



Resident And Parent Handbook

AURORA PLAINS ACADEMY
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INTRODUCTION

Aurora Plains Academy is an intensified residential treatment center located in Plankinton, South Dakota. The Academy is a facility of Clinicare Corporation of West Allis, Wisconsin. The Academy was established in 2006, and is licensed by the State of South Dakota Department of Social Services to provide services for residents between the ages of ten and twenty years old and Accredited by Counsel on Accreditation. Treatment areas for the residents at the Academy may include mental illness, emotional problems, conduct problems, learning problems, chemical abuse problems, sexual issues, past trauma, peer and family problems, and victims of trafficking.

MISSION STATEMENT

We help kids!

ADMISSION PROCESS

Prior to admission, the completed admission packet, signed permission forms, and written prescriptions for medications will need to be provided.

At the time of admission, the resident will meet with the Admissions Coordinator and Case Manager who will explain the program, provide a tour, and answer any questions. Introductions will be made to the nurse, who will receive any medications that are brought with along with the written prescriptions. An initial phone call will be offered to incoming residents to an approved contact on the contact list provided by the Referring Agency on the Referral Application.

PROGRAM DESCRIPTION

TREATMENT PROGRAM

The therapist coordinates the **assessment process** which takes place during the first fourteen days of placement. Assessments include: physical, psychiatric, nursing, psychological, social and family, education, occupational therapy assessment, group living, alcohol and other drug abuse (AODA), and developmental. During this time of orientation any telephone contact will be conducted with the Therapist or case manager.

An **Initial Treatment Plan** is held within the first fourteen days of placement. The resident, Parent/Primary Caregiver and the Placing Agency are invited to attend this initial staffing. The Master Treatment Plan, Aftercare Plan, and the Contact/Visit List are developed at this meeting.

The **Individual Treatment Plan** outlines the treatment goals and interventions designed for the resident during his/her placement at the Academy.

Together with the Master Treatment Plan, the **Aftercare Plan** projects the length of stay expected for a resident to complete treatment and identifies the potential discharge options. Factors that contribute to length of stay at the Academy include the placing agency's expectations, the seriousness of the referral issues, the residents' attitude and cooperation towards treatment, as well as the residents' support system. The intent is for the resident to complete his/her treatment program in the shortest amount of time possible.

The **Therapist** provides weekly individual and group therapy for the resident which focuses upon areas of the treatment plan and is clinically and evidence based therapy.

Family therapy is encouraged for residents and their families if applicable. This may occur either at the Academy, or another designated site. Other options available for family therapy include videoconference {Zoom} or teleconference.

The residents' Therapist along with the Case Manager and Aftercare Specialist also provide the **case management** services of arranging home visits, communicating with the placing agency and parents/primary givers, and developing and reviewing residents discharge planning options.

Throughout a resident's placement at the Academy, **Treatment Team Staffings** will be held on a weekly basis. These staffings will provide a formal system, for the residents support team here at APA, to review progress toward treatment plan goals. As a resident progresses in treatment, a discharge date will be developed with the placing agency and the Academy. Recommendations for future treatment services after being discharged from the Academy will also be developed and provided.

*Respect * Integrity * Responsibility * Compassion*

Treatment Team Meetings will be held on a quarterly basis and all individuals identified as part of the resident's team will be invited to attend and participate. During these meetings overall progress of the resident will be discussed and shared with the team. This allows everyone to be well informed and provide input into the treatment process and discuss progress or areas of concern. There may be occasions if a resident is having a difficult time, exhibiting challenging behaviors, that the APA team may request an Emergency Treatment Team Meeting in order to discuss and implement additional supports.

PSYCHIATRY

During the evaluation period, residents will be seen for diagnostic psychiatric services including a review of history. Throughout the stay, residents will meet with the psychiatrist twice monthly and are referred for periodic services as needed.

THERAPY

Residents see their Therapist a minimum of once weekly for individual therapy, as well as twice weekly for Group Therapy. Other therapeutic modalities that may be implemented depending on individual need include: Art Therapy, Sensory Diet, DBT, Pet Therapy and EMDR.

Residents will also have a full Sensory Evaluation completed by the resident Occupational Therapist and receive any therapeutic interventions deemed appropriate to address OT concerns.

MEDICAL/NURSING SERVICES

Each youth at Aurora Plains Academy receives an initial physical and yearly checkup. A Certified Nurse Practitioner is on campus weekly and if necessary youth are taken off campus for any necessary medical procedures.

South Dakota regulations state that residents must have semi-annual **dental** examinations with treatment as necessary. We ask that placing agencies identify residents have been seen by a dentist within six months prior to placement and that all necessary dental work has been completed.

South Dakota regulations state that residents must have **vision** examinations every fifteen months. We ask that placing agencies certify residents have been seen by an optometrist prior to placement and will follow up as necessary during their stay.

The Academy has trained staff available to provide health care services 24 hours a day. The services provided include: active involvement in the clinical program through direct clinical assessment and consultation with staff, physical assessment for injuries/illnesses with follow-up as needed, updating immunizations, administering physician prescribed medication, along with coordinating the use of community medical services and Academy psychiatric services.

Physician prescribed medication will be given with pudding, apple sauce or water. A resident has the opportunity to receive their medications in tablet form.

The Academy strives to ensure that all residents are served balanced meals. When there is a need for any child to be placed on a special diet, these diet plans are coordinated between the nursing, medical professionals, and food service departments; menus are approved by a certified dietician. Additional food items are permitted with prior approval.

LIVING UNIT/COTTAGE

There are up to twelve residents of the same gender and similar treatment needs on each living unit/cottage. APA abides by the State of South Dakota standards, which dictate that there is no more than a four-year span of ages among residents on the same living unit. The units have skilled intensive residential treatment care workers who, under the supervision of the Program Coordinator, provide care, supervision, and guidance to our residents. It is with these staff that residents will share in unit duties, go to meals, prepare for school, engage in recreational activities, engage in additional life skills and psychosocial groups, learn to relate positively with persons their own age, and learn to accept guidance and direction..

CAMPUS SECURITY

Video monitoring may be used to maximize safety security. Video is only reviewed if necessary and is only accessed by approved clinical staff.

EDUCATION

Residents attend the on-site school. The school is staffed with faculty members all certified in their areas of specialization by the South Dakota Department of Education. Each child is placed in a classroom according to its social, emotional, and educational needs. Classrooms range in size from six to twelve residents. Special intervention is also available to assist in developing behaviors necessary to be successful in school. At times residents may participate in assemblies and/or extracurricular activities with or at the local School District.

RECREATION

APA has an activities committee that plan, organize and implement rec activities on and off campus, including celebration of holidays, cooking (meal planning and prep), and individual rec to better meet the needs of our residents. APA believes recreation provides a way to reduce anxiety, anger and depression, as well as improve self-esteem, confidence, social skills and team building. Residents have opportunity for off campus recreation activities. Leisure time activities are provided through the direct care staff, recreation staff, and physical education staff.

STUDENT COUNCIL

Aurora Plains Academy has implemented Student Council to promote student involvement in activities across campus. Our goal is for the members to learn leadership skills, responsibility, build character and also provide expression of student opinion. Members of the Student Council have been chosen due to their positive behaviors and attitudes displayed and consist of one peer or more from each unit/cottage.

STAFF INFORMATION

In accordance with State Licensing procedures, all Academy staff have had criminal background checks. Proof of education and training is obtained for all professional staff, to ensure they are qualified to deliver the care and services required. To be an approved driver, a check is done on the employee's driver's license to ensure a safe driving record. Staff must also complete the driving safety course.

SAMPLE WEEKDAY

SCHEDULE

(Your specific unit schedule will be posted on your unit)

0700-0730: Wake up
 0730-0740: Goal Group
 0740-0755: Sensory Diet
 0800-0830: Breakfast
 0830-0850: Hygiene
 0850: Transport to School
 0900-1500: School
 1500-1515: Transport to the unit
 (DBT- Mon and Thur,
 Therapist group- Tues)
 1515-1530: Sensory Diet
 1530-1630: Group
 1630-1730: Chores/ Free Time
 1730-1800: Dinner
 1800-1815: Sensory Diet
 1815-1900: Rec
 1900-1950: Showers/Quiet Time
 1950-2000: Goal Group
 2000-2030: Bed Area (Can read
 until
 lights out unless on structure)
 2030: Lights Out

SAMPLE SATURDAY

SCHEDULE

be posted on your unit)

0800- Wake Up
 0840- Goal Group
 0850- Sensory Diet
 0910- Breakfast
 0930- Rec
 1030- Deep Clean
 1130-Free Time
 1230-Lunch
 1250- Movie in the theater
 1445- Sensory Diet
 1500- Group (Staff's pick)
 1545-Chores
 1615- Culture Awareness
 1715- Dinner
 1745- Sensory Diet
 1800- Rec
 1900-Therapy work/ Showers
 1945- Goal Group
 2000- Bed area
 2030- Lights out

SAMPLE SUNDAY SCHEDULE

(Your specific unit schedule will be posted on your unit

0800- Wake Up
 0840- Goal Group
 0850- Sensory Diet
 0910- Breakfast
 0940- Group Game
 1030- Group (Staff's pick)
 1130-Free Time
 1230-Lunch
 1300- Rec
 1400- Chapel/ Chores
 1500- Unit Movie
 1715- Dinner
 1745- Sensory Diet
 1800- Rec
 1900- Showers/ Art Therapy
 1945- Goal Group
 2000- Bed area
 2030- Lights out

* Personal time activities include reading, writing, drawing, coloring, board games etc.

*Multiple psychoeducational groups held throughout each day.

*Schedules are tailored to meet the specific needs of each unit.

GENERAL DIRECTIONS

1. Hygiene is very important. All residents are to keep their hair neat and combed. Clothing is to be clean and odor free.
2. Residents are to be taught to present themselves well. Torn and tattered clothing is not appropriate. Also clothing with writing from pens or markers is not appropriate.
3. Residents are to be taught discretion and self-respect. Appropriate undergarments must be worn at all times. Shirts must be worn in the building and while on Academy grounds. Zippers and buttons on clothing must be at an appropriate level, i.e., clothing should not be too revealing.
4. Resident safety is important. Residents are not to wear jewelry.
5. Expensive or sentimental value items (clothing or other items) are recommended to be kept at home due to the risk of theft or loss. The Academy will not replace such items.
6. Jackets are to be worn at all times when out of the building when indicated by the staff and season.

AUTHORIZED CLOTHING AND HYGIENE ITEMS

New admits will be given new clothes to wear until their personal clothes are laundered and inventoried. This may take up to seven days. Aurora Plains/Dakota Reach will provide the balance of items not personally supplied. Extra items will be in storage and can be switched out monthly with the Case Manager. Residents can fill out a case manager request to change out personal items from storage on the 1st and 15th of the month.

Embracing individuality is essential for personal happiness. Aurora Plains Academy/Dakota Reach wants to encourage high-self-esteem while keeping the safety and welfare of everybody in mind. Personal appearance should not cause disruption to the individual or others in our care.

Specific dress rules include, but are not limited to:

1. Nothing advertising drugs, alcohol, tobacco, delivering a mixed message with or without profanity, or being sexually suggestive, be it directly or indirectly.
2. Nothing displaying racial or ethnic slurs, or advertising, promoting, depicting or identifying gangs.
3. No shorts shorter than mid-thigh.
4. Undergarments shall NOT be visible.
 - a. Pants should be worn in such a manner that boxers/underwear are covered, be it sitting, standing, or walking.
 - b. Tops need to meet the waistband of the pants or shorts at all times, whether sitting, standing, or walking. No skin should show in the mid-section.
 - c. Sleeves and neck lines need to be appropriate and cover all areas of any undergarments.
5. As a form of proper etiquette, caps, hats or hoods are not to be worn in any building. Caps or hats are to be worn straight forward or straight backwards. Hoods need to be down in any building.
6. As a general rule, coats will not be worn in any building. A sweater or sweatshirt can be worn if needed.
7. Flops, sandals, or flat soles are not permissible during recreation activities. Tennis shoes (with ties or Velcro) must be worn. Flops and Sandals are not permissible unless the temperature is at short wearing temperature.
8. No strings (except in shoes). Clothes with strings including jogging pants and hoodies will need to have the strings removed.
9. No metal embellishments. No metal underwire in bras.
10. No holes, purposely made or bought that way. If clothes become tattered, they will be put in storage until it can be taken home.

11. Articles meant to be worn under clothes such as tank tops or tops with thin shoulder straps need to be worn under the main shirt only.
12. No jewelry not created on campus.
13. After clothes are approved, there cannot be any modifying of the clothes by cutting, writing or drawing on, etc. Tie dye or Fabric paint can be used in a pre-approved group led by staff.

Quantity Limits:

- | | |
|--|--------------------------------|
| 6 Shirts for School and Rec | 4 Bras |
| 2 Sweaters, Sweatshirts or Hoodies | 6 Underwear/Boxers |
| 6 Pants for School and Rec – Jean, Jogging or Fleece | 6 Socks |
| 4 Shorts for School and Rec | 2 Sleep Pants/Shorts |
| 1 Tennis Shoes for Rec – Velcro or Laces | 1 Winter Coat |
| 1 Snow boots | 1 Gloves/Mittens |
| 1 Shower Flops | 1 Hat |
| 1 Flops, Sandals, or Flat Sole | 1 Hat – Cowboy, Baseball, etc. |

PERSONAL POSSESSIONS

MONEY

Money is not a necessary item while at the Academy. There is no commissary at the Academy by which to purchase items. All snack items are furnished by the Academy. The Academy will provide items as needed.

OTHER

Residents are allowed to bring some of their personal possessions in order to feel comfortable in their new living environment as well as to provide them with things to do during their free time. Again, because this is an intensive residential treatment center, some cautions are enforced in order to reduce residents from being distracted by their possessions from treatment or to maintain safety and security. The Academy is not responsible for lost or damaged items, therefore, it is requested that you do not bring expensive items. The following is a list of examples residents may or may not bring to the Academy.

ALLOWED

Books
Stuffed animals (limit 2 small)
Personal blanket (limit 1)
Family pictures
Personal poster
Colored Pencils

NOT ALLOWED

Glass items
Burned CD's, Expensive CD players,
tapes and tape players
Jewelry of any kind
Body/face piercing
Razors/razor blades/disposable razors
Video game systems
Televisions
Computers
Cell phones

***Items such as games and puzzles may be DONATED to the unit/cottage, however will remain on the unit once resident discharges; otherwise the item will be kept in storage for the resident to take with him/her upon discharge from the facility. *ALL ITEMS ARE SUBJECT TO APPROVAL BY THE RESIDENTS' TREATMENT TEAM.**

APA CAMPUS EXPECTATIONS

UNIT EXPECTATIONS

- Two residents up at a time on twelve bed unit; one resident up at a time on six bed unit
- Approved TV channels only; staff to operate TV remote
- Residents are not allowed in the Staff closet or staff bathroom
- Pick up bed area and unit before leaving for school or going to bed
- Residents are to be in assigned bed areas only
- Residents are not allowed to operate the phone
- No touching, unless approved by Treatment Team as a group (hair and nails)
- Blankets, pillows, stuffed animals to be kept in bed area
- Pencils/writing utensils are not allowed in bed area

BATHROOM EXPECTATIONS

- Ten minute shower time starts when residents turn the water on
- One resident in each bathroom at a time
- Hygiene products are not allowed in the bedrooms; staff will dispense these to the residents
- Shower sandals must be worn during and after shower
- Shower must be sprayed with disinfectant spray by staff after each resident

LINE / TRANSPORT EXPECTATIONS

- Quiet
- In organized line
- Pocket checks completed upon entering buildings
- Arms length away from each other
- No communicating with other units
- Appropriate greetings

BEDTIME EXPECTATIONS

- Bed time is 8:00pm
- Lights out is 8:30pm
- No writing utensils in bed area

CAFETERIA EXPECTATIONS

- No communicating with other groups
- Permission from unit staff to talk with other staff
- May converse quietly with peers at the same table after meal is finished
- No trading or sharing food or removing food from other residents' trays
- Seconds allowed on salad and/or fruits or vegetables only
- Residents are to drink minimum of two glasses of water per meal
- Residents are encouraged to use appropriate table manners

MEDICATION EXPECTATIONS

- Residents are to be seated quietly until individually called by the Med Tech or Nurse
- Residents can be requested to finger sweep and cough after medication is taken
- For 30 minutes after the medication is dispensed, any use of the restroom by the resident will be staff attached

GROUP

- Residents will maintain group confidentiality - what is said in group, stays in group
- One person speaking at a time
- Remain seated
- Raise hand to speak
- Appropriate language is to be used
- Participation is encouraged
- Follow Therapist or resident leading group

SOCIAL / INTERPERSONAL EXPECTATIONS

The following are not allowed:

- Physical contact with other residents or staff (unless staff initiates fist bump or high five with resident, Etc.)
- Passing notes
- Romantic relationships or dating
- Unauthorized communication between units

GENERAL RULES

The following are not allowed:

- Breaking boundaries with peers or staff
- Disruptive noises
- Gang activity
- Manipulating staff
- Gambling / betting
- Interfering with staff or staff job duties
- Lending, borrowing, giving or trading of personal belongings
- Disrespecting peers or staff
- Handling of cleaning chemicals
- Handling of cleaning tools without permission
- Residents should remain 10 feet from building and/or fence for their safety

LAUNDRY

Residents are expected to:

- Wear clean clothing
- Utilize clean bedding
- Launder their clothes (available minimum three times weekly)

EDUCATION EXPECTATIONS

Classroom

- Cooperate with your teacher/staff
- Use appropriate language
- Use supplies correctly
- Keep books and folders clean
- Ask for help when needed and accept help/feedback when offered
- Complete daily assignments
- Work the entire period
- Enter classroom quietly and sit down
- Work the entire period
- Raise hand to leave desk or talk

PE/GYM

- Use kind/encouraging words
- Control competitiveness
- Follow redirects
- Maintain personal boundaries
- Follow the rules of the game
- Run/walk 2 laps and stretch
- Show consistent effort (participation) throughout the class
- Enter gym quietly and wait for the teacher instruction before beginning activity

LEARNING INTERVENTIONS FOR SKILLS DEFICITS

- Raise hand to speak or get up
- Sit at assigned seat facing away from peers. Focus on self.
- Read- After intervention work is completed
- Write- Lined paper only (1 sheet at a time)
- Draw- must be appropriate and on blank paper. No drawing books (1 sheet at a time)
- No MP3, TV or gaming systems such as Wii. Residents are not allowed to use personal items such as make up, toys, Yu-Gi-Oh cards, etc. during learning interventions
- Resident will not earn interval if not following expectations and completing assigned work
- Can earn a break at staff's discretion. Must be doing work and earning intervals to earn it (15 mins). Can do something by themselves or with a staff if staff is free. No MP3, TV, etc. Can play cards, play a game, color, color sheets or journaling

The treatment team may issue one or a combination of learning interventions. The learning intervention is based on the incident, resident level, circumstances, and/or previous number of re-directions for same incident.

- Redirection and/or coaching
- 6-interval - must complete all required assignments
- 12-interval - must complete all required assignments
- 18-interval - must complete all required assignments
- 24-interval - must complete all required assignments
- Unearned intervals
-

6, 12, 18, and 24-interval learning interventions - resident will attend school and groups. Resident may not watch TV or play games. The resident must complete all assigned work to be given credit for completing the entire structure. Structure intervals are credited based on appropriate behavior and assignment completion. A maximum of 6 intervals per day may be earned toward any structure.

CHILD/PARENT CONTACT

APA encourages residents and their support system to maintain regular and consistent contact throughout placement at the Academy. This may be completed by the use of telephone, mail, or adaptive communication devices, which meet the needs of the resident, their support system and treatment plan. While we recognize that separation from support system at this time may be difficult, the contact is also encouraged to be in moderation, to provide ample opportunities for residents to fully engage in the treatment process. APA strives to accommodate the parents/support systems schedule, therefore visit times are available during the week and/or weekends.

LETTERS/PHONE CALLS

APA provides paper, envelopes, and stamps for writing to those on the approved contact list. Residents are allowed to receive mail freely while in placement at APA from those on the approved contact list. Residents will open mail in the presence of APA staff; this is to maintain the safety and security by checking for inappropriate content.

Residents are allowed four 15 min calls weekly from those on the approved contact list. Individual plans for calls can be set up with the Therapist and/or Case Manager.

VISITATION POLICY

In a residential setting, it is essential to assist residents in maintaining strong familial relationships. In order to do this, it is important to maintain consistency and identify expectations. Below is a list of rules, expectations and goals related to family visitation.

Rules

- All visits must be by appointment only and pre-arranged by the residents' Case Manager and/or Therapist at least three days prior to the visit. Residents are allowed visitors up to two hours on campus per month.
- Only visitors on the approved visitation/calling list are allowed to visit.
- The maximum number of visitors allowed during a visit is six.
- All visitors must present a photo ID
- Visitors are responsible for the action and behaviors of small children and themselves. If the visitation becomes disruptive, APA staff may terminate the visit.
- All bags, purses and personal belongings remain in your vehicle.
- All food needs to be approved before visit
- Alcohol and illegal drugs/substances are not permitted on the Aurora Plains Academy grounds. Being under the influence of drugs or alcohol is prohibited on APA grounds and will result in the visit being cancelled. ANY VIOLATIONS OF THIS OR OTHER LEGAL CONCERNS WILL BE REPORTED TO THE POLICE IMMEDIATELY!
- At any time the resident, family or staff if necessary can end the visit.
- All visits/family counseling sessions will occur in designated area.
- All non-agency visits will be monitored by APA staff

Expectations

There are residential expectations that are necessary when conducting visits.

- Residents are required to follow all standard rules of APA at all times during any visitation.
- Residents are expected to clean up after their guests.
- Residents are expected to behave appropriately during the visit.

Goals

- Assist the resident in maintaining strong family ties.
- Provide opportunities for the family to share quality time.
- Assist residents in bridging any family issues.
- Encourage family participation and involvement.
- Re-establish support mechanisms.

OFF CAMPUS PASSES/HOME VISITS

Aurora Plains Academy recommends 1 to 2 successful on campus visits prior to visits off campus. Plans for off campus visits/home passes are tailored to the individual treatment plan. All home visit decisions are made in conjunction with the resident, support system, the placing agency, and the Academy personnel. Home visits are to be considered an extension of treatment, or an occasion to test and demonstrate the gains made in treatment. A home visit is not considered a break or vacation from treatment. Emotional and behavioral stability are necessary components in order to safely transport a resident for a home visit. Home visits prepare the resident for the transition and usually occur toward the end of their placement.

Behavior Support and Management Practices
Policy #BSM-2

Effective date: 1/7/07
Revision Date: 2/13/09, 1-28-16, 9/7/16, 3/9/17, 11/6/2017, 11/14/18
Policies/standards meet: COA BSM 2; SD 67:42:07:18, 67:42:07:24, 67:42:07:28, 67:42:01:21

POLICY

The treatment program at Aurora Plans (APA) strives to provide a culture and structure that promotes respect, healing, support and positive behavior as well as prevents the need for restrictive behavior management interventions.

PROCEDURE

All of our youth are assessed for the potential risk of harm to others or to self in order to determine the need for behavior support and management interventions. Prior to the admission, referral material is collected by the admissions coordinator and within this information, prior uses of behavioral management interventions are assessed to disseminate its effectiveness. Along with this, upon admission, our youth are assessed using a multidisciplinary assessment process including an interview with youth, parents/guardians and any applicable stakeholder. Utilizing the results of this information as well as the diagnosis of the client a Behavior Support Plan is developed and becomes a part of the Individual Treatment Plan/Individual Support Plan which is reviewed on a quarterly basis for effectiveness.

Staff supports positive behavior by developing positive relationships with youth; building on strengths and reinforcing positive behavior; and responding consistently to all incidents of infringement of rights or injury.

A Crisis Intervention Plan (CIP) is based on assessment results and:

- a. the youth's perception of emotional and physical safety;
- b. past experiences with restrictive behavior management interventions;
- c. antecedents, emotional triggers, and the resulting challenging behaviors;
- d. previous successes in utilizing strategies and coping skills to mitigate need for restrictive behavior management interventions;
- e. psychological and social factors that can influence use of such interventions, including trauma history; and
- f. medical conditions or factors that could put the person at risk.
- g. is reviewed and updated weekly at unit meetings.

Crisis Intervention Plans include:

- a. strengths-based strategies that will help the person de-escalate their behavior and prevent harassing, violent, or out-of-control behavior;
- b. interventions that may or may not be used, taking the youth's trauma history into account;
- c. signatures by the person, his/her parent or legal guardian, and personnel, as appropriate.

Interventions and supports at the primary prevention level of care are implemented continuously throughout the youths' day. Primary prevention occurs as a natural part of the treatment environment of care, and includes: staff development, trauma assessments and safety planning, provision of sensory tools, pro-active use of the Multi-Sensory De-Escalation room, and pre-teaching and practicing self-awareness and responses with the resident. The expectation is that youth are provided with ways to recognize their triggers and develop coping skills prior to becoming emotionally charged. All staff working directly with the youth are to be educated to provide care with youth at this level.

The secondary prevention level of interventions occurs as a youth begins to escalate or react to triggers. The goal of this level of intervention is to assist the youth in developing the skills to react to triggers in their environment in a way that moves them to stabilization and recovery, so that they can return to their personal best presentation. The interventions at this level occur in two categorical ways: remaining within the immediate treatment environment or relocating to another area in the program.

Interventions that occur within the treatment area (on the living unit or in proximity of the classroom) include verbal processing, provision of time to recover voluntarily either in their room or a designated location in the area, provision of sensory tools to assist in recovery, and verbal processing.

Trauma and abuse history, disability and developmental ability as well as gender and culturally sensitive resident specific attributes are taken into consideration prior to a learning intervention being assigned. All staff are

equipped to provide interventions in this category. Documentation occurs in the daily skills assessment. In the case of a behavioral incident, an incident report is completed by the unit staff. The youth is given a Form 8 which gives them the opportunity to explain their side of the incident. Both documents are reviewed by the treatment team which consist of Therapist, Case Manager, Unit Manager, and Unit staff when available. If the youth doesn't accept the applied learning intervention, the youth can choose to appeal through the use of the grievance process.

Youth are never alone in any area and are continually assessed when involved in any intervention. Per MN 2960.0080, a time out must be under the direction of a mental health professional, the facility director or the program manager. Staff must assess the youth in time-out at least every 30 minutes and determine when the resident may return to ongoing activities. Aurora Plains Academy does not use the practice of "time out" or "seclusion" as a means of behavior management. However, staff are trained to encourage the youth to self-regulate and use identified coping skills from the youth's Behavior Support Plan that the youth and treatment team participated in developing.

Interventions that occur in another location in the program include the Multi-Sensory De-Escalation Room (MSDR). Only staff who are trained in the use of the MSDR are authorized to implement this category of intervention. Training topics include but are not limited to (a) the needs and behaviors of youth; (b) building relationships with youth; (c) alternatives to time away; (d) de-escalation methods; (e) avoiding power struggles with youth; (f) documentation standards.

The Multi-Sensory De-Escalation Room (MSDR) is creatively designed to provide a variety of sensory stimulation activities. It accommodates both gross motor and fine motor movement, as well as visual, auditory, olfactory and textural experiences. The goal of this intervention is to provide a variety of ways to assist youth in developing self-regulation skills. One-on-one supervision occurs with the youth using the MSDR and the interventionist staff. Documentation of the use of this intervention occurs on the Multi-Sensory De-Escalation Room Intervention Note by the interventionist. In addition to identifying information, the events leading to the use of the MSDR and the youth's response to the intervention are documented. The youth's self-rating of pre- and post- intervention levels of distress (scale of 1 to 10, feelings thermometer graphic) are also recorded on the note. This report is maintained in the youth record. Documentation of the youth's behavior after the intervention, occurs in the youth's progress note by the staff on the living unit.

Aurora Plains utilizes Safe Crisis Management (SCM) its crisis training curriculum. Only staff trained in SCM techniques are authorized to do physical interventions. APA prohibits the use of chemical restraints and excessive or inappropriate behavior management techniques. ESPIs are authorized only for incidents involving danger to self or others. Youth are not authorized at any time to engage in placing other residents in physical interventions. SCM techniques as well as the Behavior Support Plan And Crisis Support Plan, identify resident behaviors, events, medical conditions and environmental factors that may trigger a crisis situation. Also, it identifies non-verbal, para-verbal, and verbal communication, active listening, and de-escalation techniques to prevent crisis situations including negotiation and mediation.

When trained in Emergency Safe Physical Intervention (ESPI), staff are taught to recognize and respond consistently to signs of physical distress up to and including out-of-control behavior. (CFR §483.376). Staff support positive relationships in a trauma-based manner to build and strengthen the youths' positive behaviors. Staff are trained in the restoration and reintegration for the youth, as well as identifying and reporting possible injuries as a result of the ESPI.

Please refer to BSM 1 for the notification protocol for notification of Emergency Safety Intervention (ESI).

APA also utilizes the following practices for youths, guardians or other interested individuals:

- a. provides an explanation for and offers a copy of its SCM, ESPI and procedures to youth and their parents or legal guardians at admission;
- b. informs youth and parents or legal guardians of SCM/Collaborative Problem Solving (CPS) strategies used to maintain a safe environment and prevent the need for ESPI;
- c. has procedures that address alleged infringement of rights and injury towards other youth or staff.
- d. obtains the youth's and the parent's or legal guardian's consent for use of ESPI/SCM if necessary as part of treatment. Consent is included in the youth's individual treatment plan which is reviewed and evaluated at least every three months (67:42:07:28) as well as maintained in accordance to § 67:42:01:21. All documentation will be a part of the youth's record. (67:42:07:24)

EXCLUSIONS/PROHIBITED MEASURES

All forms of behavior support and management is intended to be used as intervention tools to assist the child in maintaining or regaining control of their emotions and behaviors; and as needed, to insure safety for the child and others. Behavior support and management techniques, especially restrictive interventions, are never to be used in any of the following manners:

- corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects, or spanking
- verbal abuse, including but not limited to: name calling; derogatory statements about the youth or youth's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, ridicule, or frighten the youth
- punishment for lapses in toilet habits, including bed wetting and soiling
- requiring physical exercise or other activities causing physical discomfort, placing a youth in a fixed position or requiring a youth to repeat physical movements or assigning work that is dangerous, unduly strenuous or not consistent with the youth's case plan
- as a consequence, punishment, retaliation, or result of: rule infraction, disrespectful behavior, or previous aggressive incidents or incidents of wrong-doing
- denying shelter, clothing, bedding, a meal or a menu item, center program services, emotional support, sleep or entry to the center
- authorizing or directing another youth, or any person other than trained staff, to employ behavior management techniques on a youth
- penalizing a group for an identified group member's misbehavior
- disciplining one youth for the unrelated behavior or action of another
- punishment for lapses in toilet habits, including bed wetting and soiling
- withholding basic needs, including but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing or medical care. However, a youth who destroys bedding or clothing or uses these or other items to hurt the youth or others, may be deprived of such articles according to the youth's case plan
- disciplining one youth for the unrelated behavior or action of another, except for the imposition of restrictions on the youths peer group as part of a recognized treatment program
- use of restrictive techniques or procedures as punishment for convenience of staff, to compensate for not having an adequate number of staff or to substitute for program services
- use of restrictive techniques in response to property damage that does not involve imminent danger to self or others
- restrictions on youth's communication beyond the restrictions specified in the youth's treatment plan or case plan

APPROVED BY: _

Nanette Biggers

Protection of Rights and Ethical Obligation
CR-1

Effective date: 1/7/07
 Revision Date: 8/27/15, 1/21/2016, 9/15/16, 2/22/17, 7/25/18, 1/23/20
 Policies/standards meet: CR1; CR2; SD 67:42:07

POLICY

Aurora Plains Academy (APA) is an Intensive Residential Treatment Facility and operates 24 hours a day. Every youth admitted to the Academy is entitled to a safe and therapeutic milieu made up of numerous components provided by several professionals across the scope of treatment. Every staff member has the responsibility to maintain an appropriate relationship with all youth. Healthy relationships are the catalyst for personal growth and change. Each youth is provided fair and equitable treatment and is informed about our program in order to make choices about utilizing our services. Aurora Plains Academy residents do not participate in experimental research nor do they perform labor or services for the academy.

PROCEDURE

A therapeutic milieu will include services and insights in the following areas:

- | | |
|---|---|
| PHYSICAL CARE | Food, clothing, shelter and hygiene. Restricting a child’s normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, school, fresh air, adequate exercise, and necessary clothing is not allowed. |
| GROUP LIVING | Living and leisure time are provided by a group of skilled direct youth care specialists who offer supervision and services. |
| PSYCHOLOGICAL SUPPORT | All staff provide opportunities for recognition, acceptance and support. These ways can differ from family and may provide influence and authority that is different from parents. |
| SOCIOLOGICAL SUPPORT | Trauma informed staff utilize knowledge from trainings that cover social class behaviors, family relationships, dynamics, and cultural influences will provide experiences in a group living milieu where these social behaviors, differences, and similarities can be explored and understood. |
| MEDICAL & PSYCHIATRIC INSIGHTS | Based upon medical and other specialists’ evaluations and assessments, youth will receive appropriate health and medical care. All staff will provide attention to adequate growth and wellness, which includes psychiatric services at primary, secondary, and tertiary levels. Basic physical exams, eye, ear and dental exams, lab x-rays, emergency services, nutrition, speech and other special assessments are arranged either routinely or based upon need. |
| PSYCHOLOGICAL SERVICES | Every youth will receive psychological services and/or ongoing clinical review of psychologist's observations and test results. |
| CLINICAL SERVICES | Every youth shall have regular individual, group, and family therapy as an integral part of the 24 hour services offered at APA. The therapist provides the youth knowledge about both the agency and the community resources for their own or family benefit. |
| SPECIAL EDUCATION | Every youth is entitled to special and individualized education courses, instruction, based upon educational strengths and weaknesses, alternative education, vocational or pre-vocational instruction as well as physical education which meets individual needs for play and for developing play skills. Every student will learn about the world of work and the role of the family in the attainment of work goals. |
| DAILY AND SPECIAL ACTIVITIES | Every youth will be provided with individual and group activities that occur at the academy and in community. These activities incorporate social, cultural, and self-development. Responsible, moral, and ethical decision-making is encouraged. Youth are given the opportunity to participate in a spiritual service to express their religions or spiritual beliefs. |
| COMMUNITY TIES | Every youth will have help with understanding their family dynamics to help with relationships at the community level. This adds to a sense of belonging in |

an extended social system. Restricting the visitation rights of the parents of a child beyond limitations imposed by the court, and placing restrictions on a child's communication rights beyond limitations specified in the treatment plan is not allowed.

TREATMENT PLAN

Every youth will have a treatment plan that incorporates all of the above areas with emphasis upon:

- a. Individualized assessments based on social, intellectual, psychological and educational developmental levels.
- b. Short and long-term goals for accomplishment in each area of need.
- c. Individual deficits, personality categories, character structure, affect states, and capacity to relate and to understand what he/she must work on to change.

GRIEVANCE

Clinical reviews on a monthly basis to evaluate these treatment plans to assess their effectiveness.

Every youth shall have the right to a fair, simple, and timely resolution of grievances. The youth shall have access to both the written grievance form and the Grievance monitors. (Policy CR2 Resident Grievance Policy)

CHILD CARE & DEVELOPMENT

The Academy will meet all requirements in regard to child care and development as is stated in Administrative Rules: Department of Social Services: Article 67:42 Regulatory Administration: Group care centers for minors: 67:42:07

The Academy will:

- a. Develop programs that encourage the development of independence through avoiding regimentation of scheduling.
- b. Whenever possible integrate the agency program with community activities so that children have the opportunities to participate in normal community living patterns.
- c. Provide for the development and maintenance of constructive relationships with parents, brothers and sisters, relatives, staff and friends.
- d. Responsible, moral, and ethical decision-making is encouraged across all aspects of programming.
- e. Utilization of therapeutic and psychoeducational groups to help the child obtain a sense of personal identity.
- f. Empower youth to make personal choices in their routine and environment along with providing for a variety of experiences.
- g. Issuing consequences to one child for the behavior or action of another, is not allowed.
- i. Use of restrictive techniques as punishment, for the convenience of staff, to compensate for not having adequate staff, to enforce program rules, or to substitute for program services is not allowed.

LIMITATION OR DENIAL OF RIGHTS

Good cause for denial or limitation of a right exists only when the director or designee of the treatment facility has reason to believe the exercise of the right would create a security problem, adversely effect the patient's treatment or seriously interfere with the rights or safety of others.

PROCEDURE

1. Upon receiving information gathered and reviewed by the multi-disciplinary treatment team, the Executive Director (or designee) will determine the appropriateness of a denial or limitation of a resident's rights.
2. A special treatment plan will be developed by the therapist. The treatment plan will clarify the following:
 - specific reason for the denial or limitation of right and correlation of that reason to the resident's treatment
 - expected duration of time of denial or limitation

- conditions required for restoring the right
- notice to the youth of the right to an informal meeting with the decision maker

RESIDENT RIGHTS

INTRODUCTION

Aurora Plains Academy supports and protects the fundamental human, civil, constitutional, and statutory rights of each resident.

All youth are entitled to equal treatment regardless of race, gender, age, creed or national origin. Any youth who feels that they have been denied equal treatment should file a written grievance with the resident ombudsman (Grievance Monitor) using the Resident Grievance/Complaint form.

Some rights may be limited because of the youths' treatment or security needs. This will be explained further in the individual treatment plan.

RIGHTS

Copies of Resident Rights are posted in the reception area and on all living units. All treatment clients of Aurora Plains Academy have the following rights:

1. You have the right to humane non-discriminating environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
2. You have the right to be free from bias and harassment regarding race, gender, age, culture, disability, spirituality, sexual orientation and linguistic differences.
3. You have the right to be free from abuse, neglect, inhumane treatment and sexual exploitation.
4. You have the right to be treated courteously, with dignity and respect.
5. You have the right to receive service in a manner that is non-coercive and that protects your right to self-determination.
6. You have the right to appropriate treatment in the least restrictive setting available with reasonable regularity and continuity of staff assignment that meets your needs.
7. You have the right to appropriate medical care. This includes, but not limited to, receiving information about your current treatment, diagnosis, alternatives, risks, and prognosis. You have the right to be told or given in writing the physician's identity as well as any outside health care services information including name, business address, telephone number, and specialty.
8. You have the right to receive an education.
9. You have the right to nutritious and sufficient meals.
10. You have the right to sufficient clothing and housing.
11. You have the right to live in clean, safe surroundings.
12. You have the right to daily bathing or showering in reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene.
13. You have the right to retain and use a reasonable amount of personal property.
14. You have the right to reasonable observance of cultural and ethical practice and religion.
15. You have the right to manage personal financial affairs. At a minimum, a quarterly statement documenting any transactions of any personal money at the Academy will be provided.

16. You have the right to positive and proactive adult guidance, support, and supervision. This includes the right to a prompt and reasonable response to questions and requests.
17. You have the right to be informed of the program's rules and regulations before you are admitted.
18. You have the right to informed before admission and upon changes of: the treatment you will be given, the risks, side effects, and benefits of all medications and treatment you will receive, the other treatments that are available, and what may happen if you refuse treatment.
 - A. The condition to be treated
 - B. The proposed treatment
 - C. The risk, benefits, and side effects of all proposed treatment and medication
 - D. The probable health and mental health consequences of refusing treatment
 - E. Other treatments that are available and which ones, if any might be appropriate for you.
19. You have the right to accept or refuse treatment after receiving this explanation unless you are court ordered for treatment. Consequences of refusing treatment or medication can lead to termination of services.
20. If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
21. You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan. You have the right to request an in-house review of your care and treatment. You have the right to have a parent/guardian, agency worker, and if applicable, other care providers including extended family or significant others as appropriate and with consent from the resident take part in developing your plan.
22. You have the right to meet with staff to review and update the plan on a regular basis.
23. You have the right to refuse to take part in research without affecting your regular care. (APA does not participate in experimental research.)
24. You have the right not to receive unnecessary or excessive medication.
25. You have the right not to be free from restraint used for a purpose other than to protect the resident from imminent danger to themselves or other. (APA does not do seclusions).
26. You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
27. You have the right to authorize disclosure of your presence in a facility.
28. You have the right to reasonable communication and visitation with approved people outside the facility which may include: parent(s), extended family members, siblings, legal guardian, case worker/manager, attorney, therapist, physician, religious advisor, as well as the Department of Social Services, Department of Corrections, Disability Rights South Dakota, MN State appointed ombudsman at any reasonable time. MN residents and their families have the right to organize, maintain, and participate in resident advisory and family councils.
29. You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
30. You have the right to purchase or rent goods and services that are not included in the per diem rate from a supplier of your choice unless provided by law.

31. If you consented to treatment, and are 18 years old and your own guardian, you have the right to leave the facility within 2 business days of requesting release unless a physician determines that you pose a threat of harm to yourself and others.
32. Married MN residents have the right to privacy during visits with their spouses and, if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.
33. You have the right to be informed of and to use a grievance procedure and receive a fair response from the facility within a reasonable amount of time.
34. You have the right to complain directly to the South Dakota Child Protection Service (CPS) (605-773-3227) at any reasonable time.
35. You have the right to get a copy of these rights before you are admitted, including the CPS's address and phone number.
36. You have the right to have your rights explained to you in simple terms, in a way you can understand within 24 hours of being admitted.
37. You have the right to not be arbitrarily transferred or discharged. You must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. The notice period may be shortened in situations outside APA's control, such as a determination by utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare. APA shall make a reasonable effort to accommodate new residents without disrupting room assignments.
38. Have all special needs communication met either in writing or orally, as well in languages of the major population, with arrangements being made with consideration of literacy level. The Aurora Plains Academy will make arrangements for interpreters or translators or the use of assistive technologies which may include telephone amplification.

You are expected to work towards becoming a 'safe' person if you are not one already. This means:

You understand that you have problems with how you handle your thoughts, emotions, and behavior. As a client in our program, you have the responsibility to provide relevant information as a basis for receiving treatment.

You are responsible for your emotions and behavior.

You will respect yourself, others, and the environment by:

..... not hurt yourself or others, or be violent in any way.

..... not smoking or using drugs or alcohol.

..... not engaging in any sexual activity.

Not respecting yourself, others and environment could lead to termination of services or unsuccessful discharge from the Academy.

Your individual treatment plan always takes precedence over these rules of conduct if there is a conflict.

APPROVED BY: 
EXECUTIVE DIRECTOR

Grievance Procedures
Policy #CR-3

Effective date: 1/7/07

Revision Date: 8-27-15, 1-28-16, 9/7/16, 2-22-17, 1/14/2019, 7/23/19

Policies/standards meet: CR 3; CR 1.01; RPM 2.02 ARSD 46:17:02:02

POLICY

Youth Complaint/Grievance forms shall be available throughout the facility including a central area within each living unit. The Youth is to complete this form, detach the bottom to give to staff, place the top part in the locked mailbox located in the Cafeteria by the water fountain or School hallway. The Clinical Operations or designee will have the only keys to the mailbox and will retrieve grievances on business days. The bottom half of the page will be given to the overnight Shift Supervisor to place the Grievance Reference # on the night report alerting there is a Grievance that needs reviewed.

The youth may be assisted by a staff member in completing the form if the youth requests assistance, however, the youth needs to be in possession of it until they place it themselves in the grievance box. The youth has the opportunity to obtain an advocate to assist in this process if the youth so chooses. The Clinical Operations or designee shall review each completed form to determine if the issue appears to compromise the therapeutic rights of the youth.

The youth, youth's parent or legal representative, a guardian, or a concerned person in the youth's life may make a formal complaint or suggestion or express a concern about any aspect of the youth's care during the youth's stay in the facility. They also may grieve any decision that affects the youth's eligibility, modification or termination of service or supports.

By signing on the bottom of the Policy and Procedure acknowledges you have read, been given an explanation that you understand, and have received a copy of this grievance procedure. The staff signature verifies the youth has been given a copy and assisted the youth if requested.

YOUTH PROCEDURE

1. All staff shall be aware of a youth's needs and shall pay close attention to those situations that could lead to a grievance situation. Youth may grieve about any violation of youth's' rights. Youth may express their grievance to any staff member, but using the form and process maintains accountability, confidentiality and resolution within specific time frames.
2. Staff must not attempt to influence a youth's statement about the facility in the grievance document or during an investigation resulting from the grievance.
3. Staff who are sited in the grievance will not be involved in acceptance, investigation or decision-making concerning the grievance. Their involvement will consist of participation in an interview from the Clinical Operations or designee when applicable.
4. Forms are located in central living areas within each living unit. Staff will provide pencil, paper, envelopes, postage and/or access to a telephone upon request in order to file a grievance. Staff will provide assistance to youth who cannot read or write or have difficulty reading or writing.
5. The bottom portion of the completed form will be given to staff so the Overnight shift supervisor can place the Grievance Reference # on the night report. The top portion of the form will be placed in a confidential locked grievance boxes located in the Cafeteria by the water fountain or in the school hallway by the youth. The Clinical Operations or designee will pick up grievances daily excluding weekends and holidays.
6. The Clinical Operations or designee will investigate the grievance in conjunction with the applicable departments and update the youth on the process. If the grievance appears to be a complaint/concern rather than a grievance, the Clinical Operations or designee will write a response for the youth.

7. A written response of the investigation and initial disposition shall be made available to the youth within five (5) days from when the grievance was filed.
8. A youth who is dissatisfied with the grievance conclusion may appeal the decision to the Clinical Director. The investigation process will be conducted in the same fashion and time frame.
9. If the youth remains dissatisfied with the appeal decision, he/she may appeal to the Executive Director.
10. If the youth is still dissatisfied with the appeal decision, he/she may appeal to the Department of Social Services, the Department of Corrections, Department of Human Services, and/or the Division of Developmental Disabilities directly. A report of the decision will be given to the youth within thirty (30) calendar days of receipt of the complaint.
11. There shall be no interference or retaliation, formal or informal, against a grievant.
12. Aurora Plains Academy shall retain full records of all grievances in a centrally located confidential file for seven (7) years.
13. Youths may submit their grievance at any time directly to:

SD Department of Corrections: SD Department of Social Services:
(605) 773-3478 (605) 773-3227

SD Department of Human Services SD Division of Developmental Disabilities
(605) 773-5990 (605) 362-4857

14. The policy and procedure will be signed and explained on a yearly basis.

PARENT/GUARDIAN/CONCERNED PERSON/LEGAL REPRESENTATIVE GRIEVANCE PROCEDURE

All staff shall be aware of a youth's needs and shall pay close attention to those situations that could lead to a grievance situation. Youth, parents/guardians may submit a written grievance about any violation of youth's rights.

1. Parents/guardians or agency worker will attempt to resolve their concern with the youth's therapist or case manager.
2. If the grievance could not be resolved adequately, the interested party will request a grievance form from the youth's case manager or therapist. They may also use a letter stating within that it is a formal grievance if not on a provided form.
3. The case manager will forward the grievance form to the interested party via mail or email within 24 hours of the request.
4. The interested party will mail or email their grievance to the Clinical Operations or designee. The address and email address is listed below.
5. The Clinical Operations or designee will review the grievance, forward a copy to the Executive Director, and conduct an investigation with members of the appropriate department.
6. The Clinical Operations or designee will forward the findings to the Department Head Team for review.
7. The Clinical Operations or designee will respond to the grievance within 5 calendar days of receiving the grievance.
8. If the interested party does not feel the issue is adequately resolved, the interested party will forward a grievance directly to the Executive Director or their designee, following the same procedure listed above.
9. The Executive Director or their designee will investigate the grievance with appropriate departments and respond in writing to the interested party within 5 calendar days.
10. If the parent/guardian or agency worker is still dissatisfied with the appeal decision, he/she may appeal to the Department of Social Services, the Department of Corrections, Department of Human Services, and/or the Division of Developmental Disabilities directly. A report of the decision will be given to the youth within thirty (30) calendar days of receipt of the complaint.
11. There shall be no retaliation, formal or informal, against a grievant.
12. Aurora Plains shall retain full records of all grievances in a centrally located confidential file for seven (7) years.

13. Parents/guardians, agency workers may submit their grievance at any time directly to:

SD Department of Corrections: SD Department of Social Services:
(605) 773-3478 (605) 773-3227

SD Department of Human Services SD Division of Developmental Disabilities
(605) 773-5990 (605) 362-4857

APPROVED BY: *Nanette Biggers*
EXECUTIVE DIRECTOR

I acknowledge that I have read, been given an explanation that I understand, and have received a copy of this grievance procedure.

Youth Signature

Date

Staff Providing Information Signature

Date

PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

It is the philosophy of Clinicare and its Academies that all protected health information about you, the resident, whether verbal, written, or electronically managed, is considered private and confidential and is to be used for the purpose of your care and treatment. We are required by federal and state laws to maintain the privacy of protected health information, and to give you this notice which describes our legal duties and privacy practices concerning your protected health information.

When you obtain services at the Academy program, we can use your health information for the following purposes:

1. **Treatment** – We may use and disclose your health information to provide treatment and services to you. Examples: A therapist may use your protected health information to determine the best treatment for you to address your needs. The psychiatrist may review your health information to see whether or not medication would be appropriate for you. We will share information with your county social worker or probation officer to ensure you are receiving the services you need. We may disclose your health information to other health care providers involved in your treatment.
2. **Payment** – In order to receive payment, we submit to the paying source a bill that identifies you as receiving treatment through the Academy. We may include your diagnosis and the specific treatment you are receiving.
3. **Academy Operations** – We may use your diagnosis, treatment, and outcome information to improve the overall quality of care we provide to the residents at the Academy. When you are discharged, we will ask your placing agency to complete an evaluation about the treatment provided to you while you were here. We will also contact your placing agency for up to 12 months after you are discharged to see how you are doing.

We may send you and your parent/guardian surveys or questionnaires regarding your experience at the Academy to improve our care and services.

To carry out treatment, payment and health care operations, we may disclose your health information to another party known as a Business Associate to help us with (but not limited to) billing, medication, dental or medical services, or to assist us with such things as (but not limited to) legal, accounting, or consulting. We will have an agreement with each Business Associate in which they agree to use your health information only as permitted by the agreement or as permitted by law.

We are required to notify you of any breach of your unsecured protected health information as soon as possible, but in any event, no later than 60 days after we discover the breach.

Without your written authorization, as required or permitted by federal and state laws, we can use or disclose your personal health information to the following:

1. To law enforcement officers, departments of correction, court officials, state licensing agents, or government agencies as required to ensure the health, safety and security of you and others. By law, we are required to report actual or suspected child abuse or neglect.
2. For public health activities to help control disease, injury or disability; or to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or conditions.
3. To those involved with your care such as family members, agency or tribal social worker, probation officer, or school officials to ensure we are providing you the services they requested, and for them to know how you are doing at the Academy.
4. We may use and disclose your health information when required to do so by court order or by any other law not already referred to in this section. We must follow either federal or state law, whichever is more protective of your privacy rights. For example, if federal law allows certain disclosures of your health information without your written authorization, but state law does require your written authorization for such disclosure, we must follow state law.
5. We may also contact you for the purpose of providing appointment reminders or information about the treatment alternatives or other health related benefits and services that may be of interest to you.

Other uses or disclosures of your protected health information require you to provide us with a written consent to release information, signed by you if you meet age requirements, by your parent/guardian, or by your legal custodian. Only information necessary to fulfill the purpose as stated in the consent will be released to the person identified in your authorization. You may withdraw your authorization at any time, as long as your request is in writing.

You have several rights regarding your health information:

1. You have the right to review your treatment record with your therapist. Following discharge, if you meet the age requirements, you may submit a request in writing for a copy of your treatment record. This right does not apply to psychotherapy notes or information gathered for judicial proceedings, other restrictions may also apply. We may charge you a reasonable fee for copying of your information.
2. You have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity, if your health information is maintained in an electronic format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
3. You have the right to request restrictions on certain uses and disclosures of your protected health information, such as limiting the amount of information provided to your family. Your request must be in writing. We are not required to agree to your request.
4. If you paid out-of-pocket in full for a specific service, you have the right to ask that your protected health information with respect to that service not be disclosed to a health plan for purposes of payment or health care operations.
5. You have the right to request a correction to your protected health information if you believe something is incorrect. We will ask you to put your request in writing as it will be included in your treatment record, and to tell us why you believe the information should be changed. However, if we did not generate the information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
6. You have the right to request a record of disclosures of your health information which we have made on or after April 14, 2003. Information on this list would include: the date of each disclosure, who received the health information, what information was disclosed, and the reason for the disclosure. Not included on this list would be disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.
7. You have the right to request, at any time, a paper copy of this notice, even if you agreed to receive this notice electronically
8. You have the right to receive confidential communications of your health information in different ways or places, such as wanting to discuss a subject in the privacy of your therapist's office instead of on your living unit. We may ask you to put your request in writing, and will accommodate any reasonable request.
9. If you feel your privacy rights have been violated, you have the right to file a complaint with us and with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint. Your complaint must be in writing.

Send to: Clinicare
Privacy Officer
10201 W Lincoln Ave, Suite 306
West Allis, WI 53227
414-545-9590

In accordance with federal and state laws, the Academy is required to abide by the terms of this privacy notice currently in effect. We reserve the right to change the privacy practices described in this notice. Any changes to our privacy practices would apply to all health information maintained within our facility. If changes occur, a revised copy of the privacy notice will be posted on the Clinicare website at www.clinicarecorp.com and in resident areas throughout the buildings. A paper copy of the notice will be made available upon request.

For further information on privacy rights or the information in this notice, contact the Clinicare Privacy Officer.

This Privacy Notice is Effective April 14, 2003

Revised: April 1, 2005; February 1, 2013



PQI-2 Infrastructure
PQI-3 Roles and Responsibilities
PQI-4 Performance and Outcome Measures
PQI-5 Case Review

Effective date: 1/7/07

DAKOTA REACH

Revision Date: 2/13/09; 2/10/16, 9/7/16, 1/14/2019, 1/30/2020

Policies/standards meet: PQI 2.01, PQI 2.02, PQI 2.03, PQI 2.04, PQI 2.05, PQI 3.01, PQI 3.02, PQI 3.03, PQI 3.04, PQI 4.01, PQI 4.02, PQI 4.03, PQI 4.04, PQI 5.01, PQI 5.02, PQI 5.03, PQI 5.04, PQI 5.05, PQI 5.06; BSM 1.03; GOV 4.02

POLICY

The infrastructure that supports performance and quality improvement has the capacity to evaluate, identify, and implement services and solutions that are program specific and can be implemented organization-wide. The ultimate goal is to build and strengthen the program creating higher satisfaction for both staff and the youth we serve.

PROCEDURE(S)

The PQI frame work at Aurora Plains/Dakota Reach (APA/DR) takes into account all of the organizations departments across the program including families and individuals.

The PQI frame work incorporates

- Safety and Therapeutic Environment Department
- Clinical Department
- Youth Care Department
- Finance Department
- Education
- PQI
- Administration

The PQI plan describes how valid and reliable data will be obtained and used on a regular basis to advance monitoring of actual versus desired functioning of operations that influence APA/DR's capacity to deliver services. The quality of services delivered, program results, client outcomes and client satisfaction. Staff throughout the organization, community advisory board committee, agency workers, and residents has input on service delivery experience, and outcomes for residents and families served. APA/DR also select indicators that relate to quality operations, management, and program results.

The PQI Operational plan:

- Assigns responsibility for implementation and coordination of PQI activities and technical assistance
 - To ensure proper data integrity, each department compiles their data pertinent to their department and forwards the data to the PQI coordinator. At a minimum, the following data is collected:
 - Accidents
 - Use of restrictive procedures
 - Grievances
 - Critical incidents
 - Outcome measures including CANS
 - Stake holder surveys
 - Any adverse findings or allegations of maltreatment
 - Client surveys
 - Staff surveys
 - PQI Coordinator analyzes the data and presents the information to the Department Head Team. The review must consider: any patterns or problems indicated by similarities in the time of day, day of week, duration of the use of a procedure, individuals involved, or other factors associated.

- Any risk that is identified across the organization is discussed with the appropriate department heads. An implementation plan to avoid or alleviate the risk is put in place with the department heads and communicated throughout the at risk department(s).
- The Department Head Team sets goals to obtain benchmarks and improve practices and outcomes.
- Sets the purpose and scope of PQI activities consistent with the strategic plan
- Quarterly review of essential management and service delivery consistent with the strategic plan and mission.
- Definition of stakeholders and how they will participate in the PQI process:
 - Stakeholders-in addition to our client population, stakeholders (persons/groups served, employees, advisory panels/committees, community partners, and funding bodies) are the driving force of our service. We make every effort to give all those affected by or in connection with our programs a voice.
- Patterns or similarities in time frame or individuals involved as well as any other identifiable factors are reviewed. Recognized areas of improvement are identified and changes are made to program implementation. The minimum topics and timeframes are as follows:
 - ESPI's/Accidents-review weekly at the Department Head Team meeting and quarterly at the quarterly PQI meeting
 - Safety review-meet at the quarterly meeting
 - Finance- review monthly and report at the quarterly meeting
 - Case files- random samples are audited quarterly by reviewers that have not been apart of the clients case. Results are compiled to: evaluate the presence, clarity, quality and continuity of required documents using a uniform tool (TOC-Audit) to ensure consistency. Items tracked include: assessment, consents, progress notes, permanency planning, etc
 - Resident outcomes-progress reports are sent to state agency workers, guardians/parents, and other members of the multi-disciplinary team including the committing judge when applicable. There is also a quarterly team meeting to discuss goals and objectives and the overall planning of the resident's care
 - Intakes and Discharge-review quarterly
 - Education- review quarterly at the PQI meeting
 - Client satisfaction-reviewed quarterly at the quarterly PQI meeting
- The annual PQI meeting will review the quarterly reports and assess the corrective action plans, their effectiveness, and barriers as well as supports for implementation.

The Academy defines the improvement process as:

- Identify the issue
 - Due to health and safety
 - Lack of progress
 - Communication
 - Not aligned with strategic plan, mission, objectives
 - PQI representatives, stakeholders, and all staff can forward issues to be addressed in the Department Head Team meeting.
- Sets goals for achieving benchmarks
 - Identifies who will be involved, what the objectives will be, the timeline. The therapists, case managers, Shift supervisors, unit managers, and direct youth care workers support the testing and implementation of recommended improvements. The Department Head Team and Executive Director support their specific department participation in the process and promote the improvements throughout the organization.
- Determine when we will evaluate the progress. Progress will be measured by success on the specific objective, such as increase or decreased percentage of objective. The Department Head Team, Executive Directors, and/or governing body may determine that the improvement is not financially feasible or there needs to be modifications to the improvement cycle.
- The final step in the improvement process is feedback from the stakeholders through surveys, feedback, and possible new areas of need could be addressed. Other feedback mechanisms include the monthly all staff meeting and the weekly newsletter. Feedback from internal and external stakeholders is used to influence future decision making.

APA/DR continually evaluates its program, and strives to provide exceptional service for the residents served, and an educational, meaningful, and safe working experience for employees. Collection of information focuses on safety, effectiveness, efficacy, and appropriateness. Quality expectations are reflected in:

- Finances and budget-dedicated to providing exceptional service that is cost effective
- Policies and procedures-ensuring that our program is relevant, safe, and effective
- New staff training material-meeting licensing requirements for training, but also identifying training issues that could improve treatment, and pursuing the leading edge in residential treatment.
- Communications to staff, family members, residents, and volunteers-represented by satisfaction surveys.
- Service provider contracts-meeting and exceeding licensing requirements as well as COA requirements, to provide quality services.

All staff responsible for PQI are qualified by experience and education to effectively engage employees throughout the organization, systematically collect information and analyze data, and communicate evidence and findings to employees and other stakeholders.

Department Directors and the Executive Director set performance and outcome expectations in a supportive manner and take into account concerns brought to each department by stakeholders.

External reviews completed by licensing (SDDOC, SDDHS, SDDSS, MNDHS), government (SD Disability Rights, CMS, US Census Bureau) and accreditation (COA) findings are reviewed and results are integrated into our program.

APPROVED BY: 



AURORA PLAINS ACADEMY

Residential Facilities
RTX-14

Effective date: 12/3/2015

Revision Date: 9/15/2016, 2/22/17, 10/17/19

Policies/standards meet: RTX 16.01, RTX 16.02, 16.04, 16.05, 16.06, 16.07, 16.08

POLICY

Aurora Plains Academy provides individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a less restrictive environment.

PROCEDURE(S)

Aurora Plains Academy places and assigns staff to supervise youth in living quarters that are based on treatment need, physical and mental health, age, developmentally, intellectual functioning level, gender, disability, vulnerability, risk of absconding, degree of threat to self or others, self-preservation in an emergency, and culturally appropriate in a cottage or dormitory that include:

- a. A common / recreational day room;
- b. Sleeping / personal area for a separate bed for each resident, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets. Bedding is washed weekly by the residents or replaced by staff when needed.
- c. Shelves / totes are available for a safe place to keep personal belongings.
- d. Multi-sensory de-escalation area (comfort room);
- e. Private facilities for showering, toileting, and personal hygiene. Hygiene and other personal necessities are provided when verbally requested; and
- f. Access to a telephone

Within the living milieu, residents are able to voice opinions on:

- a. Decorating and Personalizing their sleeping area
- b. Choosing clothing based on personal preferences
- c. Opportunities to request menu items from the cafeteria and participation in a life skills cooking group
- d. Contribute to decisions on living environment décor reflective of the residents interests and diversity

APA offers a trauma based program that provides individualized treatment programs and settings:

- a. Voice in individualized individual and small group activities; Community service activities;
- b. Activities that invite the use of community resources;
- c. A variety of activities that are focused around youth's home, community, and extended family and friends;
- d. A variety of after school, evening, weekend, holiday activities and school break activities for use by youth, guests, family and community members;
- e. Phases appropriate off campus visits and home passes;
- f. Space for quiet reading, study hours, and help with school assignments;
- g. Space for individual hobbies and group projects that may be large and constructed over time; and
- h. Alternatives to watching television, such as art, opportunity to participate in the structured recreational activities or other creative activities.

APA provides:

- a. sufficient and culturally appropriate supplies and equipment to meet residents' needs;
- b. access to a computer and the internet during school;
- c. adequate space for storage and maintenance needs;
- d. rooms for providing occasional on-site services, as needed;
- e. accommodations for informal gathering of residents including during inclement weather;
- f. break room / muster room suitably furnished for the use of on-duty personnel.

Aurora Plains Academy is equipped with an administrative building, large cafeteria, maintenance department that includes housekeeping and lawn care, as well as adequate storage. Personal laundry as well as bedding is completed on the cottage / dormitory.

APPROVED BY. 
EXECUTIVE DIRECTOR



Person and Property Search RTX-16

Effective date: 12/3/2015

Revision Date:

Policies/standards meet:

POLICY

Searches of the youths' person or space are conducted in a trauma-based manner that respects their dignity, rights, and self determination and include, as appropriate to the frequency and invasiveness of searches. Searches of youths' property may occur when there is "just cause" and by designated personnel. "Just cause" is when it is believed the youth may have anything that could be used to hurt themselves or others.

PROCEDURE

First, the youth must be asked about the questionable item that he/she is believed to have. If a searched is deemed necessary, the youth is to be informed. At the time of the search and when appropriate, the youth is invited to be present. All property is to be treated with respect and returned to its place at the conclusion of the search. Harmful items will be confiscated, sealed, labeled, and responsible parties informed as to the items' disposition. Searches are to be documented on an environmental safety check sheet.

Parents/Guardians are notified of search procedures upon the youths' intake via the Parent Handbook. "Just cause" is also present and a search must be done when a youth is placed on suicide precautions. Follow the same steps outlined above. Refer to the Youth and Parent Handbook regarding items that are not allowed or are considered contraband and items that are to be confiscated when a youth is placed on suicide precautions.

Search Guidelines

Room Search:

These are conducted daily and documented on an environmental safety checklist.

General guidelines: Focus on one area at a time. Be methodical. Respect youths' belongings and leave every item as it was.

Areas to check (not an all inclusive list):

- Shelves / tote: pockets of clothing, shoes, boxes, laundry, bags, backpacks, purses, trunks. Check on top of and behind as well as inside shelves.
- Surfaces: look under, behind (things can be taped under surfaces), in containers, boxes, tape/CD cases, stuffed animals/toys (look for holes in stitching).
- Drawers: go through one at a time, check each piece of clothing, pockets, look under and behind each drawer, and also check under and behind personal drawers.
- Bed: check under mattress, fold covers down, check inside pillowcase, holes in mattress/comforter/pillow.
- Physical plant: check moldings, vents, windows, blinds, trash cans, toilets, sinks, soap dispensers, paper towel dispensers, etc.
- Miscellaneous: check purses/wallets, any type of tubes, inside books, letters/notes (scan for content related to safety or inappropriate situations such as suicide, sexual abuse, runaway plans, etc.).

Youth Search:

Searches should be done with 2 staff members. Intention of the search is not to humiliate or degrade the youth, but to ensure safety of other youth and staff.

- Have youth remove socks and shoes - check inside shoes and have them turn socks inside out for you.
- Have youth lift up their arms and open hands.
- Have youth shake out their hair and have him/her run their hands through their hair.

- Have youth turn out their pockets.
- Have youth reveal their waistband (all the way around).
- Have youth pull out front, back and all sides of bra (all the way around) while still wearing their shirt.
- Have youth open their mouth for staff to check.
- youth will be subject to random drug and tobacco usage test as well.
- Use metal detector wand, if one is available, when deemed necessary.
- If there are additional safety concerns, a more extensive search may be approved by the treatment team and the youths' guardian. This would include the following: boys must go to boxers, and all clothing needs to be checked by male staff; and girls must go to T-shirt and underwear and all clothing must be checked by female staff.
- ***Any form of pat-down, strip search or body cavity search by agency staff is strictly prohibited. If it is believed that a youth has an item that poses a significant risk that a routine youth search cannot reveal, consult with the administration regarding the need for possible police intervention.***

Routine Return from Unsupervised Activities Search (home visits, work, etc):

- Complete "Youth Search" outlined above.
- Search all belongings such as towels, pillows, blankets, backpack, purse, or suitcase/duffle bag by removing all items, going through each item individually checking pockets of clothing items, lining, etc, checking lining of and all pockets of the backpack/bag itself, searching insides of books, etc.
- Have youth remove coat/hat/gloves or any other outdoor clothing that may be wearing or have had with them while out and check lining and pockets, etc.

Suicide Precautions Room and Youth Searches:

Complete "Room Search" and "Youth Search" as outlined above as soon as possible when youth is placed on suicide precautions. ***Youth may not spend time in their room until room search and youth search have both been completed. Youth must continue to be monitored at all times while on suicide precautions even once room and youth searches have been completed.***

Remove and lock up any item that may potentially be used to harm self or others including:

- Any plastic bag type of material
- Shoes with laces
- Strips of cloth, string or yarn
- Any plastic or glass items that could be broken and used to cut including CD's, CD cases, other types of discs or plastic cases, fishbowls, etc.
- Any liquid or soft items that could be ingested (any hygiene items including shampoos, deodorant, hand sanitizer, etc.)
- Any item that has a strap or could be used to choke self
- Any belt, drawstring or item that could be used as such
- Any item with a cord
- Necklaces

APPROVED BY: 
EXECUTIVE DIRECTOR