large pants allowed.
11. Shorts are allowed to be worn if appropriate during the summer months. The length must be beyond fingertips when placed along sides.
12. Attire during groups – no sleeveless shirts. Shorts are allowed if appropriate.
13. There will be no exchanging, borrowing, or giving away of any personal possessions between clients.
14. Swimming attire is as follows: females wear shorts and dark colored t-shirts, males wear shorts. No cut-offs allowed.
15. Night clothing shall be worn to allow for sufficient modesty to allow night staff to enter the bedroom areas.

Runaways

Our Home, Inc. advises against running 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 client runs from Our Home, Inc., the local law enforcement is contacted to insure for the client's safe return. In addition to notifying law enforcement, the local neighborhood watch is put into effect. This entails contacting local farmers who will intern notify all of the farmers in the area that Our Home has a runaway. It is strongly advised that you or any other clients do not enter onto property of the local farmers as they do not take kindly to trespassing onto their property.

Transfer/Removal from the Program

In the event that a client is scheduled for transfer or removal from the program, he/she has an opportunity to object to the change through an appeal with the Program Coordinator. The client must inform their assigned Counselor of their objection to the change. The Counselor will then forward the objection to the Program Coordinator, who will schedule a conference with the client to hear the appeal. Following the conference, the client will be promptly notified in writing of the results of the appeal.

JUVENILE DISCIPLINE

It is the policy of Our Home, Inc. to ensure that clients live in a safe and orderly environment. Therefore, all client discipline shall be conducted in a fair manner that is carried out promptly and with respect for the clients.

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

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

- The completion of an incident report with a copy provided to the accused resident.
- The appointment of a staff investigator who reviews the resident's rights with the accused resident, documents the resident's statement, asks if staff representation is requested, talks with witnesses and investigates statements.
- The holding of the FDC Hearing and determination of the sanction(s) to be imposed if a prohibited act was committed.

Appeal Process

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

Our Home, Inc. maintains a written set of prohibited acts, sanctions, and disciplinary procedures to govern client rule violations. You will be furnished a copy of the Prohibited Acts and Sanctions upon your admission into the program. There will also be a copy posted on the client bulletin board located in the living area. You will be responsible to take care of the copy that is furnished to you. Our Home will be retrieving this copy upon your discharge from the program.

The copy that you have been provided lists Prohibited Acts and Sanctions. The Prohibited Acts are basically a list of rule violations. The Sanctions listed are possible consequences that may result if a Prohibited Act is violated. The "Sanctions for Custody Placements" apply only to clients that are referred by the Federal Bureau of Prisons and are placed under their custody. "Sanctions for all other placements" apply to all other types of referrals. ***Refer to "Sanctions" tab regarding above mentioned sanctions.***

GROUP TOGETHERNESS (GT)

Group Togetherness (GT) is used to assist the group to increase their awareness of each other and to also assist them in showing care and concern for each other. Group Togetherness may also be a consequence for someone attempting to, or actually running away (this depends on the knowledge that group members had about runaway plans). If a runaway occurs and one or several group members were aware of the plans and did not inform staff– the consequence of GT will be imposed.

- Group Togetherness will be tight.
- Group Togetherness lasts a minimum of four (4) days.

- Bedtime is 9:30 p.m. for all clients.
- Every room in the facility is considered a room. When one goes to the bathroom, all in the group must go, all go to get books, all go to laundry, all go to the garbage, etc.
- AA Meetings are on-grounds only.
- Only incoming phone calls will be allowed.
- No television or radio privileges.
- Extra exercises will be done. Scheduled recreation times will be on-grounds and staff will choose activities.
- Shopping – NO SHOPPING privileges while on GT. Staff may purchase necessary items.
- Loss of shoes for all in the group.
- If GT is imposed for runaway, the group will forfeit ½ their weekly allowance

Household Jobs

All jobs will be done as a group. Girls will wait on the Guy's side for jobs to be done, and the Guys will wait on the Girl's side for jobs to be done.

Mealtime

Clients will get their food as a group. If there are seconds, the whole group goes up to get them.

GRIEVANCE PROCEDURE

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

Grievance and Appeal Process

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

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

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

- A Grievance Form shall not be submitted or referred to a staff member who is the subject of the complaint. In this circumstance, the grievance shall be submitted or referred to the next highest level of supervision.

- In the event the resident complaint is regarding health care, the completed Grievance Form shall be given to the facility's Nurse instead of the assigned Counselor/Group Leader.
 - Any formal complaint regarding sexual harassment, policy and procedure violations where-in sexual abuse was not thought to be an end result, or allegations thought to be of casual physical contact preliminarily suspected to have occurred without sexual intent will be investigated following the agency's Internal Administrative Inquiries procedures.
 - Any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators. 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 14 days of the completion of step 1. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Associate Director.
 3. If the complaint is not resolved in step 2, the Grievance Form shall be forwarded without alteration, interference, or delay to the Associate Director. The Associate Director shall review the complaint and conduct an investigation. Following the investigation, the Associate Director shall render a decision and record it in the appropriate section on the Grievance Form. The Associate Director shall ensure that the resident is informed of the decision. This investigation, decision making, and informing shall be completed within 14 days of the completion of step 2. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident with a copy provided to the resident.
 4. If the complaint is not resolved in step 3, the final level of review will be conducted by a source external to the agency. The Program Coordinator shall contact without delay the resident's referral worker to inform him/her of the unresolved complaint. If the resident has no referral worker, South Dakota Advocacy Services shall instead be contacted. The Program Coordinator shall be responsible to provide the external source with any information needed to perform the review. The external source will review the complaint, conduct an investigation, and attempt to resolve the complaint in cooperation with the agency and resident. The external source shall then record their findings and the final disposition in the appropriate section on the Grievance Form. The external source will be encouraged to complete this process within 14 days of being contacted. The Program Coordinator shall ensure that the resident is informed of the final disposition and given a copy of the Grievance Form. The original Grievance Form shall then be filed in the chart of the resident.

ADMINISTRATION OF MEDICATIONS

(1/18/11)

POLICY

It is the policy of Our Home, Inc. to administer medications to the residents in accordance with the instructions of the Medical Director/designee and in compliance with state and federal laws, administrative rules, and licensing/accreditation requirements.

PROCEDURES

Persons Authorized to Administer Medications

Medications shall only be administered by the Medical Director/designee, Registered Nurses, or staff members who have been certified in medication administration at Our Home, Inc.

Restrictions on Certified Staff Members

Although authorized to administer medications, certified staff members may do so only under the following conditions:

1. The medication is administered as prescribed.
2. The medication is administered on an as-needed basis (over the counter medications) and
 - The administration follows written protocols established by the Medical Director and Registered Nurses.
 - One of the facility's Registered Nurses or another licensed nurse is readily available either in person or by telecommunication.
3. The medication has been previously administered to the resident.
 - The Registered Nurse must administer the initial dose of a medication that has not been previously administered to the resident.
 - This restriction does not apply to a change in dose.

Medication Education

To ensure medication management education is provided, the facility's Registered Nurses shall document a review of a Medication Education form with each resident on medication at the time of their admission and whenever the resident is prescribed a new medication.

ACCESS TO HEALTH CARE

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

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

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

SMOKING

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

IN THE EVENT OF A FIRE

During your stay in treatment, you will be expected to participate in fire drills. These drills may occur at any time of the day or night. It is important for your own safety and the safety of others that you fully cooperate in these drills. The staff will direct you out of the building and to a meeting location which is outside -NE corner of the Our Home Gym. Staff will take a head count to assure that everybody is out safely. If you become

aware of a fire, inform the staff immediately and evacuate the premises— Do Not fight the fire. The program staff will explain the floor evacuation plans to you. ***Refer to “Evacuation Plan” tab in the back of the book.***

ADDITIONAL SUPPORT SERVICES

1. Psychological/Mental Health Services are directly available through the Director of Clinical Services. This position is currently held by Dr. Frank Dame, Ph.D., Licensed Psychologist.
2. Vocational Evaluation and Counseling are available through: Cornerstones Career Learning Center, 159 4th St. SW Huron, SD 57350.
3. Social Services are available through: The Department of Social Services, Child Protection Services located at 110 3rd SW, Suite 200, Huron, SD 57350.
4. Continued Care Counseling are available are through a various drug and alcohol counseling and referral centers statewide. Listing of services in this regard are available upon request (request from the Rediscovery Counselors or Program Coordinator). Locally these services are available the Community Counseling Services located at 357 Kansas SE, Huron, SD 57350.
5. Legal Services are available through:

[East River Legal Services](#) (East River)
335 North Main Avenue, #300
Sioux Falls, SD 57104
(605) 336-9230

[Dakota Plains Legal Services](#) (West River)
528 Kansas City Street, Suite 1
Rapid City, SD 57709
(605) 342-7171

6. Pastoral Counseling is made available as a structured part of the program.

Facility Tour

Clients are given a tour of the facility by the group as a whole or a staff member.

Request Form for Help with a Disability

Resident Name: _____

Dear Staff,

I am filling out this form to tell you about a disability or special needs that I have and to ask that you help meet these special needs to help me fully take part in this treatment program.

My description of my disability or special needs is written below:

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

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

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

Daily Schedule- Our Home, Inc. Rediscovery School Schedule

3/9/2016

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:30 am			6:35 am	Wake Up	6:35 am		
7:00 am				Start Jobs			
7:30 am	Wake Up 7:30		7:45 am	Breakfast	7:45 am		Wake Up 7:30
8:00 am	Start Jobs						Start Jobs
8:30 am	Breakfast	Tx Plan day					Breakfast
9:00 am	Spiritual Development Church/Sweat	School 8:30 – 12:30					Major Clean-up
9:30 am							
10:00 am							
10:30 am							
11:00 am							
11:30 am							
12:00 pm	Lunch 12:15 pm						Lunch 12:15 pm
12:30 pm		Lunch 12:30					
1:00 pm	Recreation 1:00 – 3:00	Recreation 1:00-2:00	Spirituality Group 1:00-2:00	Recreation 1:00 -2:00			Educational movie
1:30 pm		Peer/Task Group With a 15 minute Break for snack 2:00-4:30	Recreation 2:00-3:00	Peer/Task Group With a 15 minute Break for snack 2:00-4:30			
2:00 pm			Snack 3-3:15				
2:30 pm	Step Group after Lunch	Peer/Task Group 3:15 -5:15				Recreation 3:00 – 5:00	
3:00 pm							
3:30 pm	NA In-House	Task Time		Task Time			
4:00 pm							
4:30 pm							
5:00 pm			5:30 pm		Supper Clean-up		
5:30 pm					5:30 pm		
6:00 pm							
6:30 pm					NA both – In & Outside	Fun Night Free Time	
7:00 pm	Task Time	Education Group	AA both – In & Outside	Education Group			Educational Group
7:30 pm			Outside AA is at 8:00				
8:00 pm							
8:30 pm	Meds						
9:00 pm	Personal		Hygiene /	Relapse Ck-list	Meditation		
9:30 pm			Lights Out				
10:00 pm						Late Night *Ser	Late Night * Dyn

Lights out at 10:30 for Phase II Clients staying up for Late Night. Meeting notes will indicate which group has late night.

Shopping is done every other week either on Saturday or Sunday depending on activities over the weekend.

Shaded areas reflect time for breaks, task work, jobs, study time, phone calls, additional recreation etc.

Thursday's 8:00 am → – Treatment Plan/review Day

**Daily Schedule- Our Home, Inc. Rediscovery
Summer Schedule
5/18/17**

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:30 am		Wake Up 7:00 am					
7:00 am		Start Jobs					
7:30 am	Wake Up 7:30 Start Jobs	7:45 am		Breakfast	7:45 am		Wake Up 7:30 Start Jobs
8:00 am		Peer Group 8:45 – 10:15	Peer Group 8:45 – 10:15	Peer Group 8:45 – 10:15	Tx plan day - Peer Group will follow Tx plans	Task Group 8:45 – 10:15	
8:30 am							
9:00 am	Spiritual Development Church/Sweat			Recreation 10:15am-12pm	Peer Group will follow Tx plans	Reading time 11am-12pm	Major Clean-up
9:30 am							
10:00 am							
10:30 am							
11:00 am							
11:30 am		Reading time 11am – 12:pm	Crafts 10:30am-12pm			Reading time 11am-12pm	
12:00 pm	Lunch 12:15 pm	Lunch 12:05					Lunch 12:15 pm
12:30 pm							
1:00 pm	Recreation 1:00 – 3:00	Task Group 1:15 – 2:45	Spiritual Group 1:00 – 2:00	Task Group 1:15 – 2:45	Reading time 1:00 – 2:00pm	Peer Group 1:15 – 2:45	Movie Educational
1:30 pm							
2:00 pm							
2:30 pm		Break/snack/mail					
3:00 pm	Step Group	Recreation 3:00 – 5:00	Recreation 3:00 – 5:00	Recreation 3:00 – 5:00	Recreation 3:00 – 5:00	Recreation 3:00 – 5:00	Recreation 3:00 – 5:00
3:30 pm							
4:00 pm							
4:30 pm	Task Time						
5:00 pm							
5:30 pm	5:20 pm		Supper Clean-up		5:20 pm		
6:00 pm							
6:30 pm							
7:00 pm	NA Meeting	Education Group	AA meeting	Education Group	NA Meeting	Fun Night Free time	Education Group
7:30 pm							
8:00 pm							
8:30 pm	Meds						
9:00 pm	Personal		Hygiene	Relapse Ck-list	Meditation		
9:30 pm	Lights Out						
10:00 pm						Late Night *	Late Night *

Lights out at 10:30 for Phase II Clients staying up for Late Night. Meeting notes will indicate which group has which night.

Shopping is done every other week on Friday afternoon.

Shaded areas reflect time for breaks, task work, jobs, study time, phone calls, recreation, etc.