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Introduction
We do what we say we will do
Our differences strengthen us
We challenge ourselves to do our best
We meet the changing needs of our community
We support families for health children and a strong community
Everyone has the capacity to grow and to contribute to the community
We treat everyone with respect

**Lighthouse Youth Services Values**

**Integrity:** We do what we say we will do

**Diversity:** Our differences strengthen us

**Excellence:** We challenge ourselves to do our best

**Adaptability:** We meet the changing needs of our community

**Family:** We support families for health children and a strong community

**Optimism:** Everyone has the capacity to grow and to contribute to the community

**Respect:** We treat everyone with respect
HOW TO USE THIS MANUAL

This Operations Manual reflects the most current thinking of the agency about policies, issues and procedures necessary for effectively managing the agency.

As new policies are developed and as old ones are revised, the Program Director is responsible to make sure each staff person reads each revision or addition.

Many times a new policy will be written in draft form initially and presented to staff for further suggestions or input. After the Program Directors review the suggestions, the policy is written in final form and added to the manual.

If any staff person should feel that a change or addition should be considered, don’t hesitate to let your immediate supervisor know so that your views can be made known. We expect that some of these will be outdated within a few months - others may stand the test of years. For this document to work, you must read it, question it and understand it. It is all right to not agree; it is all right to ask for clarification; but is not at all acceptable for any staff person to plead ignorance of any agency policy.
Youth Crisis Center Organization Chart

President/CEO

Vice President/Chief Operating Officer

Clinical Director

Psychiatrist

Runaway & Homeless Youth Division Director

Youth Crisis Center Program Director

Social Worker

Social Worker

Youth Crisis Center Assistant Program Director

Operations Coordinator

Student Interns

House Manager

F/T Youth Workers (5)

P/T Youth Workers (4)

PRN Youth Worker (5)

Education Specialist/Volunteer Coordinator
New Beginnings Organization Chart

President/CEO

Vice President/Chief Operating Officer

Clinical Director
  Psychiatrist
  Nurse

Community Based Residential Treatment Division Director

Program Director

Assistant Director

House Manager

Social Workers (2)

Youth Worker--Part Time (5)  Youth Worker--Full Time (5)

Operations Coordinator

Volunteers
REAL Dads Organization Chart

President/CEO

Vice President/Chief Operating Officer

Home Based Services Division Director

REAL Dads Program Director

Lighthouse Youth Services, Inc.
Board of Trustees

On April 25, 1969, an Ohio corporation known as New Life for Girls was created. The first president was Mrs. Edythe Hyde, a representative from the Baptist Women’s Fellowship.

Mrs. Hyde and the Baptist Women’s Fellowship were the principal founders of the corporation. The Baptist Women’s Fellowship, a group of African-American women from throughout the metropolitan area created Women’s Fellowship by Juvenile Court Judge Benjamin Schwartz. In his address to the organization, Judge Schwartz talked about the large numbers of girls from Cincinnati who were returning home from their incarceration in Ohio juvenile correctional facilities. Judge Schwartz called upon the group to develop community-based services for these parolees to help prevent their subsequent incarceration.

On April 3, 1969, the corporation formally adopted the name “New Life for Girls” and elected Mrs. Hyde president, Mr. John C. Stevens first vice-president, Mr. George E. Carleton second vice president, Mrs. Joann Albers secretary, Mr. Charles Britton treasurer, and Mr. Calvin Johnson statutory agent.

From its beginning, the Board of Trustees had one clear goal - to develop a group home for delinquent girls returning from Ohio juvenile operational facilities. To this end, the earliest activities of the Board of Trustees focused on a search for an appropriate facility.

After numerous attempts to find a facility for the program, the Trustees established contact with the Pastor of St. Joseph’s Catholic Church and made an agreement to lease the convent of their church on Ezzard Charles Drive. Father Clarence Busemeyer, the pastor of St. Joseph’s eventually agreed to serve as a member of the Board of Trustees.

In September 1970, Mr. H. Robert Wientzen was elected to the Board of Trustees. In September of 1971, Mr. Wientzen was elected president of the board of Trustees, a post he held until 1992. In January of 1999, Mr. Stanford Williams was elected board president succeeding Mr. Robert E. Rich who succeeded Mr. Steve Campbell in 1997.

The Board of Trustees has always been a “hands on” working board of trustees. Traditionally, the Board of Trustees has worked primarily with the President/CEO, although Program Directors work directly with Board members when they are assigned to specific program committees. In October 1994, the Board changed the name of the agency from New Life Youth Services to Lighthouse Youth Services to increase visibility of the name and decrease confusion with other New Life agencies and church groups.

The Board of Trustees is divided into 6 primary committees. These include the Administration and Strategic Planning committee, the Financial Development and Fundraising committee, the Board Development committee, the Properties committee, the Program Services committee, and the Advocacy committee. The Board traditionally appoints an ad hoc committee to examine particular issues of interest or need.

Reviewed 7/11
LIGHTEST HOUSE YOUTH SERVICES
POLICY ON CORPORATE COMPLIANCE

Policy:

Lighthouse Youth Services is dedicated to the delivery of a multiplicity of social services in the fields of child welfare, juvenile justice, early childhood intervention, chemical dependency and behavioral health care. These services are provided in an environment characterized by strict conformance with the highest standards of accountability for administration, clinical, business, marketing and financial management. The leadership of Lighthouse Youth Services is fully committed to the need to prevent and detect fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (1) prevention of wrong doing—whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources or consumers at risk.

Procedure:

By formal resolution, the Board of Trustees has delegated overall responsibility for the Corporate Compliance Program to the President/Chief Executive Officer (CEO). The President/CEO will formally designate a Corporate Compliance Officer, monitor the organization’s corporate compliance program and provide periodic and regular reports to the Board of Trustees on matters pertaining to the program.

The Corporate Compliance Officer (CCO) will (1) chair the organization’s corporate compliance team and serve as the organization’s primary point of contact for all corporate compliance issues, including scheduling team meetings, reporting on team activities and making recommendations to the President/CEO and the Audit Committee of the Board of Trustees as required; (2) develop, implement and monitor—on a regular and consistent basis—the organization’s corporate compliance plan, including all internal and external monitoring, auditing, investigative and reporting processes, procedures and systems; (3) prepare, submit and present periodic reports to the President/CEO and the Audit Committee of the Board of Trustees as may be required to provide clear communication to the organization’s leadership for corporate compliance oversight; and (4) coordinate development of the organization’s formal corporate compliance plan.

The CCO will submit an annual report to the President/CEO and the Audit Committee of the Board of Trustees. Annual reports will include at a minimum: (1) a summary of all allegations, investigations and/or complaints processed in the preceding 12 months in conjunction with the corporate compliance program, (2) a complete description of all corrective action(s) taken, and (3) any recommendations for changes to the organization’s policies and/or procedures. In the performance of his/her duties, the CCO will have direct and unimpeded access to the President/CEO and the organization’s accounting firm and/or legal counsel for matters pertaining to corporate compliance.
As part of corporate compliance plan development, the CCO will schedule, coordinate and monitor regular and periodic reviews of risk areas. Such reviews will be conducted as a way to ensure ongoing conformance with billing, accounting and collection regulations imposed by the federal government and other third party funding sources. More critically, these reviews will augment the organization’s annual audit of its accounting system and provide an additional, internal measure to ensure conformance with billing and coding policies and practice that will withstand the scrutiny of any regulatory audit or examination.

Reviewed and approved

_________________________________________  _______________________
Robert C. Mecum,                              Date
President, C.E.O.

Effective 7/25/11
POLICY DEVELOPMENT
STAFF RIGHTS AND OPPORTUNITIES

From time to time, Lighthouse Youth Services will need to consider changes to its personnel and agency policies and procedures. Sometimes these changes are necessitated by changes in the law or as a result of licensing requirements. In most cases, however, policy changes arise through current understanding of best practice.

Any staff person in the agency is empowered to make recommendations regarding changes to the agency policy. When staff members choose to exercise this right, the appropriate course of action involves a meeting with your Program Director to discuss your recommendation and to clarify whether or not your recommendation would, in fact, constitute a change to the policy. Following this discussion, the employee should prepare a written recommendation to the Program Director. The Program Director, will, in turn, forward this recommendation to the President/CEO for consideration at the next meeting of the agency management team.

At times, policy change recommendations are generated by Program Directors, often during the management team meetings. When these changes are agreed upon at the Program Director level, a draft policy is made available to each agency staff person through distributions by the Program Directors.

After two weeks for review and comment, the proposed policies are drafted in final form for the President/CEO’s recommendation to the Board of Trustees. The Board of Trustees has final authority over actions related to changes to the agency policy.

When the board changes personnel policy, the personnel coordinator will make available to all staff members a copy of the pertinent change, requesting that each staff person read and certify having done so through a notation of date and signature on a statement indicating that the employee has read and understands the personnel policy change. Upon receipt of these notifications, the original signed copy is placed in the employee personnel file.

Reviewed 7/11
Lighthouse Youth Services and its affiliates have developed a risk management plan to effectively manage the various risks involved in operating the agency and its affiliates. We recognize that risk management begins with a strong leadership team of trustees and staff leaders who are capable of understanding our market and the financial risks.

Financial Risks:

1. Identification of Risks

The primary risks faced by Lighthouse Youth Services are sudden changes in available funding for grants and contracts. We are aware that changes in funding for all Lighthouse programs can come suddenly and with little warning. These changes could come as a result of Congressional action to reduce funding for children and families, state budget cuts, county budget cuts, and city budget cuts. While Lighthouse is heavily influenced by the financial health of the various units of government with whom we contract, the agency has very little impact on the health of these governmental entities and limited impact or influence in how these governmental entities make decisions.

A second major risk faced by Lighthouse Youth Services has to do with the threat of potential lawsuits filed by employees, families, and other legal guardians on behalf of the children under the control of Lighthouse Youth Services. On any given day, there are approximately 300 children and families living in Lighthouse residential programs, any one of whom could become injured, injure another person, or suffer from an act or omission on the part of Lighthouse or any of its staff members.

A third major financial risk lies in the area of theft or embezzlement.

A fourth area of financial risk is a catastrophic loss due to weather calamities such as floods, tornadoes, etc. or major fire damage in any of the agency facilities. These losses would not only affect the property but would also interrupt the service provided in a substantial way.

A final major risk exposure is an audit finding through Medicaid or other governmental audit which would require Lighthouse to reimburse a grantor or contracting governmental entity substantial funds and/or penalty payments.
2. Evaluation and Analysis of Loss Exposures

Lighthouse Youth Services has created a process through which the President/Chief Executive Officer routinely confers with trustees and senior management staff about major risks faced in the various divisions and programs of the agency. Lighthouse has created a committee entitled the Inter-Corporate Committee, comprised of the chairs of the affiliated corporations of Lighthouse Youth Services and which includes the President and Vice President and CFO as regular members of the committee. One of the functions of the committee is to identify major opportunities and risks faced by the agency as a whole and by its individual programs. The report is projective in that it looks at each program and division from a current basis and on the basis of projected activities over the next three years. The report is updated on a quarterly basis. In this document, the risks reviewed include budget cuts, lawsuits, audit findings, and other financial risks specific to individual programs.

3. Identification of Exposures

When Lighthouse has identified a particular risk or specific exposure, there are several means through which the agency typically deals with the potential loss arising from the specific risks identified:

- Risks arising out of specific populations are managed through identification of specific risks, staff training around effective minimization of risks, remediation efforts in programs where problems have already arisen, and the development of policy and procedure to inform staff of how the agency should respond to various risks arising from specific populations.

- Certain risks are best transferred through insurance. Examples of these risks include fire damage, errors and omissions from board and staff members, property and causality risks, and general liability insurance.

4. Implementation of Actions to Reduce Risk

Many of the risks that are associated with financial risks are risks which cross over into other areas of the agency. For example, risks related to theft, lawsuits, and catastrophic losses due to fires, floods, etc., are risks which can be effectively reduced through in-service training. As such, measures to reduce these types of risks become a part of the continuous quality improvement plan, identified and managed through the various CQI teams throughout the agency. Risks associated with budget cuts are minimized through an ongoing effort of agency involvement with the various political subdivisions with whom the agency contracts for services. By staying a part of commissions, taskforces, and provider committees working with various funders, the agency is able to obtain information about the likelihood of budget cuts well in advance of them coming into place.

The agency routinely reports identified risks to its Inter-Corporate Committee. A part of this report has to do with a report of the actions the agency has taken to reduce risks identified. The Inter-Corporate Committee is thus placed in a position to monitor the
impact of the actions taken and to help agency leadership staff evaluate whether or not the specific actions need to be revised in order to achieve the desirable reduction of risks.

As part of the agency CQI process, we routinely identify risk. Actions taken are routinely reported in the periodic CQI reviews.
REGULATORY LICENSES FOR LIGHTHOUSE PROGRAMS

Department of Health

Residential facilities are inspected for food services periodically by the local Health Department.
No license is given for facilities that house less than 18 residents.

Contact: The Cincinnati Health Department or Ross County Department of Health.

Building and Inspections

Inspections are upon request from the sponsoring agency unless renovation work requires a building permit.

For Cincinnati programs contact: Cincinnati City Hall
801 Plum Street
Cincinnati, OH 45210
352-3275

Fire Department

Fire inspections are conducted annually by the Fire Department. Fire drills occur at irregular intervals, not less than twelve times a year and are documented in monthly program Safety and Security Reports. Annual fire inspections are required for ODJFS licensing, ODADAS and ODMH certification and CARF accreditation.

Ohio Department of Jobs and Family Services

Lighthouse Youth Services is licensed by the Ohio Department of Jobs and Family Services for Lighthouse New Beginnings, Lighthouse Youth Development Center, Lighthouse Independent Living and to license foster parents who care for children in their homes. The program is licensed annually with periodic checks as needed.

Contact: Jeannie Ruggieri
852-3294
Ohio Department of Jobs and Family Services
100 East 8th Street
Cincinnati, OH 45202

ODADAS

Lighthouse Youth Center at Paint Creek and 401 East McMillan in Cincinnati are certified to operate an alcohol and drug addiction outpatient treatment program. 401 East McMillan is also certified to provide AOD Prevention services.
Ohio Department of Mental Health

Lighthouse Youth Services is certified by the Ohio Department of Mental Health to provide Diagnostic Assessment, Physician and Non-physician; Pharmacological Management; Partial Hospitalization; Individual and Group Behavioral Counseling and Therapy; Community Psychiatric and Support Treatment; and Other Mental Health Services. These services may be provided at all Cincinnati and Dayton locations.

Department of Youth Services

Lighthouse Youth Services is monitored by the Department of Youth Services at Lighthouse Youth Center at Paint Creek.

Contact: Private Facility Coordinator
Columbus Regional Office
899 E. Broad Street
Columbus, OH 43205-1195
Personnel Policies & Practices
I. Lighthouse Youth Services’ Board of Trustees has adopted an Equal Opportunity Policy which will help assure non-discrimination against any person or group of persons on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation or disability in the recruitment, selection, promotion, evaluation or retention of employees or volunteers.

In addition, the policy of appropriate representation of minorities shall be pursued on the governing board of Lighthouse Youth Services.

The Affirmative Action plan will be analyzed annually and a report will be submitted to the governing body and the Lighthouse Youth Services Board of Trustees.

II. The President of Lighthouse Youth Services will be the Affirmative Action Program Manager for all staff matters.

The President of Lighthouse Youth Services Board of Trustees shall be the Affirmative Action Program Manager for all Board matters.

The responsibilities of the Program Manager will include, but not be limited to:

a. Review of existing Affirmative Action Program;
b. Develop and update annually the existing Affirmative Action Program;
c. Develop specific timetables for meeting goals of the Affirmative Action Program;
d. Review implementation of Affirmative Action Program.

III. Specific Goals and Timetables

A. Long-Range Goals

1. Lighthouse Youth Services will continue to strive in future hiring practices to approximate percentages in the relevant labor market, working toward equal participation in the employment of all minorities.

2. Lighthouse Youth Services will seek out interested minorities, urging their participation on the Board of Trustees.
B. **Intermediate Goals**

1. Review personnel policies, job descriptions, job applications and promotion criteria to assure discriminatory language and practices do not exist.

2. Make provisions for providing annual cultural diversity and sensitivity training to all staff on an annual basis.

3. The Planning Committee of the Board of Trustees shall also be responsible for monitoring the staff and the Board Affirmative Action program and will become known as the Personnel and Affirmative Action Committee.

4. Disseminate the Affirmative Action Plan to staff and Board of Trustees.

We have a goal of attempting to have a staff, who, as nearly possible, reflects the racial composition of the service area.
AGENCY ORIENTATION

Each staff member participates in two different staff orientations at the beginning of employment under the leadership of the Program Director and the Chief Operating Officer.

During the first month of employment, the Program Director should arrange for the staff member to meet key personnel. All staff should read the Staff Handbook. Each staff person is required to participate in an orientation process at their program. There is an orientation form to assist Program Directors or their designated trainer in orientating the new staff member to key agency and program procedures and policies. All new staff must complete the orientation within the first 30 days of employment.

In addition, there is an agency orientation which takes place every other month. This orientation includes:

1. History and mission of the agency
2. Organizational structure of the agency
3. Expectations of the agency concerning employment
4. Explanation of the agency’s programs
5. Staff Benefits and Policies
6. Ethical Guidelines
7. Tour of designated Cincinnati-based programs

All new full-time staff are required to attend the agency orientation.
EMPLOYEE DRUG THEFT

From time to time, the agency is required to maintain and distribute prescription drugs for clients living in our residential facilities. These medications should always be maintained in a secure, locked cabinet in accordance with agency policies on the maintenance and administration of drugs.

This agency considers the theft of drugs and medications by employees as a most serious infraction of personnel policies. Accordingly, the following policies apply to the issue of employee drug theft:

1. Any employee or volunteer with knowledge of drug theft by an employee or any other person shall report such information to their immediate supervisor.

2. Inasmuch as drug theft is a crime in the State of Ohio, the agency will report suspected drug theft to the appropriate state and/or federal authorities.

3. The agency shall take all reasonable steps to protect the confidentiality of the information and the identity of the person furnishing this information.
Lighthouse encourages staff to explore and pursue the decision to become a foster parent within the agency. Staff may attend recruitment events of their choice as long as attendance does not conflict with scheduled work hours.

It is important that performance standards at all times in the primary position be maintained including on-call responsibilities, crisis stabilization and overtime as requested.

Staff are encouraged to notify their supervisor and/or Program Director of their interest in becoming a foster parent. Upon receipt of a completed Foster Home/Adoption application, the Therapeutic Foster Care Program Director will notify the Program Director for whom the staff person works.

Employees who have current disciplinary action will not be permitted to pursue foster home certification with Lighthouse. Performance issues that may be of concern will be discussed between the Program Directors only. Such information may be used in the decision to continue foster home/adoptive certification.

The Foster home/Adoption Homestudy will only be accessible to appropriate Therapeutic Foster Care staff, unless there are compelling reasons to share pertinent information (such as current criminal and/or mental health concerns).

Lighthouse staff ethical considerations must be upheld at all times. Staff wishing to become foster parents must be aware that any infractions or concerns regarding ethics and client rights will be shared between the Program Directors of Foster Care and the program where they are employed. Information obtained will be considered in the decision to continue foster home certification and/or employment with Lighthouse.

At no time will special consideration be given for staff to become foster families for youth with whom they work in a program.
GUIDELINES FOR RESIDENT MANAGERS

The Resident Manager has a unique position in the program. This staff person monitors clients’ behavior, activities and the program goals in an informal manner by living in the facility while serving as a role model and overseer of the program during the evenings, nights and on weekends. This requires a very unique person who can fulfill his/her personal life needs and goals while serving as role model to the clients at the same time.

The following are guidelines to assist with this position:

1. The Resident Manager should address client concerns and issues in a timely manner, but set healthy boundaries with clients. Clients should meet with the Resident Manager in common areas or offices as a first choice. The client and Resident Manager can also meet in the client’s apartment or living room, but clients meetings in the Resident Manager’s apartment or bedroom should be discouraged.

2. Resident Managers may have visitors in their apartment at any time. However, visitors must abide by professional and ethical guidelines and not ever be involved with the clients or their activities. Any overnight visitors must be approved by the Program Director prior to the overnight stay. Any children who are visitors of the Resident Manager must be supervised at all times.

3. All of the supplies and materials that are available for client and facility use may be available to the Resident Manager with Program Director’s permission. Some type of inventory and locked storage needs to be maintained on household supplies.

4. Resident Managers should not ever share alcohol or consume it in front of clients. Resident Managers should not be intoxicated on the premises at any time. In general, alcohol consumption by the Resident Manager is discouraged. However, with proper discretion, the Resident Manager may drink alcoholic beverages in the privacy of his or her own apartment.

5. Resident Managers should not have any or use any non-prescription drugs or drug paraphernalia in their apartments. No visitors should be permitted to use drugs anywhere on the property.

6. Resident Managers have a responsibility to maintain security and safety at all times. They have permission to call the police if there is a crisis or disturbance that they cannot handle. They should also immediately contact the Program Director or designated staff person. They should always keep a list of phone numbers of program staff and administrators and be knowledgeable of when to use them.

7. While we strongly encourage our residents to arrange transportation on their own, Resident Managers may choose to assist clients in the evening or on weekends with transportation to work, errands or events. This is up to the individual Resident Manager, but should be communicated to the Program Director if it occurs with any regularity. Any Resident Manager who drives clients must have automobile insurance and less than 5 points on their
driving record. Reimbursement for mileage is not available unless the Program Director issues prior approval.

8. Any property that is destroyed or damaged should be reported to the Program Director or designated staff person as soon as possible. If it is an immediate safety concern, the Director of Maintenance should be contacted also. If the Resident Manager or his visitors damage property, restitution will be expected. If clients damage property, a plan for restitution will also be expected.

9. Resident Managers may have occasions when they will not be spending an over-night at their apartment. Whenever possible, they should discuss dates that they will be away with the Program Director or Supervisor ahead of time. If not possible, the Program Director should be made aware of this on the following work day.

10. Resident Managers will be asked to sign an annual agreement agreeing to abide by these guidelines.
HIRING GUIDELINES

All candidates are required to fill out an agency application.

Job candidates will be informed by phone or by email if they are to be interviewed. Any candidates interviewed and not hired will receive a letter from Human Resources informing them of their status.

All candidates are to be advised that their privacy will be respected and the only references that will be checked are the ones that the candidate provides. Any information obtained will be shared on a need to know basis only. All candidates are to be informed that the agency follows all regulations governing fair employment practices.

Any candidate who is hired for a position will need to make an appointment before the first day of work to complete the human resource orientation process.
PERSONNEL FILES

Files for all staff shall contain the following items:

- Application
- Verification of credentials (copy of license or certificate)
- Documentation of training, education, work experience and ongoing continuing education
- Personnel Data Form (start date, number of vacation hours, and salary to be on form and signed by Program Director)
- Wage and salary information including adjustments
- Job description
- Staff performance evaluations
- Commendations and/or disciplinary action, if any
- Documentation of orientation to Agency and Program missions, policies and procedures
- Documentation that the staff member has received a copy of the Staff Handbook
- Record of at least (3) written or verbal references
- Verification of citizenship and employment eligibility
- Documentation of Federal, State and Local background record checks
- Documentation of Medical Health Statement (applies to Youth Workers)

All personnel information maintained by Lighthouse Youth Services will be securely maintained in the Administration office. Only those personnel with a need to know (based on administrative or supervisory functions) will have access to the files. Staff can access their individual files on request to the Human Resource Director.

Personnel files will be maintained for a period of at least 5 years after the staff member terminates. Employee files will be disposed of by shredding after this time.

All information contained in the staff personnel files will be treated as confidential information. Information contained within these files may only be released to non-authorized personnel and outside agencies or individuals with the written consent of the former or current employee. Released information to outside agencies or individuals without signed consent will be limited to verification of employment and length of employment.

REF. ODMH 5122-26-06 (A)(9)
REFERENCE CHECK PROCEDURE FOR TERMINATED EMPLOYEES

1. Only staff members at the Program Director level or higher are allowed to provide any type of job reference. If any other employee is requested to provide a job reference, the request should be forwarded to the Program Director.

2. Under no circumstances should anyone prepare a reference letter for an employee who has left the agency without a signed authorization from the employee to prepare a letter of reference. The permission slip should be placed in the employee’s personnel file for future reference. The Human Resources Director, prior to distribution, must approve all recommendation letters.

3. We cannot respond to telephone inquiries for reference checks without signed authorizations. All reference requests must be in writing and must include an authorization from the former employee for us to release information.

4. The only information we can provide after we have received the authorized request is the following:
   a. Date of employment and length of service;
   b. Job title and job description;
   c. Eligibility for re-hire;

5. When staff members leave the agency, they should be told that this is the only information we will be able to legally provide. If a Program Director would like to make an exception, he/she should contact the President/CEO for permission to deviate from this policy.
The basic purpose of an effective salary administration plan is to ensure that agency personnel receive fair and equitable compensation (in relation to the agency’s progress and ability to pay) and that the agency receive a maximum return in its investment in salaries. The agency’s salary administration plan is based on merit.

To achieve this basic purpose, the agency’s salary administration program has three objectives:

1. To provide compensation opportunities for employees which are related to the responsibilities and skills needed to perform the job;
2. To reward individuals for performance and contribution to the agency’s mission goal, and objectives;
3. To use compensation funds in a way that will most effectively motivate personnel to achieve agency objectives.

In order to accomplish these objectives, it is essential that these policies be uniformly applied and adhered to throughout all programs in the agency.

**Salary Administration Practices**

In the administration of this policy, we are to be guided by the following practices:

1. To select employees with character, qualifications, and experience, and to encourage and assist within agency limits every employee to advance to the maximum of the employee’s ability;
2. To pay salaries which compare favorably with those paid by other employers for similar work, and to reward each employee in accordance with the value of the employee’s services;
3. To determine fairly all placements, promotions and other changes in status on the basis of performance, ability, and experience;
4. To operate the agency so that the work of serving our clients will be performed pleasantly, effectively, professionally, and economically.

For Program Directors to continuously apply these principles, the following practices apply:
Salary Levels for Different Positions

The differences in salary levels for different jobs are based upon the relative contribution to agency goals and objectives. The objectives, scope, duties and requirements of each job are described, analyzed, and evaluated, and each job is placed in a level with established minimum and maximum salaries, which reflect the proper monetary relationship for the value of the job.

Salary Increases

The Annual Salary Increase Guide takes into account two major factors in determining the amount of an employee’s salary increase. First, the increase is based on merit as described in the employee’s performance rating. The cost of living is the second major factor influencing an employee’s salary increase. Each year, the Board of Trustees will approve a cost of living adjustment percentage increase rate.

Occasionally, a Program Director may wish to postpone a Salary Adjustment in order to enable an employee sufficient time to improve their performance rating. This extended period will be determined by the Program Director, in consultation with their supervisors and will form the basis upon which future Salary Adjustments are awarded.
SCREENING POLICY FOR NEW EMPLOYEES

Candidates for employment in programs are interviewed by the Director of the respective program. The President/CEO and/or the VP/Chief Operating Officer will interview any candidates for key positions, as needed.

All candidates should be given a job description to review prior to beginning the first interview. All first interviews should be summarized on the Applicant Interview Form. The form should be filled out as the candidate responds to the questions. If a candidate is hired, this form is attached to the application and forwarded to Human Resources.

Prior to the second interview, reference checks should be completed. At least three (3) professional references must be contacted to ascertain the candidates’ employment skills, work habits, and attitude. When three professional references are not available, two (2) personal references can be substituted for one professional reference. Telephone references are preferred; written recommendations should be verified whenever feasible.

If a candidate is hired, he or she will be advised that employment at Lighthouse is conditioned upon the honest disclosure of all information requested on the employment application. The candidate should make an appointment with Human Resources to complete the new hire process, which include the following:

- A Hamilton County Police check is required on all applicants that have been offered a position with Lighthouse Youth Services. Candidates must sign an authorization to allow the release of any information regarding traffic or criminal convictions that are on file in each location.

- If the candidate has not lived in Hamilton County for the past five years, it is their responsibility to contact their previous county or city to request a release of their police file. They will have thirty (30) days to get this information into Human Resources. Employment may begin prior to the return of this requested information.

- Prior to the first day of work, a staff member will be fingerprinted to obtain both Federal and State of Ohio reports of criminal convictions, or a certificate stating that the staff member does not have a criminal record. These reports are obtained through the Ohio Bureau of Criminal Investigation and Identification. If any unreported convictions appear on any of the reports, it may be grounds for immediate dismissal.

- As per Lighthouse Youth Services Drug and Alcohol policy, all new hires will be required to submit to a drug screening before reporting to work. In the event that a test result is positive any pending job offer will be rescinded.

- The applicant must also bring in a sealed transcript and copies of professional licenses or professional certifications as listed on their application to their New Hire meeting with HR.
The applicant will be expected to present the following documents during the New Hire meeting:

- driver’s license
- birth certificate
- Social Security Card
- other form of identification for the agency to copy for proof of compliance with the Federal Immigration and Naturalization Service’s requirements
- Proof of automobile liability insurance
The agency wishes to acknowledge staff who excel in their performance during times when there is additional need for effort and commitment.

The Program Director may wish to acknowledge this by bringing it to the attention of the President/CEO and having a written acknowledgement placed in the staff’s personnel file.

The agency’s form, or a letter of commendation can be used to recognize effort and achievement in a staff member.
LIGHTHOUSE REQUIREMENTS FOR REPORTING OF ETHICAL VIOLATIONS FOR LICENSED SOCIAL WORKERS AND COUNSELORS

The Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (CSWMFT) code of ethical practice and professional conduct constitutes the standards by which the professional conduct of counselors, social workers, and marriage and family therapists shall be measured. Each subject area is in a separate rule within Chapter 4757-5 of the Administrative Code.

A violation of these rules of standards of ethical practice and professional conduct constitutes unprofessional conduct and is sufficient reason for a reprimand, license suspension, license revocation, other disciplinary action, or for restrictions placed upon a license or for the denial of the initial license or renewal, or reinstatement of a license. The CSWMFT board subscribes to codes of ethics and practice standards for counselors, social workers, and marriage and family therapists promulgated by the American Counseling Association, the National Association of Social Workers, and the American Association for Marriage and Family Therapy.

All Lighthouse licensees, registrants, supervisors and trainees have a responsibility to report any ethics violations or concerns about ethical violations to their Program Director. The program director will report the violation and concerns to their Division Director and the Lighthouse Clinical Director. After consultation with the Chief Operating Officer, the Clinical Director or Program Director, will report in writing the concerns to the CSWMFT board. A copy will be placed in the staff members personnel file along with the response from the Board. All mandatory reporting shall be in writing with the name and license number or registration of the reporter. When client confidentiality limits the licensee's ability to provide details the licensee is still mandated to report the allegations against another licensee without breaching client confidentiality.

Counselors, social workers, and marriage and family therapists working at Lighthouse full time, part time or as a PRN are required to comply with all mandatory reporting requirements set forth in the Revised Code to include, but not limited to:

1. Section 2305.51 of the Revised Code - Immunity of mental health professional for reporting violent behavior by a client or patient;
2. Section 2151.421 of the Revised Code - Duty to report child abuse or neglect;
3. Section 5101.61 of the Revised Code - Duty to report abuse, neglect or exploitation of an adult;
4. Section 2317.02 of the Revised Code - Privileged communications
5. Section 5123.61 of the Revised Code - Mandatory duty to report abuse, neglect and other major incidents for a person with mental retardation or a developmental disability.
All licensed LYS staff shall familiarize themselves and comply with CSWMFT board policies concerning the following topics:

- CODE OF ETHICAL PRACTICE AND PROFESSIONAL CONDUCT
- RESPONSIBILITY TO CLIENTS/CONSUMERS OF SERVICES
- MULTIPLE RELATIONSHIPS AFFECTING THE COUNSELOR’S OR SOCIAL WORKER’S JUDGMENT
- SEXUAL RELATIONSHIPS
- IMPAIRED PRACTICE
- USE OF ASSESSMENT AND TESTING INSTRUMENTS
- RESEARCH AND PUBLICATION
- PAYMENT FOR SERVICES
- RECORD KEEPING
- MANDATORY REPORTING
- NOTICE OF NAME AND ADDRESS CHANGES
- PROFESSIONAL DISCLOSURE STATEMENT
- ELECTRONIC SERVICE DELIVERY

**LIGHTHOUSE REQUIREMENTS FOR REPORTING OF ETHICAL VIOLATIONS FOR CHEMICAL DEPENDENCY COUNSELORS**

In accordance with Ohio Administrative Code 4758-8-02, LICDC's shall report any violation by supervisees of the Chemical Dependency Code of Ethics to their Division Director and the Lighthouse Clinical Director. After consultation with the Chief Operating Officer, the Clinical Director or program director will report in writing the concerns to the Ohio Chemical Dependency Professionals Board.

**LIGHTHOUSE REQUIREMENTS FOR REPORTING OF ETHICAL VIOLATIONS FOR EDUCATORS**

The Licensure Code of Professional Conduct for Ohio Educators (LCPCOE) recognizes that existing law requires superintendents and chief administrators for school districts, community schools, educational service centers, and MRDD schools to report educator conduct in certain circumstances. Amended Substitute House Bill 79 requires school authorities to submit a report of educator misconduct to the Ohio Department of Education if:

a. an educator has been convicted of a criminal offense listed in Ohio Revised Code §3319.31 or Ohio Revised Code §3319.39;
b. termination/non-renewal proceedings have been initiated due to an educator’s conduct unbecoming;
c. an educator has resigned under threat of termination/non-renewal; or
d. an educator has resigned in the course of investigation.
At Lighthouse Youth Services, the Community School Administrator, Program Director and Clinical Director will collaborate for reporting purposes. After consultation with the Chief Operating Officer, the Clinical Director or Program Director will report in writing the concerns to the Ohio Chemical Dependency Professionals Board.
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From the President/CEO:

Welcome to Lighthouse Youth Services! We are proud of our talented and dedicated staff members. We’re happy that you have made the decision to join us in serving youth and their families.

On the following pages, we have printed our Mission and Values Statements for you. Please read these carefully. You are responsible for becoming familiar with our Mission and using it to guide your professional activities at Lighthouse Youth Services. We created the Values Statement to guide you more specifically as you help us carry out our Mission.

Our Handbook should be a useful source of information for you. It contains the policies that affect all aspects of your employment. If you have questions regarding any policy, do not hesitate to contact your Program Director or our Human Resources Director.

Again, welcome! We look forward to you growing both personally and professionally with us!

Yours Truly,

Bob Mecum
President and Chief Executive Officer
Lighthouse Youth Services
Mission

The mission of Lighthouse Youth Services is to advance the dignity and well-being of children, youth and families in need. We encourage good citizenship, responsible behavior and self-reliance.
Lighthouse Youth Services Values

**Integrity:** We do what we say we will do

**Diversity:** Our differences strengthen us

**Excellence:** We challenge ourselves to do our best

**Adaptability:** We meet the changing needs of our community

**Family:** We support families for healthy children and a strong community

**Optimism:** Everyone has the capacity to grow and to contribute to the community

**Respect:** We treat everyone with respect
**Introduction**

This Staff Members Handbook is a reference tool for your personal use. Therefore, we ask that you read it carefully and become very familiar with its contents as staff members are responsible for understanding and following each of these policies. This guide is not a legal contract, expressed or implied. Each staff member must understand that Lighthouse Youth Services or the staff member may terminate employment with Lighthouse Youth Services at any time for any reason.

The President and CEO is responsible for the administration of all personnel policies. The Board of Trustees shall review the personnel policies.

From time to time, Lighthouse Youth Services will need to consider changes to its personnel and agency policies and procedures. Sometimes these changes are necessitated by changes in the laws or as a result of licensing requirements. In most cases, however, policy changes arise through current understanding of best practice.

Any staff member in the agency is empowered to make recommendations regarding changes to the agency policy. When staff members choose to exercise this right, the appropriate course of action involves a meeting with your Program Director to discuss your recommendations and to clarify whether or not your recommendation would, in fact, constitute a change to the policy. Following this discussion, the staff member should prepare a written recommendation to the Program Director. The Program Director will in turn forward this recommendation to the President and CEO for consideration.

At times, policy change recommendations are generated by Program Directors. When these changes are agreed upon at the Program Director level, a draft policy is made available to each staff member through distributions by the Program Directors.

After two (2) weeks for review and comment, the proposed policies are drafted in final form for the President's recommendations to the Board of Trustees. The Board of Trustees has final authority over actions related to changes to the agency policy.

When the Board changes personnel policies, the Human Resources Director will provide all staff members with a copy of the pertinent change. Each staff member will be requested to sign and date an acknowledgment affirming that he/she has read and understands the policy change. The original signed copy is placed in the staff member’s personnel file.
Equal Employment Opportunity

Lighthouse Youth Services believes that all persons are entitled to equal employment opportunities. Accordingly, Lighthouse Youth Services does not discriminate against its staff members or applicants for employment because of race, creed, color, national origin, sex, religion, age, sexual orientation, physical or mental disability, veteran status or any other status protected by applicable law. This fair employment concept will prevail throughout every aspect of the employment relationship including recruitment, selection, placement, training, compensation, promotion, transfer, layoff, recall and termination.
Staff Member Ethical Considerations

These ethical considerations have been established to address staff members’ behavior as it relates to clients (youth and their families), self, other staff members, agency, community and other organizations.

Responsibility to Clients:

- Because Lighthouse Youth Services is a social services agency, a staff member has an obligation to develop and maintain therapeutic relationships with all clients (youth and families) that are based on respect.
- A staff member will respect and protect the civil and legal rights and cultural differences of all clients.
- A staff member will never influence clients in the direction of any particular religion, religious belief or practice.
- A staff member will serve each client with concern for that client’s welfare and with no purpose for personal gain.
- A staff member will not participate in practices that are disrespectful, degrading, dangerous, exploitive, intimidating, psychologically damaging or physically harmful to a client.
- A staff member will develop and maintain therapeutic relationships with all clients (youth and families) based on respect and dignity.
- A staff member will be sensitive to and nondiscriminatory of clients’ individual and cultural differences and will strive to provide culturally competent services.
- A staff member will demonstrate sensitivity to and consideration for client beliefs and preferences.
- A staff member will recognize that there are differences in the needs of children, youth and families, and therefore plan and provide individualized services to meet client needs.
- A staff member will recognize the client’s membership within a family and community, and facilitate the participation of significant others in service planning and delivery.
- A staff member will respect client privacy and keep all information about clients confidential except as authorized or required by law.
- A staff member will maintain professional and appropriate boundaries with clients, assure that boundaries are explained clearly to clients, and refrain from any activity which has a potential for harming clients’ trust.
- Program effectiveness for clients is directly related to each staff member’s commitment and ability to implement the approved program, keeping all treatment planning standards consistent, uniform, without favoritism and otherwise according to established guidelines.
- A staff member who confronts, corrects or redirects a client is expected to clearly communicate to the client the purpose for the correction and to suggest and explore with the client how the negative behavior can be avoided in the future.
- Any and all commitments made by an individual staff member to clients, including families, must be made within the context of the overall treatment program and/or in
conjunction with the client’s Individualized Service Plan. A staff member has a serious obligation to follow through on all such commitments.

The following are examples of behavior that is not compatible with the goals of the agency and are therefore prohibited:

- Inappropriate behavior, such as sexual advances, flirting with a client or engaging in sexually explicit conversations with or in the presence of clients.
- Possession of or use of mood-altering substances, illegal drugs or alcohol while on the job.
- Discussion of illegal drug or alcohol use by a staff member (regardless of whether it is past or present use) in the presence of a client unless the self-disclosure is appropriate in providing therapeutic services.
- Discussing personal information or problems with clients or with another staff member in the presence of a client.
- Arguing with a client.
- Venting to or confiding in a client in any way.
- Talking or gossiping with a client about the negative characteristics of another client or staff member.
- Promising to, or actually keeping, a client’s secrets from another staff member or members of the treatment team.
- Discussing with a client any perceived defects in the program.
- Smoking or using other tobacco products in the presence of a client, unless allowed under the smoking policy.
- Seeking out contact with a former client or the client’s family.
- Humiliating a client in any way.
- Lending or giving personal property, personal gifts or money to a client.
- Borrowing money from or using the personal property of a client.
- Accepting gifts or money from a client.
- Dressing or positioning one’s self in a way that could be considered sexually provocative.
- Claiming to have provided a service to a client when the service was not actually provided.
- Misrepresenting the amount of time during which a service was provided.

**Responsibility to Self:**

- A staff member should be competent in all tasks associated with their respective positions.
- A staff member should work to increase awareness of his/her own values and the impact of those values on work activities.
- A staff member should provide culturally competent services through self-awareness, sensitivity and training.
- A staff member should strive to increase competence by seeking out continuing education and training opportunities.
A staff member should take the steps necessary to deal effectively with job-related stress.
A staff member should have a practice of separating work and personal problems.

**Responsibility to Other Staff Members:**
- A staff member is discouraged from dating another staff member in the same program.
- Supervisors may not date another staff member at all.
- Supervisors will not have a business or personal relationship with any staff member under his/her supervision.
- Sexual harassment must be avoided and a staff member should not engage in sexually explicit conversations or other inappropriate conduct with another staff member.
- A staff member should always treat co-workers with consideration, respect, courtesy, fairness and good faith.
- A staff member should respect another’s opinions without regard to seniority.
- A staff member should not engage in personal conflicts with another staff member in the presence of clients.
- A staff member should confront inappropriate behavior of another staff member in a positive and supportive way.
- A staff member should not engage in accusing, blaming or gossiping about another staff member.
- A staff member should not triangulate, form cliques or otherwise practice exclusionary tactics.
- A staff member should not permit a personal friendship with another staff member to interfere with job performance and team work.
- A staff member should be friendly, professional and accommodating to another staff member in the agency.

**Responsibility to Agency:**
- A staff member should not spread false, malicious or untrue statements that are, or may be, detrimental to the agency.
- A staff member will respect and honor commitments made to the program and agency.
- In any public statement, a staff member shall distinguish between personal views and statements and positions of the agency.
- A staff member will report without reservation any corrupt or unethical behavior that could affect either a client or the integrity of the agency.
- All agency property and material are to be used by a staff member only while on duty or for agency business (vehicles, phones, equipment, etc.)
- Any complaints or other issues regarding the program, staff members or the agency should be brought to the attention of the supervisor or Program Director.
- Every staff member has a responsibility to the agency to address any concerns that affect the program’s integrity.
- A staff member upholds the integrity and competency of the organization with clients, other agencies and referral sources.
A staff member will represent oneself as a responsible part of the organization.
A staff member recognizes that he/she must maintain the highest standards of conduct when representing the agency and must realize that such representation does not always mean in formal, professional settings.
A staff member does not hesitate to question the norms and expectations of the organization with which he/she is affiliated. However, question these only in a manner that does not disrupt the program or mission of the organization.
A staff member does not break or bend policies or procedures.
A staff member witnessing or becoming aware of the waste, fraudulent use or abuse of agency property or resources, including financial resources, will bring this to the attention of their supervisor or Program Director.
A staff member leaves procedural or other disputes between staff members in the professional arena and does not carry them into personal judgments, gossip and vindictive criticism about other staff members.

Relationship with Other Organizations:
A staff member will encourage collaborative participation by family members, other professionals and organizations in the provision of services to clients.
A staff member should provide cooperating organizations and agencies with accurate, thorough and timely reports to the extent allowed by law.
A staff member will cooperate appropriately with other providers and referral and service organizations.
A staff member has a responsibility to uphold the integrity of all cooperating organizations and agencies.

Relationship to the Community:
A staff member will engage in agency directed activity that encourages community involvement in the program or the agency.
A staff member will be mindful of the responsibility to help clients be responsible, productive citizens and members of their communities.
A staff member will be friendly, accommodating and respectful to neighbors and other residents of the local community.
A staff member will support agency volunteers by being helpful and courteous.
A staff member will respect the endeavors of all volunteers, giving them meaningful work and including them in all aspects of the program.
A staff member will carry out any and all marketing for or on behalf of the agency in an honest and factual manner; with the sole intent that such marketing will further the mission and values of the agency while contributing to the good of the community.
EMPLOYMENT

Staff Member Classifications

**Full-time** staff members are persons who successfully complete the six (6) month introductory period and work a minimum of thirty-two hours each week. Full-time staff members are eligible for those benefits that are specified for full-time personnel.

**Part-time** staff members are persons who successfully complete the six (6) month introductory period and work a minimum of sixteen hours and a maximum of thirty-one hours each week. Part-time staff members are eligible for those benefits that are specified for part-time personnel.

**Temporary or Substitute** staff members are hired for the purpose of filling vacancies until a permanent replacement can be identified and to fill in for full or part-time staff members who are on vacation, medical leave, attending training, or otherwise not available for work. The agency does not offer benefits to substitute or temporary staff members.

**PRN (Per Required Need)** staff members are employed on an “as needed” basis at the discretion of Lighthouse and are paid on an hourly basis. PRN staff members do not have a set schedule and are not guaranteed a minimum number of hours. PRN staff members are eligible for the defined pension plan for any plan year if 1,000 hours are completed in that plan year. PRN staff members are not eligible for other employee benefits from Lighthouse. PRN staff members must work for Lighthouse at least eight hours every 120 days to remain a Lighthouse staff member and remain active on the payroll system.

**Exempt** staff members are exempt from the Fair Labor Standards Act (FLSA) in regards to minimum wage and overtime compensation. These positions generally include the managerial and professional staff members.

**Non-exempt** staff members are staff members who are not exempt from the provisions of the Fair Labor Standards Act (FLSA). Non-exempt staff members are eligible for the minimum wage and overtime at one and one-half the regular pay rate.
Staff Member Recruitment/Transfer Policy

Lighthouse benefits from the experiences of its staff members. Staff members are encouraged to broaden their professional experiences by seeking opportunities to work in a variety of Lighthouse Youth Services programs. Lighthouse encourages and supports staff member transfers to other programs and divisions within the agency. Transferring staff members from one program to another also provides staff members with an opportunity to expand their training and to increase the staff member's prospects for promotion.

In the event a staff member is selected for a transfer, every consideration will be given to balance the needs of both programs with respect to the timing of the staff member’s transfer.

Open positions within the agency will be posted internally. Position openings will be announced throughout Lighthouse programs by either posting on the agency internet and/or by circulating a memo which includes a brief job description, basic position requirements, and application deadline.

Staff members interested in finding out more about a position are encouraged to contact the Program Director who posted the opening for a discussion about the position.

If any staff member wants to be considered for an open position, he or she should complete an internal application and forward it to Human Resources. Human Resources will screen the internal application to verify the following:

- Time in Current Position (Full time staff members who have been in their current position for less than 6 months are ineligible to apply)
- Disciplines/Performance Reviews (warning or probation status are not eligible)
- Minimum Qualifications

Human Resources will forward the applications and resumes of the qualified applicants to the interviewing Program Director/Supervisor. Human Resources will retain a copy of all internal applications for reporting & record keeping purposes. Candidates who are not qualified will be notified by Human Resources.

The staff member should inform his or her Program Director of intent to apply.

Staff members who are interviewed but not selected will be notified promptly by the Program Director.

As the Agency encourages the transfer of staff members to other programs or divisions, under no circumstances will any staff members seeking consideration for a
transfer be negatively affected if they choose to explore an opportunity outside of their program.

**Introductory Period:** New staff members are required to complete six (6) consecutive months of employment, known as the introductory period. Time spent during this period will be credited toward the length of service with Lighthouse Youth Services. At the end of the introductory period, the Program Director will evaluate the staff member's performance and submit an evaluation form to the Chief Operating Officer. Completion of the introductory period does not alter the employment-at-will relationship.

**Performance Evaluation:** The agency requires a formal annual written evaluation of each staff member by the supervisor and provides for the participation of the staff member in the evaluation. This is necessary to appraise whether the staff member meets the performance requirement and standards of the agency and to set future performance goals.

The annual evaluation should coincide with the staff member’s anniversary or promotion date and will become a part of the staff member’s personnel file. Along with the evaluation, staff members will provide documentation of the following:

- Licensure verification
- Proof of Automobile Liability Insurance
- Signed Job Description
- Annual Training Summary

Performance Evaluations are normally conducted within sixty days of the staff member's anniversary date. Any salary increases recommended by the Program Director are approved by the Division Director and the Chief Operating Officer. **PRN staff members are evaluated according to their assigned program review schedule.**

**Criminal Background Checks:** Due to licensing and contractual requirements, staff members will be required to receive ongoing criminal background checks.

All staff members will also have a criminal activity check done on an annual basis. This check searches for arrest, warrants and other court activity that may not have resulted in a criminal conviction, in addition to any criminal activity.

Lighthouse will conduct a Bureau of Motor Vehicle Check annually on staff members who may be required to transport clients.
**New Staff Member Orientation** is provided for each new staff member and must be completed within 30 days of a staff member’s hire date. Participation includes a formal and informal agency orientation program. *Excluding PRN classifications.*

During the first month of employment, the Program Director will arrange for the staff member to meet key personnel, read the Agency Operations Manual, and sign-off on the orientation checklist. The Program Director and Human Resources Director will explain the following:

- Agency personnel policies and procedures.
- Agency benefits.
- Time sheets and mileage reports.
- Other programs in the agency and how they interface with their own program.
- Administrative office procedures.
- All policies regarding client services, program and facility safety.

Every few months, the President and CEO and Chief Operating Officer conduct a formal agency orientation that will include:

- The history and mission of Lighthouse Youth Services.
- Organizational structure of the agency.
- Staff member development opportunities.
- Expectations of the agency concerning employment.
- Tour of all agency programs in Cincinnati.

Participation by new full-time staff members is mandatory.

**Conflict of Interest:** No staff member shall engage in any activity, which may be construed as a conflict of interest between Lighthouse Youth Services and the individual. If a conflict of interest does arise, the interests of Lighthouse Youth Services are primary. A possible conflict of interest exists if a staff member has any personal interest, financial or otherwise, in any other organization which might profit from decisions made by the staff member in the execution of job responsibilities or from knowledge of Lighthouse Youth Services actions or future plans.

A staff member will not provide any professional services similar to any performed by Lighthouse Youth Services, which may be, in the opinion of the President, in direct competition, without the express written consent of the President. To avoid conflicts of interest, it is requested that all applicants and staff members complete a “Secondary Employment” form for any proposed or existing interest or activity.

No staff member or consultant will steer or direct referrals of current clients to any private practice outside their employment with the agency.

There are times when a staff member may be asked by an outside source to provide information about agency program practices or to provide agency materials that may
involves compensation to the agency or the staff member. When this occurs, the President must provide approval prior to each consultation, speaking engagement or publication of materials. Under no circumstances may a staff member provide information or consultation to someone outside of Lighthouse regarding information that is deemed confidential without prior written approval from the President. If the proposed consultation, conference or publication contains agency information and if compensation is offered, the agency retains the right to all proceeds derived. With prior permission from the President, a staff member may be granted approval to retain all or a portion of all proceeds from the activity or product for his or her own personal use.

**Secondary Employment:** There have been times when full-time Lighthouse Youth Services staff members have had an opportunity to obtain part-time employment outside the agency.

For those staff members considering an external part-time position outside the agency or additional employment in another agency program:

The staff member should contact the appropriate Program Director prior to accepting any position.

If the Program Director believes that grounds for a possible conflict of interest exist, the Program Director will share those concerns with the staff member. If the staff member still wants to pursue the position, the Program Director will contact the Chief Operating Officer. If the Chief Operating Officer concludes a conflict of interest does in fact exist or that a potential threat exists for a future conflict of interest, the staff member will be asked to refrain from accepting that position.

A staff member should notify the Program Director in writing after accepting secondary employment. The notice should include the employer’s name and the work schedule.

It’s important that you maintain performance standards at all times for any Lighthouse Youth Services employment including on-call responsibilities, crisis stabilization and overtime as requested. If the Program Director determines that the second job is compromising the staff member’s performance or availability, the staff member may be required to resign from the second position.

**Employing Family Members:** Immediate family members may not work within the same division. If staff members working in the same division marry, one of them will be requested to move into a different division as soon as a comparable position becomes available. Staff members are prohibited from supervising any person closely related by blood, marriage or any other significant relationship, including a business associate or friend.
Personal Solicitations:  Staff members are not permitted to sell any items, distribute literature or request donations on behalf of any organization during work hours or at any Lighthouse facility at any time. This policy insures a pleasant work environment in which staff members are not pressured to contribute to a cause they either do not wish to support or financially cannot afford to support.

Reporting Criminal Offenses:  All staff members are responsible for reporting any criminal offense with which they are charged to their Program Director within 24 hours of the charge. Program and Division Directors must report any charges to the President and Chief Executive Officer or Chief Operating Officer. Failure to follow this policy may result in immediate termination. If any charge results in a conviction, that must also be reported within 24 hours. If any conviction is listed in the Ohio Department of Job and Family Services rule 1501:2-5-09, the staff member may be terminated from employment as required by our licensing.

Credit Background Checks:  Lighthouse will conduct a credit check on a job candidate who is offered or promoted into a position requiring fiduciary and financial responsibility. Lighthouse will request written consent from the candidate prior to obtaining the credit report. Upon obtaining the report, Lighthouse will review the past 7 years of the candidate’s credit history for: current outstanding judgments, tax liens, Chapter 7 bankruptcies, Chapter 13 bankruptcies and accounts in debt collections. In the event the report contains any of the above mentioned items, this may disqualify the candidate from employment or promotion.

Open Door Policy:  When a staff member has a concern that has not been resolved by their Program Director, the following procedure should be followed if the staff member wants to seek remedy from the President.

- The concern or problem should first be discussed with the staff member’s immediate supervisor. Any staff member uncomfortable discussing the problem with the immediate supervisor, may discuss the matter with another supervisor up the chain of responsibility.
- If a solution cannot be achieved at this level, the staff member should discuss the matter with successive supervisors up the chain of responsibility to the President and Chief Executive Officer after advising his/her supervisor of the intention to do so.
- Prior to making an appointment with the President and Chief Executive Officer, the staff member should put the concern or problem in writing so that there is a clear understanding of the concern. The decision of the President and Chief Executive Officer is final.
- If the staff member's concern is sexual harassment, he/she must follow the procedure outlined in the sexual harassment policy.
- Lighthouse is committed to developing and maintaining a diverse work environment and encourages the use of the Open Door policy for staff members who have a concern that is related to diversity issues.
Administration Office Hours are Monday through Friday, 8:30 am to 5 pm. An assigned administrative staff member is in charge and accessible at all times. After office hours, or in the case of an emergency, each program has a list of home phone numbers for all the administrators who should be contacted if needed.

Personnel Files are maintained by Lighthouse Youth Services in a secure manner in the Administrative Office. Current staff members have access to their own personnel records, however, they must make an appointment with Human Resources to view their personnel file. Administrators and supervisors, on a need-to-know basis, will have access to personnel files. All information contained in personnel files will be treated as confidential information. Employment references, with signed consent, will be limited to job title, verification of employment, length of employment and re-hire status. Personnel files are kept for five (5) years following termination of employment. No information/documents maintained in the personnel file will be mailed or faxed to terminated staff members.

Dress Code: Lighthouse Youth Services strives to be an organization where staff members enjoy their work environment, are recognized for being professional, while creating extraordinary results.

To help meet these goals, we have adopted a Business Casual Dress Policy as our dress standard. Business casual attire should be worn when you are meeting with a customer, vendor, or are representing Lighthouse at an outside public or community function. Staff members engaged in activities that require more relaxed or casual attire, such as blue jeans and athletic shoes, are permitted to do so. These activities include cleaning, cooking, recreation, supervision of youth, maintenance and moving.

The following guidelines will help define acceptable Business Casual attire.

GUIDELINES:

1. Choose business casual clothing that communicates professionalism.

2. Keep your workday schedule into account when you are dressing. Casual business attire means clothing that allows staff members to feel comfortable at work, yet appropriate for an office environment. Casual business attire includes, but is not limited to: slacks, khakis, sport shirts, polo and cotton shirts, golf shirts, skirts and dresses, denim skirts or jumpers, turtlenecks, sweaters, loafers, and sandals.

3. Shorts, bib overalls, halter-tops, flip-flops, workout attire, sun-dresses, tank tops, tee shirts, blue jeans, spandex or other form-fitting pants or tops, or distracting, offensive or revealing clothes should not be worn.

4. Leggings and tights should not be worn as pants. They should be worn only as undergarments with a dress or other article of clothing that adequately covers the hip.
and thigh area. Any dress or skirt must be at a length where you can sit comfortably in public.

5. Managers and supervisors are responsible for interpreting and enforcing dress and grooming standards in their areas of responsibility. This includes counseling staff members whose appearance is inappropriate. Reasonable accommodation will be made for staff members’ religious beliefs and disabilities whenever possible, consistent with the business necessity to present a professional appearance to the public. Questions or complaints that cannot be handled to a staff member’s satisfaction by his or her supervisor or manager may be taken to the Human Resources department or to the President through the open door policy.

6. Clothing should fit and be worn in such a manner that it does not expose the abdomen, chest, thigh or buttocks areas. Clothing should be free of sexually related references, foul language, or the suggestion or promotion of the use of illegal drugs.

7. A staff member whose appearance does not meet these standards will be counseled by his/her supervisor or manager. If the appearance is unduly distracting, inappropriate, or the clothing is unsafe, the staff member may be sent home to correct the problem. Repeated disregard for this dress and grooming policy may result in disciplinary action up to and including termination of employment.

**Meals:** Staff members on duty at regular mealtime in residential programs are permitted to eat with residents at the agency’s expense. All other agency staff members are permitted a 30 minute break for lunch or dinner meals.

**Work Related Injuries/Illnesses**

All employees are covered by workers’ compensation insurance, which compensates an employee for lost time, medical expenses and loss of life or dismemberment from an injury arising out of or in the course of work.

**Important Notice:** The law now allows employers to ask for disallowance of a workers’ compensation claim filed by an employee who tests positive on a qualifying chemical test. The law also applies if the injured employee refuses the test. For the claim to be allowed the injured employee must produce sufficient evidence to prove that being intoxicated by alcohol or being under the influence of any of nine controlled substances (not prescribed by the employee's physician) did not cause the injury.

- Staff members must report on-the-job injuries to their supervisor immediately.
- Staff members or supervisors must complete an incident form within 24 hours, regardless of whether the injury required professional medical attention or resulted in lost time.
• The Supervisor will then forward/fax the completed form to Human Resources immediately.

• For initial treatment, the staff member should see the agency’s designated medical provider.

• Following the initial treatment, the injured staff member must see a certified Bureau of Workers’ Compensation (BWC) Provider if further medical attention is needed.

• The medical provider reports the claim to BWC and to Lighthouse’s current managed care organization (MCO).

• Staff members must return to work after receiving medical attention for an injury or illness unless the treating physician indicates that he or she is disabled and cannot work. If disabled, the employee must inform his or her supervisor and submit written notification from the BWC attending physician that he or she is unable to return to work.

• Employees returning to work from a job-related injury or illness must submit a written medical clearance from the treating physician to his or her department supervisor. A copy of the clearance must be forwarded to Human Resources immediately.

• The employee is responsible for keeping the supervisor informed of the status of his or her disability on a regular basis. If an employee’s situation changes (i.e., he or she is hospitalized or is admitted to therapy), the employee must notify his or her supervisor.

• All medical appointments scheduled by the Workers’ Compensation insurance carrier must be kept. If these scheduled appointments are not kept, all future Workers' Compensation payments may cease.

• If a staff member refuses to return to work in either a full-duty or restricted-duty capacity after being medically cleared, Lighthouse will not continue to pay salary continuation.

Note: Injuries or illnesses that are not reported may become impossible to verify, particularly if a problem arises a significant amount of time after the original date of illness or injury. Failing to report a work related illness or injury could cause delays in obtaining workers' compensation benefits for the staff member, or the staff member could be denied benefits under the law.

Transportation Safety

Any staff member whose position requires driving must have a valid driver’s license and automobile insurance at the time he/she becomes employed at Lighthouse. Staff members must maintain their license and carry automobile liability insurance
throughout their employment at Lighthouse. Driving guidelines for current and perspective staff members are as follows:

- Staff members will not be permitted to drive clients if they have 5 or more points on their driving record.
- Staff members must have no DWI convictions.
- Staff members must have had no other major violations in last 5 years (vehicular homicide, reckless driving, drugs, leaving the scene)
- Staff members must be age 25 or older to drive a Lighthouse Youth Services 15 passenger van.

In the event a staff member whose position requires driving allows either his/her license or insurance to expire, the agency may terminate employment immediately. All staff members whose position requires driving will be asked to submit evidence of automobile liability insurance at the time of their annual evaluations.

At the time of hire, Lighthouse Youth Services will check the driving record of any staff member whose job requires driving. Anyone with excessive violations will not be permitted to drive Lighthouse Youth Services vehicles or transport clients in their own vehicle and may be asked to resign. The Agency will make a determination on a case by case basis. Our property and casualty insurance company will also conduct an annual check on staff members who regularly drive on behalf of the Agency.

**Client and Staff Member Safety**

All clients and staff members must wear seatbelts when traveling in an agency or personally owned vehicle. Staff members must not drive and talk on their cell phones, or text message while driving on Agency business. Any staff member who needs to use a cell phone for talking or texting while driving must pull off the road. The cell phone may be used for talking or text messaging once the car is parked.

Any staff member transporting clients for Agency purposes must place all children in an approved car seat if the child is under (4) years of age or weighs less than 40 pounds.

All auto accidents and incidents that occur on Agency business must be reported to the staff member’s supervisor immediately so that an incident report can be completed. In the event of an accident, all staff members are required to contact the police immediately. If the accident occurs on private property (such as a store’s parking lot), the police will not come to the scene of the accident, but will advise you to come to the nearest police station to complete a report. This must be done as soon as possible.
Workplace Violence Prevention Policy

Lighthouse Youth Services intends to provide all staff members with a workplace that is free from threats and violence. Everyone has a responsibility to ensure that threats and violence are not a part of our workplace.

All staff members, including supervisors and temporary staff members, should be treated with courtesy and respect at all times. Staff members are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are strictly prohibited from the premises of Lighthouse Youth Services and all other places where employees perform work for Lighthouse Youth Services.

Conduct that threatens, intimidates, or coerces another employee, a volunteer, a customer, or a member of the public will not be tolerated. This prohibition includes all acts of harassment, including harassment based on an individual’s sex, race, national origin, age, religion, sexual orientation, or any characteristic protected by federal, state, or local law.

Any act or threat of violence, whether direct or indirect, must be reported immediately to your supervisor or another member of management. This includes threats by staff members, as well as threats by customers, vendors, clients, or other members of the public. All suspicious individuals or activities should also be reported immediately.

If the situation is life threatening or an emergency, call 911 before reporting it to management. When making a report under this policy, whether to Lighthouse Youth Services or the authorities, be as specific and detailed as possible. Lighthouse Youth Services will promptly and thoroughly investigate any report of act or threat of violence as well as any suspicious individual or activity. The identity of the staff member making a report will be protected as much as is practicable. In order to maintain workplace safety and the integrity of its investigation, Lighthouse Youth Services may suspend staff members, either with or without pay, pending investigation.

Lighthouse Youth Services will not tolerate violations of this policy. Violations will result in corrective action, up to and including termination. Moreover, the offending individual may be subject to permanent removal from Lighthouse Youth Services property and may also be prosecuted to the full extent of the law.

Staff members are encouraged to bring disputes or differences with other staff members to the attention of their supervisors or the Human Resources Department before the situation escalates into potential violence. Lighthouse Youth Services is eager to assist in the resolution of staff member disputes, and staff members will not be disciplined for good-faith reports made under this policy.
Policy against harassment, discrimination, and retaliation

Lighthouse Youth Services requires directors, supervisors, staff members, and agents to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. Staff members and representatives of Lighthouse must practice honesty and integrity in fulfilling their responsibilities and must comply with all applicable laws and regulations.

Consistent with these standards, Lighthouse is committed to maintaining a work environment free of discrimination, harassment, and retaliation. Lighthouse will not tolerate any form of unlawful harassment, discrimination, or retaliation for protected activity against any Lighthouse personnel or client. Everyone who works at Lighthouse must avoid any behavior or conduct that could reasonably be interpreted as unlawful harassment, discrimination, or retaliation for protected activity.

Harassment may consist of unwelcome conduct, whether verbal, physical or visual, that is based upon a member’s protected status, such as gender, color, race, ancestry, religion, sexual orientation, transgendered status, national origin, age, disability, veteran or other protected group status. Harassment includes conduct that demeans or shows hostility or aversion toward an individual because of his or her protected status or that of his or her relatives, friends, or associates.

Sexual harassment policy

Unwelcome sexual advances, requests for sexual favors, and other physical, verbal or visual conduct based on sex may constitute sexual harassment. This conduct is unlawful when (1) submission to the conduct is an explicit or implicit term or condition of employment; (2) submission to or rejection of the conduct is used as a basis for an employment decision; or (3) the conduct has the purpose or effect of unreasonably interfering with a person’s work performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment in violation of the Lighthouse policy may include such unwelcome conduct as: inappropriate sexually-oriented verbal "kidding", "teasing" or jokes; foul or obscene language or gestures; displays of foul or obscene printed or visual material, including e-mail; inappropriate physical contact such as patting, pinching or brushing against another’s body; and demands for sexual favors. While such conduct often constitutes unlawful sexual harassment only if it is both unwelcome and either severe or pervasive, Lighthouse nonetheless prohibits any such conduct in the workplace, regardless of the circumstances and regardless of whether it is unlawful. Good judgment should prevail in all situations.

Everyone at Lighthouse is expected to avoid any behavior or conduct that could reasonably be interpreted as harassment, discrimination, or retaliation for protected activity. Everyone who works at Lighthouse must understand the importance of
informing another individual whenever that individual’s behavior is unwelcome, offensive, or inappropriate.

Anyone who experiences or witnesses discrimination, harassment, or retaliation, should immediately notify any one of the following: the appropriate Program or Division Director, your Division Director, the Director of Human Resources, or the Chief Operating Officer. In the event that any Program Director or Division Director receives notice of a complaint under this Policy, the Program Director or Division Director must immediately notify the Director of Human Resources. Steps will be taken to ensure that each complaint is promptly investigated by the Director of Human Resources or another appropriate party and that any appropriate responsive action is promptly taken.

There will be no retaliation against anyone for making a good-faith report of discrimination, harassment, retaliation for protected activity, or for cooperating with the investigation of a complaint of discrimination, harassment, or retaliation. For purposes of this policy, protected activity includes making complaints of harassment, discrimination, retaliation, or other violation of federal, state, or local laws, including fraudulent financial reporting, unlawful billing practices, fraud or abuse. Lighthouse will honor a complainant’s request for confidentiality regarding any complaint and the result of its investigation to the maximum practical extent. When Lighthouse determines after an investigation that someone has violated this policy, appropriate corrective action will be taken. This may include discipline or discharge of the offender. In investigating complaints under this policy, Lighthouse may impose discipline for inappropriate conduct regardless of whether the conduct constitutes a violation of the law, even if that conduct may not rise to the level of a violation of this policy.

Investigation into any report made under this policy will be initiated within twenty-four hours of receipt of the report. Every effort will be made to complete and conclude the investigation within thirty days of the initial report. The complainant will receive a response within ten days of the conclusion of the investigation.

Lighthouse will advise the complainant of the outcome of the investigation, although not necessarily details of all actions Lighthouse has taken to maintain an environment free of harassment, discrimination, and retaliation.

**Corporate Compliance Policy**

The leadership of Lighthouse Youth Services is fully committed to preventing and detecting fraud, fiscal mismanagement and misappropriation of funds. Lighthouse leadership is also committed to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (1) prevention of wrong doing—whether intentional or unintentional, (2) immediate
reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which puts the organization, its leadership or staff members, funding sources or consumers at risk.

The Corporate Compliance Officer (CCO) will (1) chair the organization’s corporate compliance team and serve as the organization’s primary point of contact for all corporate compliance issues, including scheduling team meetings, reporting on team activities and making recommendations to the President/CEO and Board of Directors as required; (2) develop, implement and monitor—on a regular and consistent basis—the organization’s corporate compliance plan, including all internal and external monitoring, auditing, investigative and reporting processes, procedures and systems; (3) prepare, submit and present periodic reports to the President/CEO and/or Board of Directors as may be required to provide clear communication to the organization’s leadership for corporate compliance oversight; and (4) coordinate development of the organization’s formal corporate compliance plan.

If a staff member becomes aware of any waste, fraud or abuse within the agency, it is the staff member’s responsibility to report this to the Corporate Compliance Officer. Failure to report this information, could lead to discipline, up to and including termination. There will be no retaliation against anyone for making a good-faith report or for cooperating in an investigation.

**Staff Member Gift Giving**, on occasion, is appropriate to recognize a staff member for meritorious service or length of service. Generally, these types of recognition events occur during the Agency Annual Dinner. During these occasions, it is appropriate for the agency to absorb the expense for the purchase of awards and gifts.

There are other times when it may seem to be appropriate to honor a staff member with a gift or to reward a staff member with a dinner. These types of occasions include a staff member’s departure from the agency, a wedding, the birth of a child, or the death of a loved one. While a gesture of good will toward staff members for significant life events is appropriate and thoughtful, the agency cannot cover these expenses. Staff members may want to develop their own program fund with monthly voluntary contributions to help encourage this type of giving and to help defray the expenses.
A Smoke Free Environment for staff members, visitors and clients is a requirement of Lighthouse Youth Services, with exceptions as noted. Smoking is prohibited in all agency programs and offices. In agency facilities and offices, smoking may occur outside the building in designated areas.

Child Abuse, Neglect or Cruel Treatment: All staff members are prohibited from harassing or threatening harm to a child’s health or well-being which occurs through sexual abuse or exploitation, non-accidental physical touching, mental harassment or injury or maltreatment in any form. Furthermore, staff members are expected to recognize the signs and symptoms of child abuse, neglect or sexual harassment and report any suspected incidents immediately to a supervisor, director or the President.

Placement of Clients with staff members is prohibited. No individual placed in the care and custody of Lighthouse Youth Services shall be subsequently placed with any person serving as a staff member of the agency, unless the staff member is hired to perform these specific services. It is contrary to the policy of the agency for a staff member, other than a licensed foster parent, to assume the role of parent with a child placed in a facility of Lighthouse Youth Services. Clients should never visit the home of a staff member while in care, nor after being terminated from care.

Staff Member Rights

Staff members have the right:
- To respectful and humane treatment.
- To freedom from harassment.
- To obtain legal counsel and to have access to the court system, i.e., to press charges against a client for bodily harm or slander.
- To restrain a client in order to protect self or others.
- To immediate notification of allegations and prompt investigation and knowledge of the findings.
- To supervisory and administrative support that includes being considered innocent until proven guilty, i.e., the investigation of charges prior to a court hearing.
- To have false charges retracted in writing.
- To staff member development to obtain knowledge of child and family issues.

Business Expense Reimbursement for staff members who incur necessary business and travel expenses will be reimbursed upon submission of an approved expense report. Expense reports must be submitted at least monthly and signed by the Program Director, President or Supervisor. When it is necessary for a staff member to use their personal vehicle, reimbursement will be made at a rate set by the agency but not to exceed the rate currently allowable by the Internal Revenue Service.
Social Networking Policy: Lighthouse Youth Services respects the right of staff members to use social networking and does not want to discourage staff members from self-publishing and self-expression. However, staff members are expected to follow the guidelines and policies set forth to provide a clear line between the individual & their responsibility as employees.

Lighthouse respects the right of staff members to use social media as a medium of self-expression and public conversation and does not discriminate against staff members who use these media for personal interests and affiliations or other lawful purposes.

Users are personally responsible for their commentary and can be held personally liable for commentary that is considered defamatory, obscene, proprietary or liable by any offended party, not just Lighthouse Youth Services.

Staff members cannot use agency-owned equipment, including computers, agency-licensed software or other electronic equipment, or agency time, for social networking.

Staff members cannot use social networking to harass, threaten, discriminate or disparage against staff members or anyone associated with or doing business with Lighthouse Youth Services.

If a staff member chooses to identify themselves as a Lighthouse staff member, they must understand that some readers may view them as a spokesperson for Lighthouse. Because of this possibility, we ask that staff members state that their views expressed are their own and not those of Lighthouse or of any person or organization affiliated or doing business with Lighthouse.

Staff members cannot post on their networking sites the name, trademark or logo of Lighthouse or any business with a connection to Lighthouse. Staff members cannot post agency-privileged information, including copyrighted information or agency-issued documents.

Staff members cannot post on any social media photographs of other staff members, clients, vendors or suppliers, nor can staff post photographs of persons engaged in Lighthouse business, agency events or agency programs.

Staff members cannot post on any social media any advertisement of agency programs, any agency information or marketing to sell agency services.

Staff members cannot link from a social networking site to Lighthouse’s internet and intranet web site.
Information Systems

The purpose of this policy is to ensure the proper use of the agency’s information & telecommunications systems. All staff members have the responsibility to use computer resources in an efficient, effective, ethical, and lawful manner.

Computers and telecommunication resources and services include the following: host computers, file servers, workstations, stand-alone computers, laptops, facsimile, copier, cell phones, telephones, software, and internal or external communications networks (Internet, commercial online services, bulletin board systems, and e-mail systems) that are accessed directly or indirectly from Lighthouse computer facilities.

All computers and telecommunications resources must be used in accordance with Lighthouse policies on confidentiality and agency proprietary information.

Lighthouse has the right to monitor any and all aspects of the computer system, including employee e-mail and internet usage, to ensure compliance with this policy. The computers and computer accounts given to employees are to assist them in the performance of their jobs. Staff members should not have an expectation of privacy in anything they create, send, or receive on the computer. The computer and telecommunication system belong to Lighthouse and should be used for business purposes only.

Staff members are responsible for safeguarding all passwords for the system. Individual passwords should not be stored online or given to peers.

Electronic Mail

Making the Internet and Electronic Mail (E-mail) safe, secure, and productive business tools requires a carefully managed mixture of both technology and policy.

All existing policies that deal with intellectual property protection, privacy, misuse of agency resources, sexual harassment, information and data security, and confidentiality apply to conduct on the Internet and use of agency E-mail.

The Lighthouse e-mail system has been installed to facilitate business communications among and between participating licensed users. While a staff member may have an individual mailbox and password on the system, the system in its entirety belongs to Lighthouse. Therefore, the contents of all e-mail messages are considered agency property.

- Fraudulent, harassing, embarrassing, indecent, profane, obscene, intimidating, or other unlawful material may not be sent by e-mail or other form of electronic communication or displayed on or stored in Lighthouse computers. Staff members encountering or receiving such material should immediately report this to their supervisor.
• E-mail may not be used for the transmission or storage of commercial or personal advertisements, solicitations, promotions, destructive programs, (viruses and/or self-replicating code) political or religious material, or any other unauthorized or personal use.

• All active email should be deleted after 60 days. Email that must be kept for an extended period must be moved to an archive folder. E-mail accounts not used after 60 days will be deactivated. Occasionally, legal actions or investigations may require that email on a certain subject be retained.

• All e-mail communications are confidential and for internal use only unless it is clear from their content that they are intended for distribution to persons outside of the Lighthouse domain.

• Staff members may not establish an “automatic” forward of any electronic mail to an address outside of the LYS domain.

• Only authorized e-mail software may be used.

• Staff members may not use anonymous re-mailers.

• Staff members may not retrieve or read e-mail that was not sent to them unless authorized by the agency or by the e-mail recipient.

• Staff members are not authorized to send e-mails to a distribution list unless approved by the Lighthouse Information Technology (IT) Department.

• Staff members are not permitted to conduct personal business using agency e-mail.

• Staff members should limit the use of attachments to external services. Attachments larger than 100KB in size are restricted; prior approval from the Director of Business Process must be obtained before sending a larger attachment within the agency.

**Computer Software**

Staff members must comply with all software licenses, copyrights, and all other state and federal laws governing intellectual property.

• **Staff members must gain prior approval from the IT Department before downloading any software into LYS information systems.**

• **All software must be uploaded by a member of the IT/Helpdesk team.**
Computer Software – Home Use

Home computers that are used for work associated with Lighthouse Youth Services are required to have anti-virus software installed and functioning. Staff members should keep the virus definitions or signatures up-to-date. The Information Technology Department will provide assistance to staff in purchasing, installing, and configuring anti-virus software on home computers as necessary.

Virus Attack Prevention

- All file transfer sources must be approved by the Director of Business Process.
- Staff members should use caution when importing data via floppy disk, CD, DVD and external (including flash/travel) drives.
- Staff members must inform the Helpdesk immediately of any virus that is detected, any configuration change, or unusual behavior of a computer or application.
- Staff members should never download files from the Internet; accept attachments to e-mail from outside sources or use floppy disks or external drives from outside sources without first informing the IT Department.
- All materials imported from outside sources must be virus-scanned. Consult the Helpdesk Team for appropriate scanning programs.

Computer Hardware and Workstations

- In order to protect personal and sensitive information about clients, customers, partners and funding sources, all staff members are required to lock their computer system whenever they step away from their workstation.
- Staff members are prohibited from changing or altering the preset Live Update schedule configured by the Helpdesk Team.
- Laptops are to be kept in a secure manner at all times.
- Staff members using a laptop computer away from agency premises should have adequate homeowners or tenant contents insurance in the event of theft or accidental damage.

Staff members are responsible for the loss or damage of any computer equipment assigned to them or within their care. Should any computer be lost or damaged, the
staff member assigned the computer will be responsible for its replacement or repair. The replacement cost will be based on the current cost to Lighthouse to replace the item.

**Personal Computer Hardware**

Any staff member who brings a computer or other electronic device onto Lighthouse premises thereby grants permission to Lighthouse to inspect the device at any time to analyze files, data, or data storage media that may be within or connectable to the device in question. Staff members who do not agree to such inspections will not be permitted to connect to Lighthouse systems.

**Staff members must not physically connect personal computers or other electronic devices to Lighthouse systems unless first approved by the Information Technology Department.**

**Safeguarding Agency Property**

In order to safeguard the property and safety of our staff members, clients and the Agency, we reserve the right to question and search all persons entering and leaving any Lighthouse Youth Services property, and to search any package, purse, briefcase, lunchbox, office, desk, file cabinet or any other item or area on our property. Searches may be conducted at any time at the discretion of the agency. The right to enter and remain on agency property is subject to an individual’s consent to this policy. Staff members who refuse to cooperate in a search conducted or requested by the agency will be subject to discipline up to and including immediate discharge.

**Cell Phone Policy**

Cellular phones are pieces of equipment issued to staff members performing jobs that require them for safety, or to enhance efficiency and effectiveness in their program.

The following Lighthouse Staff members may be issued an agency cell phone at the discretion of the Program Director:

- Staff members whose responsibilities require them to be away from their offices for extended periods of time.
- Staff members whose primary job is to visit clients in their homes.
- Staff members and supervisors who are required to be on call 24 hours/7 days per week.
Staff members who use agency issued cellular phones agree to the following rules of use:

- They must safeguard agency equipment in their possession. The loss of any equipment shall be reported to the employee’s supervisor immediately. The staff member will be charged for replacement of the agency property. The replacement cost is based on the current cost to Lighthouse to replace the item.
- When a staff member no longer has a demonstrated need for the cellular phone or pager, or when the employee terminates employment, the equipment must be returned to the agency.
- If any Lighthouse equipment is lost, stolen or damaged, the staff member is responsible for informing his/her Program Director of the incident immediately.
- Cellular phones should be used for emergencies and returning or receiving important messages only. Staff members should not hesitate to use their cellular phone when personal safety is jeopardized.
- Staff members shall not drive and talk on a cellular phone. Unless utilizing a “hands-free” speakerphone option, employees should stop their vehicle as soon as safely possible to use cellular phones.
- Staff members shall limit all cellular calls to no more than 8 minutes. Calls over the 8-minute limit shall be documented and justification will be required.
- Staff members are expected to be reasonable when using cellular phones. Minimal use and limiting length of calls will keep costs down.
- Cellular phones should be turned off when the staff member is not on duty or on call.
- Loaning agency cellular phones to family members or friends is prohibited.
- An agency cellular phone should not be used for personal calls. Personal calls made on the cell phone may be charged to the staff member at a rate deemed appropriate by the Accounting Department.
- A staff member may be asked to sign a separate program cell-phone policy that may limit their monthly use based on program requirements.

**Personal Cellular Phones:**

Lighthouse will reimburse a staff member who is eligible for an agency phone, but chooses to use a personal cell phone, a fixed monetary amount deemed appropriate by the Accounting Department. A copy of the personal cellular bill must be attached to the expense report for reimbursement.

Staff members using their own cell phones are expected to follow the entire Lighthouse policy on cell phones.
Lighthouse Policy on Personal Electronic and Camera-Enabled Devices

Cell phones, blue tooth devices and all other communication devices should be turned off or set to silent or vibrate mode during the workday. This includes staff meetings, supervision, trainings, time spent with clients or on behalf of clients, and in any other situations where incoming calls disrupt the normal workflow.

Staff members with personal cell phones may carry them at work if they are left on vibrate. Most staff members have access to an agency land line and voice mail for business use during work hours. Talking on cell phones can be disruptive to other staff members at work. If a staff member’s use of a personal cell phone causes disruptions or loss in work productivity, the staff member may become subject to disciplinary action. Personal calls and text messaging received and or placed should be kept to a minimum. Some programs may have additional policy restrictions on cell phone usage based on the type and needs of the program.

Staff members whose electronic devices are camera-enabled are restricted from using those features anywhere in the building or on the Lighthouse property at any time without prior permission from their supervisor. Any staff member that is found to have used these camera-enabled features may be subject to disciplinary actions.

Upon termination of employment from Lighthouse Youth Services, Inc., the employee must return ALL Lighthouse equipment before the final paycheck will be released.

Workplace Staff Member Visitors

At different times a Lighthouse staff member may have family or friends visit their work site to help with a project or to handle an urgent personal matter.

A Lighthouse friend or family member who wishes to volunteer on a one-time project may do so with the appropriate supervisor’s approval. However, all volunteers must complete the volunteer application process prior to any activity. This includes an application, reference and criminal background check and orientation. Lighthouse licensing bodies and public contracts with county agencies require this policy.

Family and friend visits at the workplace should be limited to special circumstances and be with the appropriate supervisor’s prior approval. Personal visitors are not permitted to use agency telephones, computers, copiers or any other agency equipment at any time.

Family or friends of staff members are not permitted to have contact with an agency client either in an agency program or at any time the staff member is working with a client or a client’s family.

Supervisors will address any violation of this policy with the staff member.
Compensation

Hours of Work for each individual staff member is established by the staff member’s Program Director. Working hours are based on the needs of the program.

Time Sheets Federal and state record keeping requirements place an obligation on the agency to maintain accurate records of working hours for each staff member. To accurately record hours of work, staff members are required to complete a time sheet for each two-week pay period. Staff members are responsible for submitting their time sheet in an accurate and timely manner to their Program Director or Supervisor.

Multiple Program Time Sheets For this policy, ‘home program’ will be used to refer to the program into which a staff member was hired, transferred or promoted and is the program where he/she regularly works. The ‘outside program’ refers to any other Lighthouse program that uses the staff member’s services.

Staff members who wish to work additional hours for an outside program must receive permission from their Program Director, who will sign off on the time sheet for time worked during the pay period. All time worked must be reported on a single time sheet. Individualized Intensive Service workers are the only exception. They must report their time on a sheet designed specifically for that program.

A Program Director may refuse to allow a staff member to work extra hours if he/she feels it has a negative effect on the staff member’s performance or work schedule in the home program. Managers are not permitted to work within programs outside their home program.

No staff member may work more than 100 hours per pay period without the permission of his or her Program Director. Additionally, no staff member will be permitted to work any more than 16 hours at one time without an 8-hour rest in between.

A staff member may not work within another program while using sick time or calling in sick from his/her home program. In addition, a staff member may not work in another program for a period of 8 hours following the end of the shift in which the sick time occurred, unless the staff member has received expressed permission from his/her home Program Director.

Exempt staff members may be given a rate different from their salary for non-exempt work in outside programs. The rate must be recorded on the time sheet. No exempt staff member may work more than two programs in one pay period (their home program and one outside program) without special permission from their Program Director.

A non-exempt staff member’s hourly rate follows the staff member through any program in which he/she works. If a non-exempt staff member’s additional work
results in any overtime compensation, the outside program is responsible for bearing the additional cost, where the overtime is technically being incurred.

**Additional Working Hours** may occasionally be requested of staff members to handle an unusual or critical work load. A non-exempt staff member who works more than 40 hours in a work week will be compensated one and one-half times the regular rate of pay for any hours over 40. All hours worked above forty in a week must be approved in advance by the Program Director.

**Paychecks** are distributed on Friday, on a bi-weekly basis. Paychecks for each program are available at the Administration office and are individually distributed to staff members once they reach the program. Staff members may request that their paychecks be sent by mail or held at the Administration office by contacting the Human Resources Department in advance of payday. For holidays that fall on a Friday and payday, the agency will distribute paychecks on the preceding Thursday.

**Direct Deposit** of paychecks is an agency benefit offered to all staff members of Lighthouse Youth Services. The agency encourages staff members to use direct deposit for their own convenience and safety.

**Loans or Pay Advances** cannot be made under any circumstances. It is also against agency policy for staff members to borrow funds from their supervisor or other members of the agency.

**Payroll Deductions** from a staff member’s wages shall be in accordance with applicable law and, when required, the staff member’s consent. Payroll deductions may be limited to those required by law and deductions for agency sponsored fringe benefit programs.

**Salary Administration**

**A Salary Administration Plan’s** basic purpose is to ensure that agency personnel receive fair and equitable compensation and the agency receives a maximum return on its investment in salaries. The agency’s salary administration plan is based on merit. To achieve this basic purpose, the agency has three objectives:

- To provide compensation opportunities for staff members that are related to the responsibilities and skills needed to perform the job.
- To reward individuals for performance and contribution to the agency’s mission, goals and objectives.
- To use compensation funds in a way that will most effectively motivate staff members to achieve agency objectives.
Salary Administration Practices must be applied to ensure proper administration of the salary plan. The agency is guided by the following practices:

- To select staff members with character, qualifications and experience, and to encourage and assist, within the agency limits, every staff member in advancing to the maximum of the staff member’s ability.
- To pay salaries that compare favorably with those paid by other employers for similar work and to reward each staff member in accordance with the value of the staff member’s services.
- To operate the agency so that work in serving our clients will be performed effectively, professionally and economically.

Exempt Staff Member Compensation

Staff members in exempt status are considered to be salaried staff. A salaried staff member’s job takes a minimum of 40 hours per week to perform.

To maintain the status of these staff members, the following guidelines have been implemented:

- Salaried staff members shall use vacation, sick or personal leave in increments of four (4) hours for absences resulting from personal, vacation and/or illness.
- Pay may be reduced for absences when leave balances are exhausted, in accordance with applicable law.
- With prior approval from your supervisor, your work schedule may be adjusted, if your absence is less than four (4) hours.
- In the event that a salaried staff member is on approved Family Medical Leave, the above may not apply. Please refer to Lighthouse Youth Services FMLA policy.

Salary Levels for different jobs are based upon the relative contribution to agency goals and objectives. The objective, scope, duties and requirements of each job are described, analyzed, and evaluated and each job is placed in a level with established minimum and maximum starting salaries that reflect the proper monetary relationship to the value of the job.

The agency will attempt to gather fair and reliable salary information about the salaries paid by other employers for responsibilities similar to those within the agency.

Salary Increases are based on two factors. First, the increase is based on merit as described in the staff member’s performance rating.

Occasionally, a Program Director may wish to postpone a salary adjustment in order to enable a staff member sufficient time to improve his/her performance evaluation rating. This extended period will be determined by the Program Director, in
consultation with the staff member’s supervisors, and will form the basis upon which future salary adjustments are awarded.

If a staff member reaches the maximum salary identified in their salary level, they may be eligible for an annual performance bonus. This bonus is calculated and determined based on their performance review rating.

**Salary Promotions**  Staff members who are promoted to a higher paying position may be given a promotional salary increase coincident with the promotion or within six months from the effective date of the promotion.

**Staff Member Acknowledgment** is utilized when the agency wishes to acknowledge staff members who excel in their performance during times when there is additional need for effort and commitment. The Program Director may wish to acknowledge this by bringing it to the attention of the President and CEO, and placing an acknowledgment in the personnel file.

**Credentials/Licensures:** In an effort to retain staff members with professional credentials, Lighthouse has instituted the following compensation policy for current full time staff members that obtain the following credentials, during their employment with Lighthouse:

- LPC: $400
- LSW: $400
- LISW: $400
- LPCC: $400
- CDCA : $250
- LCDC II: $400
- LCDC III: $400
- LICDC: $400

**Credential Policy:** Any staff member who obtains additional credentials (undergraduate degree, graduate degree, licensure or certification) during the year may be eligible for additional compensation.

In the event that the staff member obtains a degree, they should order official transcripts to be sent to Human Resources. In addition, they should provide a copy of the degree to their supervisor.

During the staff members annual performance review, the supervisor/director will review the Salary Administration Plan to determine the staff member’s new rate of pay. The adjusted rate will be determined based on the following factors: credential obtained, job relevance and current salary.

Staff members are responsible for maintaining all licensures and credentials. A staff member who fails to maintain active licensures will be subject to discipline.
Staff Member Benefits

The following is a brief summary of the benefits we offer. Please refer to the individual policies and benefit information provided to you. If there is any discrepancy between this description and the policy, the language of the policy will rule.

Health & Dental Benefits are offered to all full-time staff members. A complete summary of health and dental benefits is discussed in the insurance booklets provided by the agency’s medical insurance carriers, and will be reviewed with you at the time of hire. PRN staff members are not eligible for this benefit.

Long Term Disability Benefits are available for full-time staff members who become disabled while employed with the agency. Disability insurance provides payment of a portion of a staff member's wages if they are disabled for longer than 90 days, subject to claim approval by the disability carrier. PRN staff members are not eligible for this benefit.

Term Life Insurance is offered to all full-time staff members. Each full time staff member will be covered for $10,000 in term life insurance. The premium is paid by the agency. Additional Life Insurance can be purchased at a group rate. PRN staff members are not eligible for this benefit.

Section 125 Flexible Spending Plan: The Section 125 is an IRS regulated, employer-sponsored benefit plan that allows employees to voluntarily direct a portion of their salary to pay for eligible out-of-pocket medical and dependent care expenses. The contributions made through Section 125 are entirely free of federal, state and FICA taxes. PRN staff members are not eligible for this benefit.

Health Savings Account (HSA) is a tax-advantaged medical savings account available to employees who are enrolled in a High Deductible Health Plan. The funds contributed by the staff member to the account are not subject to federal income tax at the time of deposit. Unlike a Section 125 Flexible Spending Plan (FSA), funds roll over and accumulate year after year if not spent. Funds may be used to pay for qualified medical expenses at any time and also serve as a retirement savings account. If funds are available, Lighthouse will contribute an annual amount to the employees account. PRN staff members are not eligible for this benefit.
Employee Assistance Program (EAP) The agency offers short term counseling for full time staff members and their immediate families at no charge. This service provides staff members and their immediate family with the information and support they need to help them stay healthy, manage trauma, and successfully balance their personal and work lives. Staff members are encouraged to become familiar with this service and use it if necessary. At times, supervisors will refer staff members to the EAP if they see evidence of declining performance that is due to stress, work or personal problems. **PRN staff members are not eligible for this benefit.**

Tuition Assistance is available to encourage staff members to continue their education. Full-time staff members who have worked 12 consecutive months are eligible. Tuition is limited to $3,500 per staff member per calendar year. Courses must be approved in advance, and must be related to the staff member’s job. The agency will reimburse 100% of the eligible amount for staff members who receive an “A” or a “B” and 60% for a “C”. No reimbursement will be made for a grade lower than a “C”. Courses with a pass/fail grading system will be reimbursed at 100% for a passing grade and 0% for a failing grade. Lighthouse will only reimburse for tuition and will not reimburse for the cost of books or any other fees charged. A tuition reimbursement form should be filled out and submitted to your program director, prior to taking the course(s). Eligibility will be based on a number of factors, including performance evaluations, number of applicants receiving reimbursement, availability of funds for this benefit and cost of tuition per credit hour. Upon completion of a course approved for reimbursement, the staff member should submit proof of payment for the course, and a copy of the grade report. In the event that the college allows for payment after completion of a course, the agency requires a copy of the invoice, and the college will be paid directly. Staff members who resign less than 12 months after receiving reimbursement will be required to pay back the funds given to them. Any outstanding money owed will be deducted from the staff member’s final paycheck(s).

It is important that the return to school does not affect the staff member’s ability to perform his or her job or negatively affect the program or agency. The agency’s expectation is that staff members will take classes at times outside normal working hours. If there are no times or days outside working hours that these classes are available, the staff member must obtain permission a month in advance of beginning class.

If any classes occur during the staff member’s normal working hours, Lighthouse requires that the staff member request, in writing, permission to change work hours during each quarter or semester and to list the courses and the times that the courses occur. If it does not affect the program integrity, the staff member’s effectiveness, the client services or the other team members, the program director will approve and give a copy of the request to the staff member. It is strongly preferred that the staff member not take classes in mid-day of scheduled work hours as it is too disruptive to have staff members leave their work site and then return two or three hours later to their work.
On occasion a part or full time staff member may request a reduction in the hours of work to accommodate his or her schedule. It is permissible for the director to do this after approval from the Division Director.

In some cases, it may not be possible for the Program Director to accommodate the staff member’s request for a schedule change without a reduction in weekly work hours. The staff member will need to decide if he or she can afford to attend school and work the reduced hours. All decisions regarding this type of scheduling will be made based on the needs of the program. PRN staff members are not eligible for this benefit.

Lighthouse Youth Services 401K Plan

- **Staff Voluntary Contribution** - A 401K plan is one of the best ways to plan and save for retirement. The Lighthouse 401K plan is available to all full time staff members and part-time staff members. Part time staff must complete one (1) year of service and work at least 1000 hours within the plan year. Staff member contributions are payroll deducted and tax deferred. The plan is for staff member contributions only. Within the plan guidelines, employees decide how much to save and may choose among various investment options. Staff member contributions may be increased quarterly and may be decreased or stopped at any time. Annually, Lighthouse will increase staff member contributions by 1%, unless the staff member elects to have their contribution remain the same. Participants, at termination of employment, can roll over deductions into another retirement plan or request other distribution options.

- **Lighthouse Contribution** - Lighthouse will contribute a percentage of a staff members base earnings to a pension plan to assist in saving for retirement. Staff members must have worked more than 1,000 hours in the year of eligibility. Staff members must be active in payroll on the last day of the fiscal year to be eligible for the contribution.

Lighthouse Youth Services offers a 5 year graded vesting schedule.

<table>
<thead>
<tr>
<th>Years Worked (1,000 hours or more in each)</th>
<th>Vested Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>4</td>
<td>75%</td>
</tr>
<tr>
<td>5</td>
<td>100%</td>
</tr>
</tbody>
</table>

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The percentage of benefits contributed is based on the staff member’s age as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Lighthouse Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 29</td>
<td>2.5%</td>
</tr>
<tr>
<td>30 - 39</td>
<td>4.5%</td>
</tr>
<tr>
<td>40 - 49</td>
<td>6.5%</td>
</tr>
<tr>
<td>50 - 59</td>
<td>8.5%</td>
</tr>
<tr>
<td>60 - 69</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

**Staff Member Training:** Staff members working directly with clients must obtain 25 hours of professional training each year, usually provided by the agency. Staff members not working directly with clients are encouraged to get 20 hours of training each year. All staff members are required to take 6 hours of diversity training in their first year and 3 hours annually thereafter.

**Professional Liability Insurance:** Lighthouse provides insurance to professional staff for claims as a result of professional activities carried out on behalf of the agency. This coverage applies only when working on behalf of the agency. It does not extend outside the scope of agency activities. “Professional” staff members are those in positions requiring a degree and form of licensure, i.e. Social Workers.

**Attendance and Time Off**

**Good Attendance** is essential as every staff member has an important job in helping to meet the goals of the agency to serve clients. Good attendance shows dependability, good work habits and an ability to keep personal issues separate from work. Any illness or inability to come to work should be reported by the staff member to the staff member’s supervisor as soon as possible. For those staff members who work in residential facilities, it is particularly important to notify the agency as quickly as possible (at least 2 hours before the shift) in order to allow sufficient time for the agency to contact another staff member to work.

Less than three days per year of absence is considered very good and more than eight days of absence would be considered a weak area in reviewing the staff member’s performance. Some absences may require a physician’s note to return to work. This is up to the Program Director’s discretion. An absence of five days in a row always requires a doctor’s statement before returning to work.

**Punctuality** is a very essential work habit for all staff members. The agency views tardiness as an indication of disinterest in the job and disrespect for fellow workers. When a staff member will be more than fifteen minutes late, he/she should call the Program Director or supervisor. If the Program Director or supervisor is unavailable, a staff member on duty must be informed. The phone call is mandatory but does not excuse the tardiness. Every program should have a posted schedule or a sign-in sheet where staff members record their time in and out. Program Directors
should check this against time sheets and address tardiness with staff members when it occurs.

Even though many staff members work overtime, it is not acceptable to come in late for work unless the Program Director has approved a change in the schedule. If a staff member is tardy more than twice in a month, coaching and possible disciplinary action will follow.

**Sick Leave:** Staff members may use up to eight hours of unearned sick time in their first six months of employment. After six months of employment, staff must have sufficient sick time accumulated in order to be paid for sick leave or they will be required to use available vacation balance. If a staff member leaves the agency with unearned sick time taken, it will be deducted from their final paycheck. Accumulated sick days are canceled at termination of employment and are not payable on the last paycheck.

Sick time can be used to give an employee a total of 40 hours in a work week, but not an excess of 40 hours. *PRN staff members are not eligible for this leave benefit.*

**Sick leave** will accumulate at the rate of 64 hours per year for staff members working full-time (32-40 hours per week). Sick time is accrued on a per pay-period basis, for a maximum of 480 hours. Part-time staff (working 16-31 hours per week) will accumulate sick time at a rate of 32 hours per year.

Sick leave may be utilized for the following reasons:

a. A staff member is unable to work because of a medically diagnosable injury or illness;

b. Unexpected medical emergency in the immediate family (defined as spouse, children, parents or other resident dependents); or

c. Medical, dental or optical examinations or treatments for the staff member or his/her immediate family (as defined above) upon prior approval from the immediate supervisor.

**Vacation:** Vacation time is a benefit offered to full time and part time staff members that are in active pay status. Staff members may request vacation from their supervisors in writing at least 30 days prior to their requested vacation. The supervisor will notify the staff member of his/her decision within a reasonable amount of time. Staff members may not take more than two weeks of vacation at one time without the written permission of the Division Director.
The following is a guide for staff members to follow during their employment with Lighthouse Youth Services:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Full-time</th>
<th>Full-time with 4+ yrs experience</th>
<th>Part-time 20-31 hrs per week</th>
<th>Part-time 16-19 hrs per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 2</td>
<td>96 hrs</td>
<td>120 hrs</td>
<td>40 hrs</td>
<td>20 hrs</td>
</tr>
<tr>
<td>3 to 5</td>
<td>120 hrs</td>
<td>120 hrs</td>
<td>60 hrs</td>
<td>30 hrs</td>
</tr>
<tr>
<td>6 to 10</td>
<td>160 hrs</td>
<td>160 hrs</td>
<td>80 hrs</td>
<td>40 hrs</td>
</tr>
<tr>
<td>11\textsuperscript{th} year</td>
<td>200 hrs</td>
<td>200 hrs</td>
<td>100 hrs</td>
<td>50 hrs</td>
</tr>
<tr>
<td>12 to 15</td>
<td>160 hrs</td>
<td>160 hrs</td>
<td>80 hrs</td>
<td>40 hrs</td>
</tr>
<tr>
<td>16 to --</td>
<td>200 hrs</td>
<td>200 hrs</td>
<td>100 hrs</td>
<td>50 hrs</td>
</tr>
</tbody>
</table>

Vacation accumulates based on the table above. Full-time staff may use up to forty hours of \textit{unearned} vacation time. If a staff member leaves the agency with unearned vacation time taken (which shows as a negative balance on the pay stub), it will be deducted from their final paycheck.

Vacation should be used in the year it is available. Each year at June 30, all vacation balances will be reviewed. At that time, no staff members should have more than 80 hours of accrued vacation in their balance. Any staff member exceeding 80 hours will have their balances adjusted on June 30\textsuperscript{th}.

At the time a staff member terminates employment, final vacation payment will be made to staff members who provide at least three (3) weeks’ notice of resignation after completing at least one (1) full year of employment and have satisfactorily completed their notice period. Directors and all supervisors are required to give (4) weeks’ notice. No vacation time may be taken during the notice period. These vacation balances will be paid in an amount equal to the number of vacation hours accrued (earned), but not taken during the current year.

Vacation time can be used to give a staff member a total of 40 hours in a work week, but not an excess of 40 hours. \textit{PRN staff members are not eligible for this leave benefit.}

\textbf{Personal days} are available for full-time staff members after they have completed 90 days of employment. Staff will receive three (3) personal days (24 hours) per calendar year, and should take Personal Day time in increments of at least four (4) hours. Staff should request a Personal Day at least one week prior to the requested date. With the Program Director’s permission, if an emergency arises a staff member may use a personal day with less notice. \textit{PRN staff members are not eligible for this leave benefit.}
During a calendar year, newly hired staff members have personal days available as follows (after ninety days of employment):

<table>
<thead>
<tr>
<th>Hired</th>
<th>Personal Days Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1-March 31</td>
<td>3</td>
</tr>
<tr>
<td>April 1-June 30</td>
<td>2</td>
</tr>
<tr>
<td>July 1-September 15</td>
<td>1</td>
</tr>
</tbody>
</table>

NOTE: Personal days are given on a calendar year basis, and do not carry over to the next calendar year as a personal day benefit. Staff members will have until December 18th to use earned personal days. Any hours/days not used, will be converted to their sick balance the first pay of January.

Funeral leave for bereavement of a relative is available to full time staff members. In the event of the death of an immediate family member, staff members will receive either three work days or five work days when travel is required. Staff members will receive one work day for other relatives. On occasion, the Program Director may require documentation verifying attendance to the memorial service. The immediate family is defined as spouse, children, grandparents, parents including in-laws and siblings. PRN staff members are not eligible for this leave benefit.

Jury duty leave is available for staff members who are called to serve on a jury. The agency believes that staff members should serve when called for jury duty as a matter of good citizenship, unless extenuating circumstances prohibit them from doing so. Staff members will be paid for hours they would normally work on each day of jury duty. Staff members must report to work for their regularly scheduled hours during this period when they are not needed in court.

Voting on Election Day should be arranged before or after working hours. Additional time, if needed, must be authorized by the Program Director.

Military leave is granted in accordance with applicable law. Staff members must provide the Program Director with documentation showing date of departure and date of return at least 60 days before the training if possible, or as soon as practicable. Staff members shall be restored to their previous or similar position with the same status, pay and seniority.

Holidays: The agency observes and allows time off with pay for the following holidays: New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas Day.

Full-time hourly staff members will receive 8 hours of pay at their regular rate of pay (part-time staff members receive 4 hours of regular pay) when the holiday is not worked. Staff members scheduled to work the day before and/or after the holiday
must work those days to receive pay for the holiday, unless a doctor’s excuse is provided to verify the illness. If the staff member is non-exempt and works the actual holiday date (i.e. July 4th, December 25th), he/she will receive double his/her regular rate of pay.

For holidays that fall on a Saturday, the agency will observe the holiday on the preceding Friday. If the holiday falls on a Sunday, it will be observed on the following Monday.

A staff member requesting an approved absence in order to observe a religious holiday which is not a scheduled agency holiday will be granted time off without pay, providing a request is made in advance of the holiday and the request can be reasonably accommodated.

**Inclement Weather:** Because of the key role our staff members play in the safe operation of our programs, it is expected that all staff members make the best effort possible to get to work. Quite often, bad weather conditions are localized in our area and, simply by waiting, staff members may be able to safely arrive to work later than scheduled. Under these circumstances, staff members should call their immediate supervisor to advise them of the poor weather conditions. Staff members reporting to work late or not at all, due to bad weather conditions, may use personal or vacation time.

**Family and Medical Leave Act:**

**Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job protected leave to eligible staff members for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth.
- To care for the staff member’s child after birth, or placement for adoption or foster care.
- To care for the staff member’s spouse, son or daughter, or parent, who has a serious health condition.
- For a serious health condition that makes the staff member unable to perform the staff member’s job.

**Eligibility Requirements**

Staff members are eligible if they have worked for Lighthouse Youth Services for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 staff members are employed by Lighthouse within 75 miles.
**Definition of a Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that either involves:
- An overnight stay in a medical care facility (or)
- Continuing treatment by a health care provider for a condition that either prevents the staff member from performing the functions of their job (or)
- Prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with:
- at least two visits to a health care provider (or)
- one visit and a regimen of continuing treatment (or)
- incapacity due to pregnancy (or)
- incapacity due to a chronic condition
- other conditions may meet the definition of continuing treatment.

**Staff Member Responsibilities**

The agency will require substitution of accrued paid leave for unpaid FMLA leave. Staff members must substitute unpaid leave with sick and vacation leave, in that order. Leave can be taken intermittently or on a reduced schedule when medically necessary. Staff members must make reasonable efforts to schedule leave for planned medical treatment so as not to disrupt the operations of Lighthouse Youth Services. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Staff members must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the staff member must provide notice as soon as practicable and must comply with Lighthouses call-in procedures.

Staff members must provide sufficient information for Lighthouse to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include: that the staff member is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Staff members must also inform the employer if the requested leave is for a reason for which FMLA leave was previously taken. Staff members will also be required to provide a certification and periodic recertification supporting the need for leave.
**Lighthouse Youth Services Responsibilities**

Lighthouse is required to inform staff members requesting leave whether they are eligible under FMLA. If they are, the notice will specify any additional information required as well as the staff members rights and responsibilities. If they are not eligible, Lighthouse will provide a reason for the ineligibility.

A “rolling” 12 month period measured backwards from the date FMLA leave is taken will be used to determine the amount of leave that an eligible staff member may take.

Group health plan coverage is continued under the same conditions coverage is provided to those staff members not on leave. If you fail to return from leave, Lighthouse may be able to recover from you its costs for maintaining health coverage during leave.

A staff member, who returns to work at the end of his/her FMLA leave, will be reinstated to the same or equivalent job unless the “highly compensated staff member” exception applies. However, the right to reinstatement or to other terms, benefits and conditions of employment will be no greater than if the staff member had not taken leave.

**A covered family member’s active duty or call to active duty in the Armed Forces.**

A staff member whose spouse, son, daughter or parent either has been notified of an impending call or order to active duty status in the National Guard or Reserves may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include:

- Short-notice deployment
  - Orders are issued seven or less days before deployment
  - Leave is limited to seven days, beginning on date orders are received.
- Attending certain military events
- Arranging for alternative childcare
- Addressing certain financial & legal arrangements.
- Attending certain counseling sessions
- Attending post-deployment reintegration briefings.
To care for an injured or ill service member

FMLA also includes a special leave entitlement that permits eligible staff members to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is:

- a member of the Armed Forces, including a member of the National Guard or Reserves,
- who has a serious injury or illness
- incurred in the line of duty on active duty
- that may render the service member medically unfit to perform his or her duties
  - for which the service member is undergoing medical treatment
  - recuperation
  - therapy
  - outpatient status
  - temporary disability retired list

Americans with Disabilities Act: The Americans with Disabilities Act (ADA) requires Lighthouse Youth Services to reasonably accommodate qualified individuals with disabilities. It is the policy of Lighthouse to comply with all federal and state laws concerning the employment of persons with disabilities.

It is Lighthouse’s policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment.

Lighthouse Youth Services will reasonably accommodate qualified individuals with a temporary or long-term disability so that they can perform the essential functions of a job.

An individual who can be reasonably accommodated for a job, without undue hardship, will be given the same consideration for that position as any other applicant.

All staff members are required to comply with safety standards. Applicants who pose a direct threat to the health or safety of other individuals in the workplace, which threat cannot be eliminated by reasonable accommodation, will not be hired. Current staff members who pose a direct threat to the health or safety of the other individuals in the workplace will be placed on appropriate leave until an organizational decision has been made in regard to the employee’s immediate employment situation.

The Human Resources Department is responsible for implementing this policy, including resolution of reasonable accommodation, safety, and undue hardship issues.
Confidentiality:

All medical-related information shall be kept confidential and maintained separately from other personnel records. However, supervisors and managers may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.

Definitions: As used in this policy, the following terms have the indicated meaning and will be adhered to in relation to the ADA policy.

- “Disability” refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual. An individual who has such impairment, has a record of such impairment, or is regarded as having such impairment is a “disabled individual.”

- “Direct threat to safety” means a significant risk to the health or safety of others that cannot be eliminated by reasonable accommodation.

- A “qualified individual with a disability” means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that the individual holds or has applied for.

- “Reasonable accommodation” means making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, adjustment or modification of examinations, adjustment or modification of training materials, adjustment or modification of policies, and similar activities.

- “Undue hardship” means an action requiring significant difficulty or expense by the employer. The factors to be considered in determining an undue hardship include: (1) the nature and cost of the accommodation; (2) the overall financial resources of the facility at which the reasonable accommodation is to be made; (3) the number of persons employed at that facility; (4) the effect on expenses and resources or other impact upon that facility; (5) the overall financial resources of Lighthouse; (6) the overall number of employees and facilities; (7) the operations of the particular program as well as the entire agency; and (8) the relationship of the particular program to the agency. These are not all of the factors but merely examples.

- “Essential job functions” refers to those activities of a job that are the core to performing said job for which the job exists that cannot be modified.
DRUG AND ALCOHOL POLICY

Statement of Commitment

The staff of Lighthouse Youth Services states their common agreement that:

1. A healthy and motivated workforce is our greatest asset.
2. Staff members have a basic right to a safe and healthy working environment.
3. Alcohol and drug abuse is a serious problem which affects both health and safety. Chemical dependency is a serious and complex, but treatable condition/disease that negatively affects the personal and family lives of staff members, their productivity and the stability of their workplaces.
4. Both the Board of Trustees and management are committed to addressing the problems of substance abuse in order to achieve the mission of Lighthouse and ensure the safety of the working environment, staff members, and the public, and to provide staff members with access to necessary treatment and rehabilitation assistance.

Statement of Policy

In order to assure a safe and efficient work environment, through maintaining a drug and alcohol free workplace, the following policy has been adopted to supplement existing personnel policies, practices and procedures:

Impairment:
No staff member will report to work or will work impaired by any substance, drug or alcohol, lawful or unlawful, except with management’s approval; such approval will be limited to lawful medications and based strictly on the employee’s ability to perform his/her regular or other assigned duties safely and efficiently.

Each staff member must report the use of medically authorized drugs or other substances which can impair job performance to his/her immediate supervisor and provide proper written medical approval from a physician to work while using such authorized drugs. It is the employee’s responsibility to determine from the physician whether or not the prescribed drug would impair his or her job performance. Any failure to report the use of such drugs or other substances, or failure to provide proper evidence of medical authorization, can result in disciplinary action.

Possession or use:
Use or possession of illegal drugs on the Lighthouse worksite is strictly prohibited. Documented evidence of illegal drug involvement will be given to law enforcement agencies by the President and CEO and/or Chief Operating Officer of Lighthouse. “Worksite” means any office, building or property owned or operated by Lighthouse or at any other site at which a staff member is to perform work for Lighthouse. The
use of alcohol is prohibited on the agency worksite. If alcohol is served at official events in the community, staff members are prohibited from becoming impaired.

Sale:
A staff member who is found to be a seller or involved in the sale, solicitation, or dealing in illegal drugs will be discharged from the employment of Lighthouse and the case will be turned over to local law enforcement agencies.

Violation of Policy
Any staff member found in violation of this policy will be subject to formal disciplinary action, up to and including dismissal. Any employee’s drug related workplace conviction must be reported immediately (within 24 hours) to the Human Resources Director, or in the case of the President and CEO, to the Board of Trustees.

As a result of disciplinary action arising from a violation of this policy, or from any performance deficiency which is found to be caused by alcohol/drug dependency, the staff member will be offered the services of the CONCERN Employee Assistance Program. Participation in the program is voluntary, and job security and promotional opportunities will not be affected by the employee’s decision. Confidentiality of personal information (i.e.: nature of the problem, nature of treatment) will be observed in all EAP cases.

However, when the staff member accepts the offer of EAP in lieu of serious discipline, the offer of EAP and the employee’s decision will be documented. In addition, it is the employee’s responsibility in this situation to arrange periodic reports from the EAP to the supervisor regarding the employee’s continuing compliance with EAP recommendations.

Staff member Awareness
All staff members will read the agency’s Drug Policy Statement and sign a consent statement indicating their agreement to comply with the policy. In addition, staff members will receive on-going education about the agency’s Drug Free Workplace program and the dangers of drug abuse.

Implementation of Policy
The Human Resources Director carries the primary responsibility for implementing this policy. Provisions of this policy apply equally to all staff members at every level within the organization.

Staff members carry the primary responsibility for productive work performance, and for addressing personal problems which interfere with performance.

Employee Assistance Program (CONCERN)
Lighthouse recognizes its commitment and responsibility to staff members by seeking to provide through the Employee Assistance Program (EAP) an opportunity
for staff members to deal with drug and alcohol related problems. Any staff member requesting assistance in dealing with a personal drug and/or alcohol problem, either through self-referral or as a result of disciplinary action from a drug or alcohol problem, will be referred to the Employee Assistance Program.

All staff members seeking assistance through the EAP will first be evaluated for drug and alcohol use by an accredited professional. The cost of such an evaluation shall be paid by Lighthouse. The staff member may then be required to participate in some form of comprehensive alcohol/drug treatment program. Follow-up care, as part of a comprehensive alcohol and drug treatment program will be monitored by the Employee Assistance Program.

A staff member’s refusal to accept recommendations for diagnosis and treatment, while in itself is not a cause for disciplinary action, will be handled by dealing with the performance problem according to normal disciplinary procedures.

Depending upon the nature of the conduct which led to the employee’s mandated participation in an alcohol and drug treatment program, the staff member may be required to submit to random blood and/or urine screening for alcohol and/or drugs for a specified period of time to meet various performance standards which are imposed as a condition of continuing employment.

**Testing**

Lighthouse will test staff members for drug use under the conditions listed below. Any staff member who refuses to submit to testing for drugs under these conditions will be subject to immediate suspension or discharge. A complete testing policy also includes procedures for carrying out the drug testing procedures.

*Pre-Employment Screening*

All new hires will be required to submit to a drug screening before reporting to work. All new hires must be drug screened no later than forty-eight hours after completing new hire paperwork with Human Resources. Bethesda TriHealth or a testing facility designated by management, will administer the drug testing. On a positive test result, the results will be sent to another lab for confirmation and analysis of the substance. In the event that a test result is positive any pending job offer will be rescinded. New hires will not be permitted to begin working until the test results are available.

*Reasonable Cause/Suspicion*

If facts, circumstances, physical evidence, physical symptoms, or a pattern of performance or behavior exist that would cause a supervisor to reasonably conclude that a staff member may have used, be under the influence of, or intoxicated by a drug or controlled substance, the supervisor is to contact the Human Resources Director to discuss the situation. If it is determined that “reasonable cause” exists that the staff member has used or is under the influence of alcohol or a controlled
substance, the staff member will be taken to a facility for testing. Examples of reasonable cause may include:

- Physical symptoms consistent with substance use.
- Evidence of illegal substance use, possession, sale or delivery.
- Occurrence of a serious or potentially serious accident possibly caused by human error.
- Serious motor vehicle offenses while on duty and/or in Lighthouse vehicles.
- Fights (to mean physical contact), assaults, and flagrant violations of established safety, security or other operating procedures.

**On-The-Job Injury**

Any on-the-job injury requiring medical attention at a hospital or medical facility will also require the injured party to submit to a drug/alcohol screening. Supervisors are to notify Human Resources immediately upon hearing of an on-the-job injury so that the hospital or other treatment facility can be reminded of our drug program. If a staff member seeks medical attention after hours or on the weekend, and files a claim, he/she will be required to take a drug test immediately upon notifying Lighthouse of the injury. Staff members who refuse to be tested when instructed to do so by their supervisor, will be terminated. The test, the refusal to take the test, and its results affects employment and does not determine eligibility for Industrial Insurance Benefits.

**Return to Duty**

Persons who have previously tested positive and return to work will be tested on a random basis for a period of two (2) years.

**Positive Test Results**

Following verification of a positive test result, the Medical Review Officer at the laboratory test site will refer the case to CONCERN. The staff member will then be given the opportunity to seek treatment to eliminate his/her use of drugs. Refusal to do so will be grounds for discharge from employment.

**Negative Test Results**

Following a negative test result, no additional tests will be conducted on the employee. However, if additional circumstances arise under the policy conditions stated above, additional testing may be conducted at that time.

**Compliance with Federal Drug Free Workplace Act**

Lighthouse certifies that it will provide a drug free workplace to its staff members in compliance with the Drug Free Workplace Act of 1988.
Random Drug Testing
Random Drug Screening: Employees will be tested randomly for compliance with the drug-free workplace policy. As used in this Policy, "random testing" means a method of selection of employees for testing, performed by an outside third party. The selection will result in an equal probability that any employee from a group of employees will be tested. Furthermore, Lighthouse has no discretion to waive the selection of an employee selected by this random selection method. Staff members selected for random testing will be required to go to a testing site during working hours or after the shift, if they are needed to stay at the work site. PRN staff members will have 24 hours to get to a testing site. Staff members who refuse to be tested when instructed to do so by their supervisor, will be terminated.

Provisions for Rehabilitation
Any staff member who seeks and receives assistance and who completes the requirements of the treatment program shall, upon return to work, be encouraged to contact and avail themselves on a self-referral basis, of after-care services including (but not exclusive to) outpatient treatment, Alcoholics Anonymous, Narcotics Anonymous or other counseling opportunities. However, staff members who relapse and for whom reasonable suspicion of substance use is established a second time will be subject to disciplinary procedures up to and including discharge.

Definitions
For the purpose of this policy the following definitions are provided:

Alcohol: includes alcoholic beverages and any other intoxication liquid which contains alcohol.

Controlled substance: is defined as all forms of narcotics, depressants, stimulants, hallucinogens, and cannabis, whose sale, purchase, transfer, use or possession is prohibited or restricted by law.

Under the influence: is defined as any detectable level of alcohol or drugs in an employee’s blood or urine or any noticeable or perceptible impairment of the employee’s mental or physical faculties.

Statement of Confidentiality/Privacy
Any information about a staff member concerning disciplinary action related to the use of drugs, drug testing, drug test results, and related communications with the staff member are considered private and confidential. Access to that information is limited to those who have a legitimate need to know. External communications shall be based on a case-by-case determination and may include counselors, medical professionals and law enforcement personnel.

For foster parents, moderate consumption of alcohol within their own home with the use of appropriate discretion is permitted. Excessive consumption of alcohol or alcohol abuse by any adult in such a home will provide grounds for immediate termination.
Guidelines for Corrective & Disciplinary Actions

When a staff member experiences difficulty maintaining an acceptable standard of job performance, effort will be made to assist in improving job performance through coaching by the supervisor or Program Director. The basic purpose of this corrective action program is to be constructive. Disciplinary actions are taken when necessary to correct a deficiency and help make a more valuable staff member; censure is to be used only as necessary. However, continued inability or failure to meet the program or agency standards or job description of the position for which a staff member is employed is cause for warning, probation, suspension without pay or dismissal. Other causes for disciplinary action or immediate termination include but are not limited to, conduct harmful to the agency, ethical violations, negligence or abuse of clients or anything which threatens client or staff member health, safety or welfare.

The agency always reserves the right to determine, in its discretion, the appropriate discipline in each case. Although, progressive discipline will generally be used, it does not have to be, and one or more of the following steps may be skipped.

Coaching:
Coaching is used to correct or improve the staff member’s actions so that performance will meet the standards of the program. The coaching session is given in private and there will be a written note of the coaching session placed in the staff member’s supervisory file kept by the Program Director.

Corrective Interview:
A corrective interview is more serious than a verbal coaching session because it is made part of the staff member’s personnel file, and includes a statement of the issue(s) and a plan of action to improve. The written document is discussed and signed by the staff member, supervisor, and Program Director.

Written Warning:
When the corrective interview has not led the staff member to correct the behavior and/or where it appears in the judgment of the Program Director that more serious discipline is necessary, the Program Director will issue a written warning. This warning will include a proposed plan of action that will include steps that the staff member needs to take to maintain employment. This warning is discussed with the staff member and signed by the staff member and Program Director. It is placed in the personnel file. The staff member will have the opportunity to make a written statement regarding the warning and that also will be placed in the personnel file.
STAFFING REQUIREMENTS FOR RESIDENTIAL PROGRAMS SERVING YOUTH

The appropriate number of staff for a program depends on a numbers of factors, including:

- The characteristics of the clients in care
- The range of services and treatment provided
- The nature and range of staff competencies
- The extent of community resources utilized
- The nature of the physical setting
- The time of day

When clients are present during waking hours, there should be at least one staff member for every six clients at the facility. These staff should be on duty providing supervision to clients where the clients are congregated to ensure the appropriate level of supervision.

Staff should spend a minimal time handling business calls, as their responsibility lies in the supervision of clients in the facility. Personal calls should be limited to very important matters and these calls should be kept short.

During meal times, staff should sit with clients and eat the same food served to clients unless they have special dietary requirements.

Children and visitors of staff members are not permitted at the facility without prior permission from the Program Director. When staff members finish their scheduled work hours, they should leave the facility unless authorized to work longer.

All staff members who work directly with clients must be at least 21 years old and have previous experience working with youth. All staff will receive 30 hours of orientation and an additional 24 hours of training in year one on all required training for residential workers.
Staff Development
CONSULTATION SERVICES

It is important for the consultant or specialist to have a defined role within the program consistent with agency philosophy and practice. The consultant should understand who is administratively responsible and the process through which these responsibilities are to be carried out. If necessary, this should be in writing. The program director should be clear about the particular expertise of the consultant and how it is to be used.

Consultants should provide information in their fields of competence to enable staff members to use their own knowledge and skills more effectively in achieving their tasks.

Consultation shouldn’t be confused with supervision. Supervision should be provided on a continuing basis by supervisors even if the consultant is providing clinical consultation.

Consultation conferences should be planned. The purpose of the consultation should be clear. The consultant should receive in advance information on what they will be doing at the session so as to not waste consultant or staff member’s time.

When a consultant provides direct service to a client, the following procedures should be followed:

- The consultant should meet with the social worker to discuss the service given and arrive at a common agreement to the plan.

- The consultant should write a summary of conferences for the case files.

All consultants should sign a professional services agreement prior to the initiation of services.
Lighthouse Youth Services is committed to providing culturally competent services to our clients, customers and community. Our mission, statement of values and ethical code all provide guidance to employees and volunteers on providing respectful, ethical and competent services to diverse people and organizations.

Lighthouse staff are required to take six (6) hours of diversity training in their first year and three (3) hours annually thereafter.

Lighthouse staff acknowledge culture's profound effect on providers, clients, families, and service outcomes, and are willing to learn more about culture and its importance in the lives of children, youth, and their families. By understanding the cultures of the populations and communities we serve, Lighthouse staff can avoid stereotypes and biases that contribute to disparate treatment of different cultural and ethnic communities. Understanding and respecting culture promotes a focus on the positive characteristics of a particular community and reflects an appreciation of cultural differences.

Cultural competence has been defined as “the ability of individuals and systems to respond respectfully and effectively to people of all cultures, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes and communities, and protects the dignity of each” (CWLA).

In working with clients, customers and other stakeholders, Lighthouse staff continually seek to improve their multicultural awareness, knowledge and skill with respect to serving diverse people:

**Multicultural Awareness**

- A belief that differences are valuable and that learning about others who are culturally different is necessary and rewarding.
- A willingness to take risks and see them as necessary and important for personal and professional growth.
- Awareness of their own cultural heritage and how it affects their world view, values and assumptions and behavior.
- A willingness to self-examine and, when necessary, challenge and change their own values, world view, assumptions and biases.
- An acceptance of other world views and perspectives and a willingness to acknowledge that they, as individuals, do not have all the answers.
- A belief that cultural differences do not have to interfere with effective communication or meaningful relationships.
- Awareness of their own behavior and its impact on others.
Multicultural Knowledge

- Knowledge of diverse cultures and oppressed groups: History, traditions, values, customs, resources and issues. Lighthouse staff learn about the language, religion, customs, and beliefs of the clients they see most frequently, keeping in mind that culture is dynamic and that there is as much diversity within a cultural group as there is across groups.
- Knowledge about the ways that cultural differences affect verbal and nonverbal communication.
- Knowledge about how gender, class, race and ethnicity, language, nationality, sexual orientation, age, religion or spirituality, disability and ability affect individuals and their experiences.
- Information about culturally appropriate resources and how to make referrals.
- Knowledge about identity development models and the acculturation process for members of oppressed/marginalized groups and its impact on individuals, groups, intergroup relations, and society.
- Knowledge about institutional barriers which limit access to and success in some settings for members of oppressed/marginalized groups.

Multicultural Skills

- Capability to accurately assess their own multicultural skills, comfort level, growth, and development.
- Ability to identify and openly discuss cultural differences and issues.
- Ability to assess the impact of cultural differences on communication and effectively communicate across those differences.
- Capability to empathize and genuinely connect with individuals who are culturally different from themselves. Lighthouse staff build trust by clearly explaining services, particularly unfamiliar or intimidating procedures and by keeping clients and their families fully informed about what they can expect throughout the process or course of services.
- Ability to gain the trust and respect of individuals who are culturally different from themselves.
- Ability to challenge and support individuals and groups in a manner that optimizes multicultural interventions.
- Ability to use cultural knowledge, and sensitivity to make more culturally sensitive and appropriate interventions. Lighthouse staff fully involve clients and their families in service planning, delivery and evaluation, ensuring that services are consistent with client- and family-identified cultural identity, needs, strengths, values and service preferences.
- Ability to seek out training, supervision and new information to increase sensitivity and competence.
STAFF MEETINGS

Every Program Director should have at least biweekly meetings with all staff in the program. Quality care of youth and families depends on the communication network in a program.

Meetings must be set at a specific time and place and staff must be aware of this and be compensated for their time. Part-time staff and students should come to the meetings, unless they are excused by the Program Director.

Meetings should begin on time and end on time to respect all staff’s schedules.

Meetings should include but not be limited to discussions on:

- program policy and procedures;
- information on new resources;
- administrative procedures;
- record keeping and reporting functions;
- client goals and progress;
- discussion on professional literature;
- facility issues in residential programs – housekeeping, maintenance, food service, emergency or safety procedures.

All staff are responsible for listening and participating in the discussions. If a disagreement cannot be resolved among the team, the supervisor’s decision prevails following a discussion with all viewpoints heard.

Minutes of all staff meetings should be recorded and kept in an area that is accessible to all staff. It is the responsibility of the absent staff member to read the minutes of any missed meetings.
PERFORMANCE EVALUATION

The agency requires a written evaluation of each staff member by the supervisor and provides for the participation of the staff member in the evaluation. This is necessary to appraise whether the staff member meets the performance requirement and standards of the agency, and to set future performance goals and prepare and recommend advancement opportunities.

Within the first six months of employment, the staff member should receive a written performance evaluation. Upon successful completion of the first six months of work and evaluation, the staff member is removed from introductory status. If performance has not been satisfactory, the supervisor can extend and postpone the performance review or issue a warning or terminate employment. The second evaluation should coincide with the end of the first year of employment. Thereafter, formal written evaluations should occur yearly.

Written evaluations will become a part of the staff’s personnel file and will be made up of two components:

1. Staff’s self-performance evaluation for the past year. It should also include time-limited performance and training objectives for the next year.

2. Supervisor’s performance evaluation of staff will include strengths and weaknesses in regard to performance of job tasks. It will also include time-limited performances and training goals for the next year.

The evaluation meeting should be set up ahead of time. Both parties should bring in their filled out evaluation forms and be prepared to discuss both. Sufficient time in a private area should be available. After the discussion an agreement is reached in regard to strengths, weaknesses and future measurable goals, the staff member is entitled to a copy of their evaluation if they wish.

The completed copies, along with the following supporting documentation should be turned in to the Human Resource Department for review and processing:

- Licensure verification
- Proof of Automobile Liability Insurance
- Signed Job Description
- Annual Training Summary.

It will then be placed in the personnel file.

Reviewed 8/11
POLICY ON REIMBURSING STAFF FOR PROFESSIONAL LICENSES & CERTIFICATION

All social workers or counselors employed by the agency must be licensed by the State of Ohio Counselor & Social Worker Board. Staff working with clients with chemical dependency will need to become certified. Lighthouse will reimburse current full time staff for the application and initial test cost upon receipt of the license and proof of payment. Since the license must be renewed every 2 years, Lighthouse will reimburse all licensed and credentialed staff for their license renewal costs with receipt of new license and proof of payment. The request for reimbursement can be made by using the Expense Reimbursement form.

Staff who need to take courses to renew their license may inquire about tuition reimbursement. The decision regarding this will be made in accordance with the Lighthouse Tuition Reimbursement policy.

POLICY ON COMPENSATION FOR STAFF WITH PROFESSIONAL STATE OF OHIO CREDENTIALS

In an effort to retain staff with professional credentials, Lighthouse has instituted the following compensation policy for current full time staff members that obtain the following credentials:

- LPC: $400
- LSW: $400
- LISW: $800
- LPCC: $800
- LCDC II: $250
- LCDC III: $500
- LICDC: $800

Staff should fill out an expense reimbursement form and include a copy of their license or their certification.
STAFF DEVELOPMENT PLAN

Lighthouse Youth Services is very committed to providing a planned staff training and development program to promote and improve the quality of service through the development of skills and knowledge of all staff members.

The comprehensive staff development plan includes:

1. A formal orientation for new staff members to the agency’s history, mission, resources, policies and programs. The orientation also explains the agency philosophy of care and expectations. A tour of all the facilities completes the orientation. The orientation is held every 2 months.

2. An orientation to the individual program is provided by the Program Director or designated person during the first 30 days of employment. A checklist is used to make sure new employees receive an orientation in every necessary area. The orientation form must be completed and returned to HR to be placed in the staff’s personnel file.

3. Supervision is provided by each individual program director or immediate supervisor (See policy on Supervision). Clinical supervision may be provided by a certified provider based on the needs and requirements of the program.

4. All staff meetings are held at least biweekly in every program. Minutes of all meetings are recorded, kept in the program and made available to all staff. In-service training may be provided at staff meetings through the use of other service providers and experts in the community.

5. A total of 24 hours of training should be received annually by full-time staff that work directly with clients. This can be accumulated through agency seminars, outside workshops and in-service training. The 24 hours is in addition to the supervision and staff meetings. Records of the type and amount of training are kept by the program director and should also be stored in Human Resources Information System software, (ADP – Talent Management).

6. All staff receive annual performance evaluations. New staffs receive an initial evaluation after their first six months of employment (See policy on performance evaluation).

7. Staff are encouraged to participate in professional meetings and conferences. Staff members are given opportunities and encouraged to make presentations at workshops and conferences. Several representatives from the agency go to annual meetings and conferences of all the professional organizations to which the agency belongs. These representatives report back to all the program directors to update them on outcomes from these meetings.
8. Staff members are encouraged to return to school for continuing education or to complete their degree. The agency has a fund to provide tuition reimbursement upon request and approval of the Program Director and President/CEO (See policy on tuition).

9. Each program maintains literature on their specific type of service. Staff may contact the Director for more information on that program’s specialty.

10. Staff are made aware of opportunities for advancements within the agency. (See Internal Posting Policy). It is the goal of Lighthouse to offer professional experience and educational assistance to assure that staff are eligible for promotional opportunities.
STAFF TRAINING

The agency has a comprehensive approach to staff training. Staff members must be trained in a variety of areas when they are working with youth and families. A requirement of 30 hours of trainings per year, excluding routine staff meetings and individual supervision is recommended. New Youth Care Staff working in programs licensed by ODJFS must receive 52 hours of training in the first year and 24 each year thereafter. This could take the form of specialists providing in-service training, workshops, seminars and conferences. All staff members are required to take six hours of diversity training in their first year and three hours annually thereafter.

Records must be kept by the Program Director showing documentation of date, hours of training and subject matter.

It is the responsibility of the staff member to bring information concerning training areas of interest to the attention of their supervisor. Staff members should also update training information in ADP.

The staff member and supervisor should agree on some common areas of training that will occur during the year to enhance the staff’s knowledge of their job.

All youth care workers and social workers in residential programs, within the first year of employment, should receive training in the “Basic Child Care Training” course as well as “Handle with Care”. In addition to the previously mentioned trainings, staff should also obtain First Aid/CPR certification. Staff should also receive refresher training within one year of receiving the “Handle with Care” training. This must be done on an annual basis. Staff must maintain active First Aid/CPR certification.
LIGHHOUSE YOUTH SERVICES
POLICY ON SUPERVISION AND ASSIGNMENT

Regardless of the competence, maturity and experience which staff members bring to their jobs, all Lighthouse employees deserve to learn and grow, to clearly understand what is expected of them and to measure their progress as they strive to complete the assignments of their position. At the same time the agency expects that its staff members will earnestly employ their knowledge, skills and capacities to successfully accomplish their assignments, to continually develop their knowledge and skills and to serve the mission of the agency by faithfully carrying out their assigned duties.

Individual supervision is an important part of this process. Every staff member, including part time and contract workers, should have a set time, at least biweekly, to meet privately with her or his immediate supervisor. Meetings should include but not be limited to:

- Acknowledgement of tasks performed,
- Education or coaching in needed areas,
- Support for difficult endeavors,
- Review of progress or problems in work,
- The provision of feedback that enhances the skills of the supervisee,
- Clear statement of expectations regarding time limits or other measurable outcomes for specific tasks.

Supervision of all clinical and direct service personnel is primarily client centered, emphasizing the work that the supervisee does with clients in the interest of and toward the production of successful client outcomes and includes at least the following additional elements:

- Accuracy of assessment and referral skills, when applicable,
- The appropriateness of the service intervention selected relative to the specific needs of the person served,
- Service effectiveness as reflected by the person served meeting her or his individual goals,
- Fidelity to program models or protocols (in programs that are manualized),
- Issues of ethics, legal requirements and boundaries,
- Service documentation issues identified through ongoing compliance review and through direct observation of selected client records,
- Issues of cultural competence.

All personnel receive supervision from a qualified supervisor based on the credentialing process appropriate to the work setting. The work setting may be defined by state regulations, such as those of ODMH or ODADAS, or by a credentialing agency or institution, such as FFT or MTFC. Master’s level Social Workers and Counselors may also receive training supervision to fulfill licensing requirements. Training supervision is provided based on the availability of qualified personnel to provide the supervision.
All supervisory sessions are documented both by the supervisor and by the supervisee. Documentation will at least demonstrate that all elements noted above are addressed during the supervisory process. Records of supervision will be maintained for at least two years. Generally the supervisor and supervisee may expect that the content of supervisory sessions is held in confidence. However, except as otherwise determined by the policy on Confidentiality of Client Information, other information shared in supervisory sessions, including information regarding work performance or program services, will be shared as appropriate and needed within the chain of command or as other staff positions – such as Human Resources - have a legitimate need to know.

Some supervision, such as training supervision or supervision provided as part of a manualized program, may be provided by a non-line supervisor. In this case, the non-line supervisor communicates with the line supervisor to ensure that recommendations or suggestions for clinical practice or direct service are not contrary to the functional needs of the program. When a difference of opinion cannot be resolved through discussion, if there is a discrepancy between the licensure of the line supervisor and the non-line supervisor and the issue involves a clinical decision, a third party who is next in the chain of command and who holds an independent license will be used to mediate the situation and will have the final decision.

All employees are accountable at all times to their line supervisors for their actions. When a disagreement cannot be resolved, the supervisor’s decision prevails following a discussion in which all viewpoints have been heard.

All prospective employees will be shown a copy of the job description for the position for which they are applying. Upon hire each employee is given a job description. The job description is reviewed annually with the employee and a signed copy is forwarded to Human Resources for inclusion in the employee’s personnel file.

The Program Director assigns all new employees to their position and schedule in the program. This assignment remains in effect until changed by the Program Director after discussion with the employee. All assignments are made with proper respect for the professional credentials, license or certification, educational degree, professional training to maintain competency, and experience of the employee.
Lighthouse Youth Services is committed to conducting its business affairs in a fair and ethical manner. Vendors are expected to conduct themselves in accordance with fair, ethical, and legal trade practices when doing business with Lighthouse. Vendor representatives are welcome to visit Lighthouse, but are expected to conduct themselves as guests, and act in a proper, business-like manner. Whenever possible, vendor representatives should make appointments in advance before visiting with Lighthouse staff members.

Vendors are encouraged to negotiate agreements with Lighthouse which provide favorable terms such as special pricing, delivery, and payment conditions. When a vendor offers special pricing and terms to Lighthouse, Lighthouse expects such pricing and terms to be extended to all of its programs and administrative offices.

Once a business relationship has been established, Lighthouse expects an agreement’s terms to be honored at all times. Should Lighthouse have reason to believe that a vendor has abrogated the terms of an agreement; a timely inquiry shall be conducted to determine the facts of the matter. Should it be found that the terms of an agreement have been violated, a vendor shall be held responsible for its actions. An initial incident may result in a discussion with the appropriate program management staff person, and a vendor’s representatives, including its sales manager or other appropriate representative. A second incident could result in Lighthouse temporarily suspending the conduct of business with a vendor. A third incident will result in Lighthouse permanently ceasing the conduct of business with a vendor.

Lighthouse prohibits vendors from offering staff members any incentives, gifts, or gratuities in exchange for conducting business. Lighthouse expects its staff members to avoid having any conflict of interest in directing business to any vendor. Our employees are to have no personal interest in suggesting or specifying vendors. They are not to accept any indirect incentives or rewards, financial or otherwise, for conducting business with a vendor.

Should an office, department, or program of Lighthouse believe a vendor has acted in an improper or unethical manner, such behavior shall be reported to the Chief Financial Officer. All vendors are expected to treat Lighthouse employees in a dignified, respectful and professional manner. Likewise, should a vendor believe it has been asked to render goods and/or services to a Lighthouse office, department, or program in a manner contrary to any agreement it has made with Lighthouse, or act in a manner it considers for any reason to be inappropriate, such behavior should be reported to the Chief Financial Officer.

The transaction of business in a fair and ethical manner that promotes open and fair competition is in the best interest of Lighthouse and its business partners. Conducting business in accordance with the principals annunciated in this statement of behavior will promote and engender productive, long term, and successful business relationships between Lighthouse and vendors.

Reviewed 8/11
Fiscal Management
ACCOUNTING SYSTEM CERTIFICATION

Lighthouse Youth Services, Inc., uses Great Plains Dynamic Accounting System to prepare its books and accounting records. The agency has been using Great Plains Dynamics since 1997. We use the General Ledger, Accounts Payable, and Accounts Receivable modules of the Dynamics software package.

The Accounting system is designed with an eight-digit account code with four digits for the account and four digit fund codes for each of our programs and administration. Within each program, we can run up to 99 fund codes for different grants, contracts, or uses for funds by changing the last two numbers of the four digit fund code.

Each invoice that is received is coded by our Accounts Payable staff to the appropriate expense and fund code. The Controller and VP/Chief Financial Officer (CFO) approve each voucher prior to processing a check. Both revenues and expenses are recorded on an accrual accounting basis and meets Generally Accepted Accounting Principles (GAAP).

The Great Plains Dynamics system also generates income statements for each month for each Lighthouse program using all funds associated with the program. The CFO and Controller review all program statements each month and distribute them to Program Directors and management for review.

The agency receives a majority of payments through direct deposits from customers or wire transfers to the bank. If funds are received through the mail directly to the Administrative office, the Accounts Payable staff opens the mail and records the payment on the receipt log. The checks are given to the Accounting Clerk who prepares the bank deposit and takes it to the bank after review by the Controller. The copy of the deposit is given to the CFO who tracks deposits on a cash flow spreadsheet. The copy of the deposit is given to the Accounts Receivable Clerk who posts the deposits to the accounts receivables GP module. At the end of the month, the Accounts Receivable Clerk compares the deposits to the cash flow spreadsheet. The Data Entry Specialist performs the bank reconciliation each month.

The agency has an independent audit performed by a local CPA firm each year. Lighthouse’s fiscal year ends June 30th. A copy of our most recent audit is included in this manual.

**Required Financial Reports**

The Accounting Department prepares or compiles the following reports for various board committees, board members, or agency personnel:

1. Computer generated financial statements to the Board President, Board Treasurer, President/CEO, and Program Directors on a monthly basis.

2. Summarized financial report on revenue and expenses with population attendance figures to executive management team and the entire Board at Board Meetings on a bi-monthly basis.
3. Capital improvement budget update to New Life Properties board for every bi-monthly board meeting.

**Preparation of Agency Budgets**

The CFO is responsible for the preparation of the fiscal year all agency budget. The budget process begins in the spring of each year for completion and submission to the Board of Trustees for approval at their June meeting.

The process includes individual meetings with each program director reviewing a draft budget prepared by the CFO and Controller, using current personnel in each program and personnel costs. The draft is adjusted in discussions with the director based on historical known data or projections of future transactions.

All program draft budgets are accumulated into an all-agency budget which includes all administration overhead costs. This proposed all agency budget is reviewed by the executive management team for any needed adjustments and changes. Once the budget is finalized by management it is submitted to a committee of the Board of Trustees for review. After discussion and review the committee will recommend to the full Board of Trustees for approval and acceptance of the new fiscal year all agency budget.

The CFO, Controller, CEO and COO meet with all Program Directors quarterly during the year to discuss and review the financial condition of each program.
EMPLOYEE RESPONSIBILITY FOR AGENCY FUNDS

All funds entrusted to a staff member for agency business becomes the full responsibility of that person when he/she receives them. Lost or stolen funds shall be replaced by the responsible staff member if negligence is indicated, and disciplinary measures may be taken.

Staff are not to make loans to children or families we serve. If there is a need for a child or family to have funds, this should be resolved with the Program Director.

Funds, such as petty cash, that are found to be stolen or missing, should be reported immediately to the CFO. An incident report should also be completed with a plan of action recorded. The police may be contacted if appropriate for the problem.
MONTHLY EXPENSE REPORTS

All employees of Lighthouse that incur work related expenses during the normal course of their duties are eligible for reimbursement of those costs.

An Expense Report form is available on the Lightworks website for completion and submission to the accounting department. For travel costs staff members will be reimbursed at the determined rate per mile traveled, in addition to any parking expense incurred. The report should be submitted on a monthly basis with any receipts for reimbursable costs attached to the report. Each report should be signed and dated by both employee and their immediate supervisor.

Expense reports should be submitted by employees to the Accounting Department for reimbursement no later than thirty (30) business days after the month in which the expenses were incurred. After 30 days, these expenses are no longer reimbursable. If the expense report is submitted to the Accounting Department by 2:00 p.m. on Monday, a check for the reimbursement is prepared and available for distribution on Friday of that same week at 9 a.m. Otherwise, it is available the following week.
PAY CHECKS

Payroll checks are distributed every other Friday, providing staff with 26 paychecks per year.

Through special arrangements with the bank, we have the capacity to make direct deposits to employee’s bank accounts as long as the employee completes the proper information for the Accounting Department. This can save employees time and money and is strongly encouraged.

Pay checks and direct deposit verifications may be picked up on payday morning by a program representative assigned by the Program Director.
PAYMENTS FOR CONFERENCES

All requests to attend a conference must include:

1. The conference date
2. The names of the people attending the conference
3. The fee for each individual attending,
4. The conference registration deadline
5. Any special instructions

One copy of each completed registration is needed as backup documentation with the request. Conference requests should be submitted to the Accounting Department at least two weeks prior to the registration deadline and must be approved by both the Program Director and the Division Director before submission.
PETTY CASH

Petty cash is supplied to each program in the agency to pay for small and/or immediate need disbursements. The Program Director is responsible for the money given to their program as petty cash. An audit of each program’s petty cash balances will be conducted by the Accounts Payable Specialist two times each fiscal year to verify that the correct amount is on hand. Petty cash should always be maintained in a locked and secure manner within the program and available to only the Director and designated staff.

All disbursements out of petty cash must be documented with a receipt, attached to the petty cash request, and approved by signature by the employee in charge of Petty Cash. Employee travel expenses for the month that total less than $10.00 should be paid out of petty cash. The travel report should be included with the other petty cash documentation. Periodically, before the petty cash balance is depleted, a request will be made to the Accounting Department to replenish the balance. All requests should include a complete listing of disbursed cash during the period.
POLICY FOR PROCESSING MAINTENANCE WORK
BY A PRIVATE CONTRACTOR

For any maintenance work to be done by a private contractor, the Program Director should
discuss the request initially with the CFO and with the Maintenance Director for approval to
proceed.

For any work over $1,500, the agency will generally solicit three estimates from separate
contractors with payment terms on the estimate. If the agency has an established relationship
with a contractor that performs the requested work, the need to get three estimates will be
waived. The coordinator to perform such duties may be either the Maintenance Director or the
CFO.

The estimates are to be submitted to the Maintenance Director who will discuss the estimates
with the CFO. The Maintenance Director will contact the contractor to proceed with the work
and make a copy of the approved estimate to keep at Administration. The original estimates
and an invoice should go to the CFO, who can begin to process the check when work is
completed, based on the payment terms and the job okayed by Maintenance.

When the contractor is finished with the work, he will give the Maintenance Department an
affidavit that the work is completed with proof that sub-contractors (if any) are paid.

The Maintenance Department okays completion of work on the invoice that is sent to the CFO
for signature.

If disagreements arise over the completion of the work, the Program Director should contact the
Maintenance Director for help if issues are not quickly resolved.

When ongoing maintenance contracts come up for renewal, the Maintenance Director will
discuss customer satisfaction and any issues with the CFO and Program Director, as applicable.
Any new maintenance contracts will be initiated by the Maintenance Director with input from
the CFO and Program Director.
PROCUREMENT STANDARDS

The agency observes the following policies in procuring services and equipment of $500 or more or large maintenance cost items:

1. The agency gets three competitive bids from vendors; exception noted in #5.

2. It is becoming common practices for many vendors to charge a fee for giving an estimate. In these situations, the agency will generally not request bids from the vendor unless the fee is totally waived.

3. The agency may not always accept the lowest bid if there is a significant quality difference in the item being procured or a significant enough reason to not accept the lowest bid, which should be documented.

4. Procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition, with exception as noted below.

5. The agency may not request bids for certain items or services, such as an architect or independent audit. If there is a longstanding, trustworthy, and quality relationship between the agency and the vendor, the potential cost of developing a new relationship against possessing the knowledge of the agency could be greater than the cost savings of a lower bidder. Contracts over $10,000 require recorded documentation of this decision.

6. No staff member, officer, or agent of the agency shall participate in the selection, award, or administration of a contract, where to that person’s knowledge, an immediate family member, or partner, has a financial interest or with whom the person is negotiating or has any arrangement concerning prospective employment.

7. No staff member, officer, or agent of the agency shall solicit nor accept gratuities, favors, or anything of monetary value from vendors or potential vendors where federal funds are involved. Any violation of this policy will be subject to disciplinary action.

8. The agency makes every effort to utilize small businesses and minority-owned businesses, especially where federal funds are involved.

9. Contracts shall be made only with responsible contractors who possess the ability to perform the terms of the contract successfully, based on past performance, financial and technical resources, and contractor integrity.

10. The agency strongly encourages Program Directors to monitor and evaluate the costs of services and equipment under $500, including cost comparisons as much as the benefit versus cost of such comparison allows. The Accounting Department also monitors expenses through Accounts Payable processing and budget comparisons on a program basis.

Revised 8/11
PURCHASE AUTHORIZATIONS

For all programs, any single item purchase greater than $500 requires approval prior to the purchase from the Division Director. A purchase authorization form should be completed by the Program Director and approved by the Division Director. The request is then submitted to the CFO and COO for approval before the purchase is completed. The Accounting Department maintains the approved request and all documentation to attach to the invoice when presented.
TIME SHEET PROCEDURE/GUIDELINES

The timesheet is the document used to pay our staff for their services. It is extremely important that a timesheet be accurate and turned in on time. EVERY STAFF PERSON MUST COMPLETE A TIME SHEET OR THEY WILL HAVE TO WAIT UNTIL THE NEXT PAY PERIOD TO GET PAID. Each staff person is responsible for getting his or her own timesheet to their Program Director. Time sheets are due on Monday following the end of the pay period. If there is a holiday that falls within the week that payroll is being processed, Directors may be asked to turn in the timesheets earlier. Program Directors will be informed if this is the case.

The appendix to this section has several examples of timesheets that are properly completed. In general, timesheets should always have the staff person’s name, program, and exempt/non-exempt status marked. The pay period dates should be marked. The timesheet needs to be signed by both the staff person and their Program Director (or supervisor if the P.D. has delegated this task). In the rare case where the P.D./supervisor is unable to sign the timesheet, the staff member should turn it in unsigned, retain a copy and turn in a second copy signed by the next day.

Time sheets should always indicate the time span that a staff worked on each day reported, as well as the total number of hours for that day. Hours taken as sick, vacation, jury, or funeral leave should be clearly marked but not counted when totaling up hours actually worked; there is a place at the bottom of the timesheet to total the different types of leave hours (See example #1).

If a staff member is claiming holiday pay for time not worked, they should write “Holiday” in the place where hours worked would normally be reported, and list the holiday at the bottom of the timesheet. If a staff member is claiming pay for funeral or bereavement time, they should indicate their relationship to the deceased in the Time Sheet Note section at the bottom of the timesheet.

NOTE: If a staff person has worked during a scheduled holiday, they should report their hours and total time worked, and leave the holiday hours at the bottom blank. Payroll will calculate the double time pay for the time worked.

EXEMPT (SALARIED) STAFF PROCEDURES

1. Exempt staff do not receive overtime for any hours worked.
2. Exempt staff do not accrue “comp time” for hours worked in excess of forty. Program Directors have the discretion to allow an exempt staff member to take time off if they have worked extra hours within a pay period.
3. Exempt staff do not receive double time for working on an Agency recognized holiday.
4. If an exempt staff member works on an Agency recognized holiday, they can take an equal amount of time at a later date, as long as the time is taken within the same
calendar quarter. When this is done, the exempt staff should mark the time as “Holiday” on their time sheet. If the day off is taken prior to the holiday (with the Program Director’s approval) and the staff person does not work the holiday, that time taken prior will be adjusted and charged as a vacation day (See example #2).

5. Exempt staff who normally do not work on the day of the week that a holiday falls on are entitled to another day off during the same pay period. For example, an exempt staff person works a Tuesday through Saturday week and the holiday falls on Monday. The staff person is entitled to a day off on Tuesday through Saturday of the pay period (See example #3).

**NON-EXEMPT (HOURLY) STAFF PROCEDURES**

1. Non-exempt staff will be compensated at 1.5 times their regular rate for hours worked in excess of 40 in one week. To be eligible, the hours must actually be worked. Any leave time used will not be used in the overtime pay calculation (See example #4).

2. Overtime is paid when hours exceed 40 in one week. The workweek begins at 12:01 a.m. on Saturday morning, and ends the following Friday at midnight.

3. Non-exempt staff members will be compensated at 2 times their regular rate if they work an agency recognized holiday. These hours will be calculated from 12:01 a.m. to 12:00 p.m. on the actual holiday (See example #5).

4. Non-exempt staff will not be compensated at double time rates for being on call during a holiday, but not actually working. If they are called, and report to work on the holiday, they will receive the double time rate.

5. Any double time compensation for holiday hours worked will not be included in the regular overtime calculations. To do otherwise would in effect mean triple time pay for the holiday hours.

6. Non-exempt staff who work a partial shift on an agency recognized holiday will receive double time compensation for the hours actually worked on the holiday and straight rate for the difference in hours worked and the hours the person was entitled to receive if they had not worked the holiday.

7. A non-exempt staff who normally does not work on the day the holiday falls is entitled to take either another day off during the pay period, or to receive 8 hours additional pay at straight time in the same pay period. This option is to be decided by the Program Director with the staff person’s input.

8. A non-exempt staff member who works for more than one program and exceeds 40 hours in one week is entitled to overtime.

9. A non-exempt staff member who temporarily assumes the duties of an exempt staff member does not change their non-exempt status for the work performed. This is
done only by a formal position change and is accomplished by the Program Director notifying Human Resources via a Compensation Adjustment Form.

10. If a non-exempt staff person is transferred to an exempt position during the course of their employment, the staff member assumes the level of benefits offered to the exempt staff member with the same amount of service. The reverse would be true if an exempt staff person is transferred to a non-exempt position.

TIME SHEET INTERPRETATION GUIDELINES

1. The agency will pay in half hour increments only. Any amounts marked in smaller increments will not be considered in the calculation of total hours worked.

2. The day of the week a staff person starts their shift is the day that should be used to indicate the hours worked on the time sheet. For example, a staff member working an 11:00 p.m. to 7:00 a.m. shift starting on a Tuesday night should mark these hours on the appropriate Tuesday of the time sheet. If a staff member starts their shift before midnight of the final Friday of the pay period, the entire shift should be reported on the pay period that concludes on that Friday at midnight.

3. The agency distributes paychecks one week following the end of the pay period. If a staff member’s employment is terminated for any reason, they will receive their final check following the end of the pay period in which they last worked.

HOLIDAY TIME SHEET GUIDELINES

1. If an agency holiday falls on a Saturday, the Friday prior will be the recognized holiday. For staff members who normally do not work on Saturday, Friday should be recognized as their holiday. If staff normally are scheduled to work on Saturdays, Saturday should be considered their holiday and they can be paid holiday leave hours for taking Saturday off.

2. If an agency holiday falls on a Sunday, the Monday after will be the recognized holiday. For staff members who normally do not work on Sunday, Monday should be recognized as their holiday and they can be paid holiday leave hours for taking Sunday off.

3. Non-exempt staff who work on the Saturday holiday will be paid double time for working a holiday, but will not be paid double time for working on the Friday before the holiday. Similarly, staff who work on the Sunday holiday will be paid double time for working a holiday, but will not be paid double time for working on Monday.
# BiWeekly Time Sheet

**Lighthouse Youth Services, Inc.**

**Employee Name:** Musgrave, William  
**Program Site:** Administration  
**Employment Status:** H

**Pay Period** Beginning Saturday 1/12/2002 **& Ending Friday 1/25/2002**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
<th>Date</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
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<tr>
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<td>0</td>
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</tr>
<tr>
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<td>Tues.</td>
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</tr>
<tr>
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<td>24-Jan</td>
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<td>5:00 PM</td>
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<td>25-Jan</td>
<td>Fri.</td>
<td>V</td>
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</table>

**Week 1**  
**Hours Worked:** 24  
**Week 2**  
**Hours Worked:** 24

**Total Hours Worked:** 48

**Training Hours**  
**Course Title:**  
**Course Date:**  
**Vacation Hours Used:** 16  
**Sick Hours Used:** 8  
**Martin Luther King Jr. Holiday Hours Used:** 8  
**2nd Holiday Hours:** 0  
**Funeral Hours Used:** 0

**Total Hours to be Paid @ Straight Time:** 80  
**Total Hours to be Paid @ Time & a Half:** 0  
**Total Hours to be Paid @ Double Time:** 0

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Program Director’s Signature          Employee’s Signature

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LYS eTimesheet V11.06.01 4/9/2002
Lighthouse Youth Services, Inc.

BiWeekly Time Sheet

Employee Name: Cooper, Joyce K.
Program Site: Administration
Employment Status: S

Pay Period Beginning Saturday 10/19/2002 & Ending Friday 11/1/2002

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<th>End Time</th>
<th># of Hours</th>
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<td>9:00 AM</td>
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<td>28-Oct</td>
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<tr>
<td>22-Oct</td>
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<td>9:00 AM</td>
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<td>8</td>
<td>29-Oct</td>
<td>Tues.</td>
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</tr>
<tr>
<td>23-Oct</td>
<td>Wed.</td>
<td>9:00 AM</td>
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<td>30-Oct</td>
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</tr>
<tr>
<td>24-Oct</td>
<td>Thurs.</td>
<td>9:00 AM</td>
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<td>8</td>
<td>31-Oct</td>
<td>Thurs.</td>
<td>9:00 AM</td>
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<td>8</td>
</tr>
<tr>
<td>25-Oct</td>
<td>Fri.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
<td>1-Nov</td>
<td>Fri.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
</tr>
</tbody>
</table>

Week 1 Hours Worked: 40
Week 2 Hours Worked: 32
Total Hours Worked: 72

Training Hours
Earned this Pay Period: ______
Course Title: ______
Course Date: ______

TimeSheet Notes ...
Working on Thanksgiving; taking 10/28 off for the holiday.

Vacation Hours Used: ______
Sick Hours Used: ______
Personal Hours Used: ______
Thanksgiving Holiday Hours Used: 8
0 2nd Holiday Hours: ______
0 Funeral Hours Used: ______

Total Hours to be Paid @ Straight Time 80
Total Hours to be Paid @ Time & a Half
Total Hours to be Paid @ Double Time

Program Director's Signature
Employee's Signature

LYS eTimesheet V11.06.01 4/9/2002
**Lighthouse Youth Services, Inc.**

*BiWeekly Time Sheet*

Employee Name: Cooper, Joyce K.

Program Site: Administration

Employment Status: S

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**Pay Period Beginning Saturday 5/18/2002 & Ending Friday 5/31/2002**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>*</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
<th>Date</th>
<th>*</th>
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<th>End Time</th>
<th># of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-May</td>
<td>Sat.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
<td>25-May</td>
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<tr>
<td>19-May</td>
<td>Sun.</td>
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<td>26-May</td>
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</tr>
<tr>
<td>20-May</td>
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<td></td>
<td>27-May</td>
<td>Mon.</td>
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<td></td>
</tr>
<tr>
<td>21-May</td>
<td>Tues.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
<td>28-May</td>
<td>Tues.</td>
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<td></td>
</tr>
<tr>
<td>22-May</td>
<td>Wed.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
<td>29-May</td>
<td>Wed.</td>
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</tr>
<tr>
<td>23-May</td>
<td>Thurs.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
<td>30-May</td>
<td>Thurs.</td>
<td>9:00 AM</td>
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<td></td>
</tr>
<tr>
<td>24-May</td>
<td>Fri.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
<td>31-May</td>
<td>Fri.</td>
<td>9:00 AM</td>
<td>5:00 PM</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

*Week 1 Hours Worked: 40*  
*Week 2 Hours Worked: 32*  
*Total Hours Worked: 72*

**Training Hours Earned this Pay Period:**

Took 5/25 off because she does not work on Mondays

TimeSheet Notes ...

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**Program Director's Signature**  
**Employee's Signature**

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LYS eTimesheet V11.06.01  
4/9/2002
**Lighthouse Youth Services, Inc.**

*BiWeekly Time Sheet*

Employee Name: Musgrave, William
Program Site: Administration
Employment Status: H


<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
<th>Date</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-Feb</td>
<td>Sat.</td>
<td>10:00 AM</td>
<td>7:00 PM</td>
<td>9</td>
<td>2-Mar</td>
<td>Sat.</td>
<td>10:00 AM</td>
<td>6:00 PM</td>
<td>8</td>
</tr>
<tr>
<td>24-Feb</td>
<td>Sun.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>3-Mar</td>
<td>Sun.</td>
<td>2:00 PM</td>
<td>12:00 AM</td>
<td>10</td>
</tr>
<tr>
<td>25-Feb</td>
<td>Mon.</td>
<td>0</td>
<td>4-Mar</td>
<td>0</td>
<td>Mon.</td>
<td>0</td>
<td>4-Mar</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26-Feb</td>
<td>Tues.</td>
<td>4:00 PM</td>
<td>8:00 PM</td>
<td>4</td>
<td>5-Mar</td>
<td>Tues.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
</tr>
<tr>
<td>27-Feb</td>
<td>Wed.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>6-Mar</td>
<td>Wed.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
</tr>
<tr>
<td>28-Feb</td>
<td>Thurs.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>7-Mar</td>
<td>Thurs.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
</tr>
<tr>
<td>1-Mar</td>
<td>Fri.</td>
<td>V</td>
<td>8-Mar</td>
<td>0</td>
<td>Fri.</td>
<td>S</td>
<td>8-Mar</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**Week 1**
Hours Worked: 37

No overtime—did not work more than 40 hours

**Week 2**
Hours Worked: 42

2 hours of overtime

Total Hours Worked: 79

Training Hours
Earned this Pay Period: __________
Course Title: __________
Course Date: __________

Vacation Hours Used: 8
Sick Hours Used: 8
Personal Hours Used: __________
Holiday Hours Used: __________
2nd Holiday Hours: __________
Funeral Hours Used: __________

Total Hours to be Paid @ Straight Time 93
Total Hours to be Paid @ Time & a Half 2
Total Hours to be Paid @ Double Time 0

Program Director’s Signature

Employee’s Signature

LYS eTimesheet V11.06.01

4/9/2002
# Lighthouse Youth Services, Inc.

## BiWeekly Time Sheet

**Employee Name:** Musgrave, William  
**Program Site:** Administration  
**Employment Status:** H

**Pay Period Beginning Saturday 11/16/2002 & Ending Friday 11/29/2002**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Start Time</th>
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<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-Nov</td>
<td>Sat.</td>
<td>00:00 PM</td>
<td>08:00 AM</td>
<td>0</td>
<td>23-Nov</td>
<td>Sat.</td>
<td>00:00 PM</td>
<td>08:00 AM</td>
<td>0</td>
</tr>
<tr>
<td>17-Nov</td>
<td>Sun.</td>
<td>23:00 PM</td>
<td>08:00 AM</td>
<td>10</td>
<td>24-Nov</td>
<td>Sun.</td>
<td>00:00 PM</td>
<td>08:00 AM</td>
<td>10</td>
</tr>
<tr>
<td>18-Nov</td>
<td>Mon.</td>
<td>23:00 PM</td>
<td>08:00 AM</td>
<td>10</td>
<td>25-Nov</td>
<td>Mon.</td>
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<td>08:00 AM</td>
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</tr>
<tr>
<td>19-Nov</td>
<td>Tues.</td>
<td>23:00 PM</td>
<td>08:00 AM</td>
<td>10</td>
<td>26-Nov</td>
<td>Tues.</td>
<td>00:00 PM</td>
<td>08:00 AM</td>
<td>10</td>
</tr>
<tr>
<td>20-Nov</td>
<td>Wed.</td>
<td>23:00 PM</td>
<td>08:00 AM</td>
<td>10</td>
<td>27-Nov</td>
<td>Wed.</td>
<td>00:00 PM</td>
<td>12:00 AM</td>
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</tr>
<tr>
<td>21-Nov</td>
<td>Thurs.</td>
<td>00:00 AM</td>
<td>24-Nov</td>
<td>0</td>
<td>28-Nov</td>
<td>Thurs.</td>
<td>12:00 AM</td>
<td>08:00 AM</td>
<td>8</td>
</tr>
<tr>
<td>22-Nov</td>
<td>Fri.</td>
<td>00:00 AM</td>
<td>29-Nov</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Week 1**  
Hours Worked: 40  
**Week 2**  
Hours Worked: 40  
Total Hours Worked: 80

**Training Hours**  
**Earned this Pay Period:**  
**Course Title:** Bill worked from midnight to 8 a.m. on Thanksgiving day and gets double time  
**Course Date:**

---

**TimeSheet Notes**...
# Lighthouse Youth Services, Inc.

**BiWeekly Time Sheet**

**Employee Name:** Musgrave, William  
**Program Site:** Administration  
**Employment Status:** H

**Pay Period Beginning Saturday 8/24/2002 & Ending Friday 9/6/2002**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
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<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
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</thead>
<tbody>
<tr>
<td>24-Aug</td>
<td>Sat.</td>
<td></td>
<td></td>
<td>0</td>
<td>31-Aug</td>
<td>Sat.</td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td>25-Aug</td>
<td>Sun.</td>
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<td></td>
<td>0</td>
<td>1-Sep</td>
<td>Sun.</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>26-Aug</td>
<td>Mon.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>2-Sep</td>
<td>Mon.</td>
<td>H</td>
<td>8:00 PM</td>
<td>12:00 AM</td>
</tr>
<tr>
<td>27-Aug</td>
<td>Tues.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>3-Sep</td>
<td>Tues.</td>
<td></td>
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<td>8</td>
</tr>
<tr>
<td>28-Aug</td>
<td>Wed.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>4-Sep</td>
<td>Wed.</td>
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</tr>
<tr>
<td>29-Aug</td>
<td>Thurs.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>5-Sep</td>
<td>Thurs.</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>30-Aug</td>
<td>Fri.</td>
<td>4:00 PM</td>
<td>12:00 AM</td>
<td>8</td>
<td>6-Sep</td>
<td>Fri.</td>
<td></td>
<td></td>
<td>8</td>
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</tbody>
</table>

**Week 1**  
Hours Worked: 40  
**Week 2**  
Hours Worked: 36  
Total Hours Worked: 76

**Training Hours**  
Earned this Pay Period:  
Course Title:  
Course Date:  

**TimeSheet Notes ...**

**Program Director's Signature**  
**Employee's Signature**

**LYS eTimesheet V11.06.01**  
4/9/2002
# BiWeekly Time Sheet

**Lighthouse Youth Services, Inc.**

**Employee Name:** Musgrave, William  
**Program Site:** Administration  
**Employment Status:** H  

**Pay Period Beginning Saturday 1/12/2002 & Ending Friday 1/25/2002**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
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<th>End Time</th>
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<th>Date</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Hours</th>
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<tbody>
<tr>
<td>12-Jan</td>
<td>Sat.</td>
<td>3:00 PM</td>
<td>11:00 PM</td>
<td>8</td>
<td>19-Jan</td>
<td>Sat.</td>
<td>3:00 PM</td>
<td>11:00 PM</td>
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</tr>
<tr>
<td>13-Jan</td>
<td>Sun.</td>
<td></td>
<td></td>
<td>0</td>
<td>20-Jan</td>
<td>Sun.</td>
<td></td>
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<td>0</td>
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<tr>
<td>14-Jan</td>
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<td>0</td>
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<td>15-Jan</td>
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<td>22-Jan</td>
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</tr>
<tr>
<td>16-Jan</td>
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<tr>
<td>17-Jan</td>
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<td>24-Jan</td>
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<tr>
<td>18-Jan</td>
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<td>11:00 PM</td>
<td>8</td>
<td>25-Jan</td>
<td>Fri.</td>
<td>3:00 PM</td>
<td>11:00 PM</td>
<td>8</td>
</tr>
</tbody>
</table>

**Week 1**  
Hours Worked: 40  
**Week 2**  
Hours Worked: 40  
Total Hours Worked: 80

**Training Hours**  
Earned this Pay Period: ________

Course Title: ________
Course Date: ________

**TimeSheet Notes** ...

**Vacation Hours Used:** ________  
**Sick Hours Used:** ________  
**Personal Hours Used:** ________  
**Holiday Hours Used:** ________  
**2nd Holiday Hours:** ________  
**Funeral Hours Used:** ________  

Total Hours to be Paid @ Straight Time: 88  
Total Hours to be Paid @ Time & a Half: 0  
Total Hours to be Paid @ Double Time: 0

*Rather than schedule another day off to take the holiday, the Program Director and Bill agreed to an additional 8 hours of straight time compensation for the holiday.*
TRAVEL REIMBURSEMENT FOR OUT OF TOWN MEETINGS

All travel outside of your program region on Lighthouse business must have the prior approval of the staff member’s supervisor to be reimbursed.

Transportation

Employees are encouraged to drive to destinations that are within a 150-mile radius and will be reimbursed their mileage at our current mileage reimbursement rate. Travel that requires airline fare will be reimbursed at coach rate. Staff should make their own arrangements. Staff may be asked to stay overnight on a Saturday night to decrease airline expenses. Taxies and rental cars will be reimbursed, if needed and pre-approved. Tolls and parking fees will also be reimbursed. If two or more individuals are traveling to the same destination to jointly attend a meeting, arrangements should be made to travel in the same car; transportation costs will be paid to only one driver.

If an agency vehicle is used, a routine maintenance check should occur and the distance should not exceed 600 miles round trip.

Lodging and Phone

Every effort should be made to secure medium-priced accommodations as close to the destination as possible. Lodging plus tax will be reimbursed, as well as a call to your home each day.

Items such as alcohol, cigarettes, and items of entertainment such as movies are NOT covered by the agency.

Reservations and/or payment can be arranged by giving the Accounting Department information needed at least four weeks in advance of the lodging stay. The needed information should include the staff who will be staying at the hotel, dates of the lodging, the name, address, and fax number of the hotel.

Meals

A maximum of $35 per day meal allowance will be granted. Receipts should be turned in with request for reimbursement. For partial days on which no overnight stay is involved, there is reimbursement on meals if previously approved by your Program Director.

Advances and Reimbursements

An advance of funds will be permitted to cover expenses if they cannot be temporarily financed by the staff member. The request should go to the Program Director at least two weeks ahead of the need. The request must be turned into the Accounting
Department at least 10 days prior to the required date to receive the advance. Upon the staff member’s return, an expense report with all receipts attached must be submitted to the Accounting Department along with any unused funds.

To obtain reimbursement, the staff member must fill out an Expense Reimbursement form with the required receipts supporting expenditures.
Lighthouse Independent Living Program

AFTERCARE ACCOUNT

Policy on handling of client funds

ILP participants will receive $55 weekly to be used for food, laundry and personal items. If a youth is working, s/he is encouraged to save the $55 in an agency Aftercare Account until s/he leaves the program.

All youth also receive an additional $10 per week which is saved in the agency Aftercare Account. Youth who have children will receive an additional $10 weekly, per child, to assist with expenses related to the child.

Program participants receive all of these funds in increments after discharge, depending on a plan developed by the treatment team and youth. These funds are to be used for aftercare expenses, damages, or unusual expenses that occur during placement. Any costs incurred by damages to the apartment or other unpaid bills can result in deductions from the youth’s account to pay those costs.

Youth who do not have a source of income at discharge will use the Aftercare Account funds based on a plan developed by the treatment team with the youth’s feedback with the goal being support of basic living expenses. Occasionally a youth can use the funds for agreed upon expenses if the treatment team is in agreement on the expense. This can include special school activities, payments on a car, computer supplies, special recreational or entertainment opportunities etc.

Youth must ask their assigned social worker or case-manager to access funds. If this person is not available, the youth should discuss the matter with the program director or assistant program director.

Informed consent

ILP participants will be given at intake, in writing, an explanation of the savings accounts and intent of the Aftercare Account.

Client access to funds

The Aftercare Account is primarily designed to support the youth post-discharge. Often youth use the funds toward rent, furnishings and other living expenses until they are more fully employed. Decisions about disbursing funds will be made by the youth’s assigned ILP worker with input from the youth, the youth’s referring agency caseworker and the program director. Withdrawals for unnecessary expenses will usually be denied.

Client funds in the Aftercare Account will be held for a maximum of 6 months.
Aftercare Account Funds

A separate bank account has been established for the Aftercare funds. The accounting department will maintain individual records of client funds in the bank account. Disbursements from the individual accounts will be requested by the ILP program, and a check processed for the request upon approval. Balances will be maintained on individual client accounts and a monthly report submitted to the ILP program for the clients’ information.

These are non interest bearing client accounts.
Information Systems
Right to Privacy

Lighthouse Youth Services has the right to monitor any and all aspects of the computer system, including employee e-mail, to ensure compliance with this policy. The computers and computer accounts given to employees are to assist them in the performance of their jobs. Staff should not have an expectation of privacy in anything they create, send, or receive on the computer. The computer and telecommunication systems belong to LYS and may be used for business purposes only.

Computers and telecommunication resources and services include the following: host computers, file servers, workstations, standalone computers, laptops, software, and internal or external communications networks (Internet, commercial online services, bulletin board systems, and e-mail systems) that are accessed directly or indirectly from LYS' computer facilities.

E-mail Policy

Staff should use the same care in drafting e-mail and other documents as they would for any other written communication. Anything created on the computer may, and likely will, be reviewed by others.

Fraudulent, harassing, embarrassing, indecent, profane, obscene, intimidating, or other unlawful material may not be sent by e-mail or other form of electronic communication or displayed on or stored in LYS' computers. Staff encountering or receiving such material should immediately report this to their supervisor.

E-mail may not be used for the transmission or storage of commercial or personal advertisements, solicitations, promotions, destructive programs (viruses and/or self-replicating code), political or religious material.

Asset Management Policy

Asset Management includes hardware and software policies that include the inventory and tracking of computers and network hardware; software auditing and licensing; and software security and patch management.

Software

The agency must comply with all software licenses, copyrights, and all other state and federal laws governing intellectual property. Staff may not install software onto their individual computers or the network folders unless they receive authorization to do so from the Vice President, Business Process.
The Meritel Group is responsible for software security and patch management. Security patches and software updates shall be applied to all agency computer and server operating system software and applications in a timely manner.

**Hardware**

The agency IT Department shall maintain an inventory of computers, printers, and network hardware. Hardware includes routers, switches, hubs, computers, telephone systems, and servers. Generally, computers, hubs, switches, routers, and servers are replaced in 4 to 6 year cycles. Spare hardware shall be available to replace items that experience sudden failures.

Agency computers will be replaced on a 4-6 year cycle. In this plan, a quarter of the agency's computers would be purchased annually. The replacement computers would have the same components and software which would greatly reduce the support time by IT personnel.

Notebook or portable computers are to be kept in a secure manner at all times. Staff who use a notebook computer away from agency premises must provide evidence of adequate homeowners or tenant contents insurance in the event of theft or accidental damage. Staff using notebook or portable computers away from the agency premises are responsible for any loss or damage to the computer.

Staff should not keep notebook computers in their automobiles, as determined by the Vice President of Business Process.

Staff should not eat, drink, or smoke around agency computers. Staff are responsible for any damage resulting from violations of this policy and shall replace or repair the computer, as determined by the Vice President of Business Process. Telephone and phone systems are upgraded or replaced as needed.

**Security Policy**

Staff are responsible for safeguarding their passwords for the computer network and computer applications. Individual passwords should not be stored online or given to peers. Supervisors shall not collect and store the passwords of their subordinates.

When using the Internet to connect agencies computers, Virtual Private Network (VPN) technology shall be used. Firewalls shall be deployed at all locations that have Internet access. An Intrusion Detection System/Intrusion Prevention System (IDS/IPS) shall be deployed at the main office.

All agency computers and servers must have secure operating systems such as Windows 2000, Windows XP, Windows 2003. Security patches shall be applied to all systems in a timely manner.

**Data Storage Policy**

Staff shall comply with the client confidentiality policy by storing electronic files in folders on servers that allow access only to authorized staff. Staff shall work with the IT Department in applying the appropriate security to electronic files and folders.

Staff that use computers are assigned computer network accounts and assigned to security groups. All electronic files should be stored in folders on network servers. These folders are generally
organized by program, administration, network user, and shared information. Individual users and members of security groups are provided access to these folders as is appropriate.

Staff should not alter or copy a file belonging to another user without first obtaining permission from the owner of the file. The ability to read, alter, or copy a file belonging to another user does not imply permission to read, alter, or copy that file.

**Enterprise Data Backup Policy & Procedures**

Incremental backups are run for all sites Tuesday through Saturday at 1:00 AM. A complete backup of electronic files is run on Saturdays at 1:00 AM. All data should be stored on network drives (i.e. on networks servers) as backups of individual computers are not done. There are five Saturday tapes and these are rotated. Tapes are stored in a fire proof safe.

**Wi-Fi Policy**

The agency IT Department is solely responsible for installing and configuring wireless access to the agency’s computer network. No staff other than IT Department staff (or professional IT designates) shall install or configure wireless access points. Staff found to have installed “rogue” wireless access points shall be subject to disciplinary measures including termination.

All wireless access points on the LYS computer network shall use encryption technologies to minimize access from unauthorized users and devices. The WPA and WPA-2 encryption and authentication standards shall be used on all wireless access points.

**Computer Malware Protection Policy**

All agency computers and servers shall have anti-virus applications installed and configured. Virus definitions shall be updated daily. All e-mail shall be scanned on the MS Exchange Server. E-mail from outside the LYS domain is routed through and scanned by a Barracuda Spam Firewall 300 before being forwarded to the Exchange Server and the recipient.

Staff should report computer virus activity or rumors of virus activity to the IT Department.

Home computers that are used for work associated with Lighthouse Youth Services are required to have anti-virus software installed and functioning. Staff shall keep the virus definitions or signatures up-to-date. The Information Technology (IT) Department will provide assistance to staff in installing and configuring anti-virus software on home computers as necessary.

**Data Integrity Policy**

Lighthouse Youth Services views data, in all its forms, as an asset to the agency. To that end an adequate data control system, including independent checks and balances, must exist within the agency.

All employees engaged in data collection/management activities are responsible for ensuring that adequate data controls are being employed.
Management and each program must ensure that all data are recorded correctly. Correct data collection must:

1. Accurately reflect the client/outcome measure values involved
2. Contain sufficient detail for proper identification and classification
3. Be recorded in a timely manner in the proper reporting period
4. Be stored securely
5. Be readily retrievable for inquiry or reporting
6. Be safeguarded against improper alteration

- **Reliability** – Programs take steps to ensure that data are collected in a way that could be reproduced at another time or by other data gatherers.
  
  o New and existing personnel are trained on recording each data element they are responsible for collecting. This training is tracked at the program level and is reported to HR annually.
  
  o Data managers periodically review codes, measures and program data management systems to ensure that all are relevant and being administered in the appropriate manner.

- **Validity** – Programs choose indicators, measures and data elements that reflect what it intends to measure.
  
  o There should be clear documentation of clinical relevance for outcome indicators.

- **Completeness** - Lighthouse Youth Services takes steps to ensure that the data used for decision making are as complete as possible.
  
  o All programs are included in the information and performance improvement effort
  
  o All persons served are included in the data gathering or analysis
  
  o No data elements or indicators are systematically missing
  
  o Any database is checked for completeness of records before final analyses are run and decisions made.
  
  o Program directors are responsible for ensuring that MIS data are updated on a monthly basis. By the 5th day of each month the following month’s activity should be recorded and checked (i.e. Discharges; Admissions; Active Client Report should be accurate). **This element of the policy is temporarily suspended until programs are sufficiently supported in accomplishing this task.**

- **Accuracy** – All data recorded in Lighthouse information systems must be accurate to the best of the data entry person’s knowledge. To that end:
  
  o Personnel are trained on recording data and have sources of assistance to help record data on persons served.
  
  o Every individual who inputs data into a Lighthouse information system is responsible for the accuracy of that data. Staff are trained that only data confirmed as correct are entered.
Development of Data Tracking and Reporting Systems

Individual programs are expected to work with both the Vice President of Business Process and the Business Analyst when data or reporting needs arise. Before any significant allocation of resources is extended to data collection/reporting endeavors, projects must be approved by the Program Director, Division Director, Clinical Director and the Vice President/Chief Financial Officer.
Lighthouse Youth Services Standard Operating Procedures

- **Physical Environment**
  - Access control
    - Closed environment
      - Servers and network equipment are installed in utility closet.
  - Emergency contact information
    - Information is posted inside the server room
  - Emergency shut off processes
    - In case of emergency all power is shut down by shutting off circuit breakers in utility closet and/or UPS units in the server room
  - Employee safety training information
    - All employees are trained on server room access and the process of escalation in case of an emergency situation
  - Visitors policies
    - No visitors other than clients and vendors are allowed into the secure server room
  - Onsite vendors policies
    - All vendors presenting for work in the server room are to be escorted by designated Meritel Group employee
  - Cleanliness
    - Servers are powered down and cleaned yearly.

- **Network and Server Environment**
  - Access to server room
    - Logging
      - Logs are maintained to see who accessed the server and for what purposes
  - Power
    - Redundant power supplies – Street power 120v and 240v and UPS power
      - McMillan UPS:
        - **Matrix 3000:**
          - Supports Blade Chasis
          - System set to begin shutdown at 60 minutes
o **UPS 3000;**
  - Supports half the power for rack mount servers
  - System set to begin shutdown at 25 minutes

o **UPS 3000**
  - Supports the second half of the power to the rack mount servers
  - System set to begin shutdown at 25 minutes

o **UPS 3000**
  - All network equipment at McMillan in the server room
  - System set to stay on as long as possible

o **UPS 1500 (HMG Closet)**
  - Supports a 8 port POE switch
  - Supports a wireless AP
  - System set to stay on as long as possible

o **Cyberpower 550 VA (TFC Closet)**
  - Supports 3 switches
  - Constant power until battery is expired.

o **Cyberpower 550 VA (CM Closet)**
  - Supports 2 switches
  - Supports DVR
  - Constant Power until battery is expired.

- **DTX APC: Smart UPS 2200RM**
  - Attached Equipment
    - Server DTX03DC1
    - Cisco Pix
    - Dell Switch x2
    - External Drive
    - CBT modem
    - Phone System
    - Shutdown procedure starts after 21 minutes

- **LOH APC**
  - **Smart UPS 2200 RM**
    - Highland Server HL08DC1
    - External Drive
    - CISCO ASA
    - Nortel Switch
    - Netgear Switch
    - TW Modem
- TW Phone Modem x2
  - Smart UPS 1500
    - Intertel Phone System
    - Netgear Access Point
- LCS APC: Smart UPS 2200 RM
  - Server LCS03DC1
  - Cisco Pix
  - Netgear Switch x4
  - External Hard Drive
  - HCAAA Firewall Device
- New Beginnings
  - Smart UPS 1500
    - Server NB03DC1
  - Backup UPS ES750
    - Fingerprint Reader
  - Backup UPS ES750
    - Cisco PIX
    - CBT Modem
    - Netgear switch
- Paint Creek
  - APC UPS 2200 – server room
    - Server
    - Switch
    - Transceiver
    - Modem
    - Cisco ASA
  - CyberPower x2 - gym
    - Switch
  - Smart UPS 1500 - school
    - Switch
    - Wireless access points
  - CyberPower 550VA - seneca
    - Switch
  - CyberPower 550VA - dakota
    - Switch
- YCC
  - Smart UPS 1500
    - Server YCC00DC1
- Ciso Pix
- CBT Modem
- D-Link Switch
- Dell Switch
- Intertel Phone System and paging Amplifier
- External hard Drive

- Backup UPS ES750
  - Fingerprint reader

- YDC
  - Smart UPS 1500
    - Cisco Pix
    - Cisco Switch
    - Intertel Phone System
    - Intertel Paging Amplifier
    - CBT Modem
  - Smart UPS 1500
    - YDC server YDC03DC1
    - HP CP1525nx color
  - UPS ES750
    - Fingerprint reader

- Power circuits label for easy identification
- Power cables labeled for easy identification of devices
  - Power cables are labeled on both ends to identify the devices which helps during outages and emergencies

Device identification and access control
- Network equipment and servers are labeled for easy identification
- Network equipment and servers are password protected, restricted user level access policies
  - Only authorized users are allowed to login and make changes to network equipment and servers.
- Password policies
  - Used complex passwords – Alphabets, case, numbers
  - Duration – Passwords are set to expire every 30 days for most employees
    - Users forced to change password on 30th day
    - Passwords are reset when employees depart
  - Length – Minimum of 6 characters

Cabling

Cincinnati ● Cleveland ● Toledo ● Detroit
- Structured cabling
- Color coding of cables for easy identification and troubleshooting purposes
  - Used specific colors for WAN, LAN ports on the firewall and for hosts
- Cables labeled for easy identification of devices
  - Network cables are labeled on both ends to identify the devices which helps during outages and emergencies

Internet and Network connectivity
- McMillan
  - Cincinnati Bell
  - Account Number: 5132213415449
  - Speed: 1.5mb T1
- LCS
  - HCCA
- YDC
  - Cincinnati Bell
  - Account Number: 5132211017221
  - Speed: Zoomtown 5mb/765k
- YCC
  - Cincinnati Bell
  - Account Number: 5139614080089
  - Speed: Zoomtown 5mb/765k
- New Beginnings
  - Cincinnati Bell
  - Account Number: 5135310060282
  - Speed: Zoomtown 5mb/765k
- Paint Creek
  - Time Warner
  - Account Number: 342684401
  - Speed: 15mb/5
- Highland
  - Time Warner
  - Account Number: 424620003
  - Speed: 5mb/1
- Dayton
  - Cincinnati Bell

Cincinnati ● Cleveland ● Toledo ● Detroit
Support Procedures

Network Monitoring

- Network monitoring using LabTech
  - All Lighthouse Youth Services locations will be monitored using LabTech which monitors bandwidth utilization, CPU, memory, disk space etc and also generate reports
- Server monitoring using LabTech
  - Server specific components will also be monitored using LabTech and generate alerts

Normal onsite activities

- Arrive onsite and proceed to server room
  - Ensure that all servers have power and are operating
  - Check all servers for hardware warnings indicated by a flashing orange light or an orange LED readout
  - Check all servers for drive function, by viewing the lights associated with each ensuring that there are flashing lights on each drive
  - Check all switches for power and activity by viewing lights on the front of the device. There should be blinking lights indicating network traffic
  - Check all UPS battery backups for power and warnings
  - Ensure that environment controls are functioning, if problem exists notify maintenance
  - Visit switch rooms throughout the building ensuring that equipment has power and connectivity

- Power on helpdesk workstation
  - Ensure that Outlook connects to Exchange
  - Test functionality of Internet connectivity
  - Check email for outstanding issues that are ongoing or did not get resolved the prior workday

Cincinnati ● Cleveland ● Toledo ● Detroit
Follow up with users problems that were worked on ensuring that the solution is working for them
- Review tickets from previous day and finish any outstanding tickets that can be closed
- Ensure connectivity to the remote sites via RDP
- Begin taking calls and answering tickets as they present themselves
- Work on any special projects ongoing at LYS
- Before leaving for the day close any tickets that are resolved
  - Backups and tape rotation
  - Review backup logs daily

Problem management and Support
  - Helpdesk team is alerted through emails from monitoring systems
  - Log case using LabTech
    - All alerts generated through LabTech are emailed to helpdesk team and the team will log cases in CRM to track the issues and take necessary actions to resolve the issues
  - Users contact onsite resource for support during scheduled hours Monday through Friday
  - Users call Meritel Group helpdesk at (877) 265-6578 with any support requests after scheduled hours Monday through Friday, weekends, and holidays
    - Support person answers call, gathers details and assists as necessary
  - If support issue can wait (based on caller’s recommendation) until the next business day, the helpdesk desk support person creates LabTech case and alerts Lighthouse Youth Services resource of the support request

Change management
  - Changes to the network and server environment are managed through Meritel Group’s change management application

Backup procedures
  - McMillan Rd
    - Backup to tape is run every week.
    - The tapes with the oldest dates are utilized, ensuring that there is at least 3 months of previous backups available on tape.
    - Jobs are run according to the log
    - A log is kept on the Tools drive
    - After the weekly full backup is run, it is transferred to tape
    - These tapes are kept in a fire proof safe.

Cincinnati  ●  Cleveland  ●  Toledo  ●  Detroit
- Offsite locations
  - Each off site locations weekly backup is moved to an office drive on a monthly basis.
  - This information is then kept on a disk for two months before an overwrite is necessary.
  - Jobs are run according to the log.
  - A log is kept on the Tools drive.
  - After the weekly full backup is run, it is transferred to tape.
  - These tapes are kept in a fire proof safe.

<table>
<thead>
<tr>
<th>Location</th>
<th>Backup Type and Size</th>
<th>Data Backed Up</th>
<th>Backup Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>McMillan Road</td>
<td>730,610,139,903 MB Backup Exec</td>
<td>Programs, Share, Users</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>11,319,675,159 MB Backup Exec</td>
<td>Programs, Share, Users</td>
<td>Inc. Backup every M-T</td>
</tr>
<tr>
<td></td>
<td>127,092,40,484 MB Backup Exec</td>
<td>Exchange, SQL</td>
<td>Full Backup M-F</td>
</tr>
<tr>
<td>YCC</td>
<td>7,616,432,287 MB NT Backup</td>
<td>YCC, TLF, YOP share, Users, Rhymis</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>1,152,105 KB NT Backup</td>
<td>YCC, TLF, YOP share, Users, Rhymis</td>
<td>Inc. Backup every M-T</td>
</tr>
<tr>
<td>YDC</td>
<td>5,249,131,308 MB NT Backup</td>
<td>Share, Users</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>1,120 KB NT Backup</td>
<td>Share, Users</td>
<td>Inc. Backup every M-T</td>
</tr>
<tr>
<td>ROC</td>
<td>10,803,555,714 MB NT Backup</td>
<td>Share, Nightshift, Management, Students, Users</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>39,186 KB NT Backup</td>
<td>Share, Nightshift, Management, Students, Users</td>
<td>Inc. Backup every M-T</td>
</tr>
<tr>
<td>.CS</td>
<td>11,983,823,320 MB NT Backup</td>
<td>Share, Users</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>17,430 KB NT Backup</td>
<td>Share, Users</td>
<td>Inc. Backup every M-T</td>
</tr>
<tr>
<td>.OH</td>
<td>3,544,656,416 MB NT Backup</td>
<td>Share, Users</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>14,252 KB NT Backup</td>
<td>Share, Users</td>
<td>Inc. Backup every M-T</td>
</tr>
<tr>
<td>NB</td>
<td>3,592,476,141 MB NT Backup</td>
<td>Share, Users</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>7,078 KB NT Backup</td>
<td>Share, Users</td>
<td>Inc. Backup every M-T</td>
</tr>
<tr>
<td>DTX</td>
<td>7,779,928,649 MB NT Backup</td>
<td>Share, Users</td>
<td>Full Backup every Friday</td>
</tr>
<tr>
<td></td>
<td>4,770 KB NT Backup</td>
<td>Share, Users</td>
<td>Inc. Backup every M-T</td>
</tr>
</tbody>
</table>

Emergency Contact List
- JEFF ROY
  - MOBILE: (859)640-7252
- JOE MADDEN
  - MOBILE: (513)238-4539
- MIKE KING
  - MOBILE: (513)265-1093
- CINCINNATI POLICE, FIRE, EMS – 911
➢ **Maintenance and Audit**

- **Physical maintenance**
  - Servers are cleaned on yearly basis with client approval and outage
  - Servers are shut down for maintenance on quarterly basis
- **Audit**
  - Check and compare logs
    - Server room logs are monitored on regular basis
  - Check server event logs, backup logs
    - Event logs are checked and backed up on monthly basis
Lighthouse Youth Services – McMillan location

- Double Firewall
- Switch Rack
- Server Rack
- CM Lower Annex
- HMG POE Switch

Internal IP Addresses:
- IP: 10.0.5.xxx
- Subnet Mask: 255.255.255.0
- Server Default Gateway: 10.0.5.2
- Client Default Gateway: 10.0.5.22
- DNS: 10.0.5.8, 10.0.5.18
Lighthouse Youth Services – Paint Creek

LAN Information
- IP: 10.6.16.xxx
- Sub: 255.255.255.0
- DG: 10.0.16.1
- Primary DNS: 10.0.16.6
- Sec. DNS: 10.0.5.8

WAN Information
- IP: 24.172.221.194
- Sub: 250.253.250.252
- KG: 24.172.221.193
- Primary DNS: 209.18.47.61
- Sec. DNS: 209.18.47.62

Cincinnati ● Cleveland ● Toledo ● Detroit
Lighthouse Youth Services – Essex

Westell C90 Modem

Linksys BEFVP1 Router
Port 1 = Uplink
Port 2 = Computer
Port 3 = Switch

Linksys 5 Port Hub
Port 1 = Uplink
Ports 3 & 4 = Computers
Lighthouse Youth Services – YDC

- CBT Westell Modem
  - Connected to Ethernet 0

- Cisco ASA506E
  - Ethernet 1 to Port Uplink
  - Port 4 on Cisco Switch

- Cisco SF 300-24 Switch

- YDC02CC2
  - IP 10.0.15.6
  - SM: 225.255.255.255
  - DG: 10.0.15.1
  - DNS: 10.1.15.6
  - DNS: 100.5.0

- Key:
  - D18F197750FCC5A0
  - 76EC325AE

- Phantom Ext 1TB Drive
  - NT Backups

- HP Color
  - IP: 19.0.15.41

- HP 2050
  - IP: 19.0.15.40

- Inter-Tel Phone System
  - IP: 10.0.15.20

YDC WAN Scheme

- IP: 216.68.133.106
- Subnet: 255.255.255.252
- Default Gateway: 216.68.133.105
- Primary DNS: 16.68.4.10
- Secondary DNS: 216.68.5.10

CBT Support

- 513-566-0550
- ACCT# 513-221-1017 277
Lighthouse Youth Services – YCC

- CBTS Westell Xmodem
- Cisco Pix 526E
- Dell Powerconnect 24 port
- D-Link DES-3226
- Server YCC300XU:2
  - IP 10.0.14.6
  - SM 255.255.255.0
  - DG 10.0.14.4
  - DNS 10.0.14.6
  - DNS-10.0.5.8
- Server connected to port 24 D-Link
- LAN SCHEME 1f/0.14.xx
- Phantom Ext 11B NT Backups
- Youth Work Office 10.0.14.13 HP M345
- Admin MFP 10.0.14.10 Canon 3235IR
- Kodak Scanner I120 Plus Scanner
- Inter-Tel Phone System 10.0.14.7
- Everfocus 3YR 10.0.145
- YCC WAN SCHEME
  - IP 216.68.81.206
  - SM 255.255.255.252
  - DG 216.68.81.307
  - DNS 216.68.140
- CBT Tech Support 513-566-5060 ACCT# 513-961-4080 089
Lighthouse Youth Services – LOH

- Cisco ASA 5505
- Netgear JG524
- Modern to Ethernet 0
- Ethernet 1 to Fort 2
- Server to Port 20
- LAN IP SCHEME 10.0.16.xx
- Ext Drive 1TB
- Windows Server Backup
- Aficio 3228C
- AFP Admin
- Canon D1100
- 10.0.18.25
- Security DVR
- 10.0.18.20
- Inter-Tel Phone
- 10.0.19.10

TW Customer Support
Highland Time Warner Account Number: 42462003
1-877-693-931
2522 Highland Ave
Cincinnati, OH 45219

WAN IP SCHEME
IP 21.172.192.26
SM 215.255.255.252
DG 21.172.192.25
DNS 209.18.47.61
DNS 209.18.47.62

(877) 265-6578
info@meritelgroup.com
Lighthouse Youth Services – LCS
- Lighthouse Youth Services – DTX

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LAN SCHEME
10.0.17.xx

Admin Canon IR235
10.0.17.49

HP P2015
10.2.17.51

Kodak Scanner N120

NEC phone system that is managed by CBT

CBT Tech Support
513-556-9050
ACCT# 937-598-5434 444
Lighthouse Youth Services – New Beginnings

- TW SMC80/4 W-Q Modem
- Cisco ASA 5515
- Netgear JG524
- Modem to Ethernet 0
- Ethernet 1 to Port 2
- Server to Port 20
- LAN IP SCHEME 10.0.18.xx

- Dell PE 1950
- IP: 10.0.18.6
- SM: 255.255.255.0
- DG: 10.0.18.1
- DNS: 10.0.18.6
- DNS: 10.0.18.8

- Ext. Drive 1TB
- Windows Server Backup

- Aficio 3226: MFP Admin
- 10.0.18.126

- Canon D1100
- 10.0.18.24

- Security DVR
- 10.0.18.20

- Inter-Tel Phone
- 10.0.18.10

TW Customer Support
Highland Time Warner Account Number: 424620033
1-877-283-8091
2522 Highland Ave
Cincinnati, OH 45219

*MPL*P 24.172.192.26
S/M 255.255.255.252
DG 24.172.192.25
INS 209.18.47.61
INS 209.18.47.62
Lighthouse Youth Services
Policy and Guidelines--Cell Phones and Pagers

Cell phones and pagers may be issued to staff performing jobs that require them for safety, or to enhance efficiency or effectiveness in programs.

The following Lighthouse staff members may be issued an agency cell phone or pager at the discretion of the Program Director:

- Staff members whose responsibilities require them to be away from their offices for extended periods of time.
- Staff members whose primary job is to visit clients in their homes.
- Direct care staff and supervisors who are required to be on call 24 hours/7 days per week.

Employees who use agency issued cell phones and pagers agree to the following rules of use:

- Employees must safeguard agency equipment in their possession. The loss of any equipment will be reported to the employee’s supervisor immediately. The employee will be charged for replacement of the agency property. The replacement cost is based on the current cost to Lighthouse to replace the item.
- When an employee no longer has a demonstrated need for the cell phone or pager, or when the employee terminates employment, the equipment must be returned to the agency.

If any Lighthouse equipment is lost, stolen or damaged, the employee is responsible for informing his/her Program Director of the incident immediately.

Cell phones

In general, cell phones are issued to staff members for safety reasons or to conduct agency business when it is impossible or inadvisable to use a regular phone. The following guidelines apply to Lighthouse staff members who are issued cell phones by the agency:

- Cell phones should be used for emergencies and returning or receiving important messages only. Staff should not hesitate to use their cell phone when personal safety is jeopardized.
- Staff members will exercise extreme caution when driving and talking on a cell phone. Unless utilizing a “hands-free” speakerphone option, employees should stop their vehicle as soon as safely possible to use cell phones.
- Staff members will limit all cellular calls to no more than 8 minutes. Calls over the 8-minute limit will be documented and justification will be required.
- Staff members are expected to be reasonable when using cellular phones. Minimal use and limiting length of calls keep costs down.
- Cell phones should be turned off when the staff member is not on duty or on call.
- Loaning cell phones to family members or friends is prohibited.
• An agency cell phone should **not** be used for personal calls. Personal calls made on the cell phone may be charged to the staff person at a rate currently charged by the cell phone provider. 
• Staff members may be asked to sign a separate program cell-phone policy that may limit their monthly use based on program requirements.

**Personal cell phones**

Lighthouse will reimburse a staff person who is eligible for an agency phone, but chooses to use their own phone, a monthly reimbursement fee established by management. A copy of the personal cellular bill must be attached to the expense report for reimbursement.

**Termination of Employment**

Upon terminating from Lighthouse Youth Services the employee must return ALL Lighthouse equipment before the final paycheck will be released.

Related: see also *Policy - PDA/Cell Phone Connection*

---

I have read, understand, and agree to the above policies and guidelines.

Signature________________________________ Date _____________________

Program________________________________________
Lighthouse Youth Services is supplying certain staff members new, state-of-the-art laptop computers. These computers can be used inside and outside the agency by staff in order to enhance, enrich and facilitate their work duties, as well as agency communication. The laptops are to be used for agency related business as a productivity tool, enhancement tool, and for research and communications.

All laptops are Lighthouse property and are loaned to the staff for a period of time as deemed necessary by management. As a condition of their use, staff members must comply with and agree to all of the following:

- Prior to being issued one of the Lighthouse laptop computers, staff members will sign the Laptop Acceptance Form and agree to all outlined policies.

- Staff members are expected to have their laptops with them when in the work environment. Desktop computers will not be issued to laptop recipients.

- Staff members should NOT attempt to install software or hardware or change the system configuration, including network settings, without prior consultation with the Lighthouse IT Department.

- Staff members are expected to take precautions to ensure that laptops are not stolen, lost or damaged. If lost or stolen, the employee may be responsible for the prorated cost of the laptop (first year: 100%; second year: 75%; third year: 50%; fourth year: 25%). Lighthouse will evaluate the circumstances of the theft or loss to determine if the required reimbursement should be waived. In case of theft or loss, the user must file an incident report with their supervisor and a police report with details of the theft. Users are encouraged to check their home insurance policies regarding coverage.

- Staff members will not be held responsible for computer problems resulting from regular agency-related use; however, staff members will be held personally responsible for any problems caused by their negligence, as deemed by management. In the case of damage by negligence, users are responsible for repair costs.

- Staff members will provide access to any laptop computer, equipment and/or accessories they have been assigned upon the request of management.

Reviewed 8/11
LIGHTHOUSE YOUTH SERVICES
PDA/Cell Phone Connection Policy

The Lighthouse Youth Services computer network overall is a secure password protected system. Having a secure environment allows not only the electronic management of proprietary agency information but also the internal exchange of confidential client information. Ensuring the continuity of this secure environment – and thus the confidentiality of Lighthouse clients - is the duty and obligation of every Lighthouse employee who uses the network.

The Exchange system at Lighthouse Youth Services allows users of PDA’s and certain cell phones to access their Outlook files on the Lighthouse network. This system uses secure socket layering (SSL) technology to ensure a secure connection between the individual PDA or cell phone and the Lighthouse Exchange server. When setting up a PDA or cell phone to connect to the Exchange server using SSL, the user is prompted to enter her or his network password. Once this password is entered the connection to the PDA/cell phone remains open until the network password expires. Therefore unless the PDA or cell phone is separately password protected the instrument becomes an open door to the Lighthouse Exchange environment. In acknowledgement of this, it is the policy of Lighthouse Youth Services that all PDA or cell phones using SSL technology to connect to the Lighthouse Exchange server must be protected by the device’s own password protection system – usually an owner set, four or five digit numeric password. Failing to use a device password will result in disconnection from the Lighthouse Exchange system and may result in disciplinary action.

Users who wish to access the Lighthouse Exchange system with their PDA or cell phone must sign a user agreement acknowledging that they will password protect their individual device. This agreement must be received by the IT Department before the connection may be established. Any user who loses a PDA or cell phone connected to the LYS system must immediately contact the IT Department so that the connection may be interrupted.

While protecting one’s PDA or cell phone enhances the security of any individual’s PDA or cell phone and is recommended, this policy does not apply to individuals who update their email or calendar information using a USB connection.

Related: see also Policy and Guidelines on Cell Phones and Pagers

Revised 01/19/12
Continuous Quality Improvement
1. Purpose and Authority

A. Policy Statement and Authority

It is the policy of Lighthouse Youth Services that the agency shall have in place and comply with a planned and systematic Continuous Quality/Performance Improvement (CQI) Program in order to design, assess and improve the quality of agency services and processes and to meet established standards. The President and Chief Executive Officer (CEO) shall have full authority to implement the plan as set forth below, and to delegate appropriate authority to involved staff in order to achieve the objectives of the CQI Program. The CEO will present continuous quality and performance improvement information to the Board of Trustees and will ensure that the results are available upon request to applicable Community Mental Health Boards, Alcohol, Drug Addiction and Mental Health Services Boards, the Ohio Department of Mental Health, other licensing, regulatory and funding bodies, persons served and their families, and to the public.

B. The Mission of Lighthouse Youth Services

The mission of Lighthouse Youth Services is to advance the dignity and wellbeing of children, youth and families. We encourage good citizenship, responsible behavior and self-reliance.

C. Scope of Service and Organizational Responsibilities

Lighthouse Youth Services is a comprehensive child, youth and family services organization providing a wide range of programs including early intervention, mental health, substance abuse, emergency shelter and services for homeless youth, group care, therapeutic foster care, juvenile corrections, self-sufficiency services and in-home services for families. The purposes of these services include:

1. Provide opportunities for youth and families to become self-sufficient and enable them to lead productive lives without prolonged dependence on the welfare system, further involvement in the criminal justice system or unnecessary reliance on mental health services.

2. Reduce the impact of mental illness, substance abuse and delinquency in our community through direct positive intervention with troubled youth and their families.

3. Provide comprehensive services to families to reduce the risk of abuse and neglect and to develop resources and skills in caring for children with special needs.
4. Actively engage our local community in delivery of services to children, youth and their families.

Lighthouse Youth Services is accredited by CARF (formerly the Commission on Accreditation of Rehabilitation Facilities). The agency is certified by the Ohio Department of Mental Health to provide the following services: Mental Health Assessment, Behavioral Health Counseling and Therapy, Community Psychiatric Supportive Treatment, Pharmacologic Management, Partial Hospitalization, and “Other” Mental Health Services. Lighthouse is also certified by the Ohio Department of Drug and Alcohol Addiction Services, is a licensed child welfare agency through the Ohio Department Job and Family Services and is a member of the Ohio Association of Child Caring Agencies, the National Network for Youth, the United Way of Greater Cincinnati and meets the Better Business Bureau’s standards for charitable accountability.

Agency leadership is provided by the Board of Trustees and the President and Chief Executive Officer (CEO). The management team includes the CEO, the Vice President/Chief Operating Officer, the Vice President/Chief Financial Officer, the Vice President/Business Processes, the Clinical Director, Department and Division Directors, Program Directors and other program and administrative managers. The management team formulates agency policy, controls agency finances, and monitors quality and performance improvement activities. This management team has decision making authority with regard to the agency’s internal processes, implementation of board policy, and goal planning. The management team meets regularly and engages in discussions and problem solving in several areas including:

1. Agency policy and practice
2. Community relations
3. Personnel issues and staff development
4. Program development and implementation
5. Compliance with applicable standards and laws
6. Quality and Performance Improvement

Services are provided to young people from infancy through young adulthood and their families. No fees are charged directly to agency clients. We serve approximately 4600 children, adolescents, young adults and families per year with a staff of over 250 full time and 250 part time professionals as well as foster parents and volunteers.

D. Continuous Quality/Performance Improvement Purpose Statement

The purpose of the Lighthouse Youth Services Continuous Quality/Performance Improvement (CQI) process is to ensure that the agency engages in a collaborative, planned, systematic and agency-wide approach to performance improvement in order to successfully design, assess and improve agency processes. The CQI process shall be designed to continuously monitor, analyze and enhance agency processes, including the use of current evidence-based practices, in order to continuously improve client outcomes.
2. **Organization of Continuous Quality/Performance Improvement Activities**

The CQI process at Lighthouse Youth Services includes an agency-wide CQI Committee as well as standing and ad hoc committees and task forces, Program CQI and Administrative Department Teams, and a Peer Review Team.

**A. Management**

The Clinical Director is responsible for implementation of the Lighthouse CQI process, under the authority of the CEO, and is responsible for coordinating the development, implementation and maintenance of the CQI activities.

**B. Participation**

1. The agency-wide CQI committee will consist of, but not be limited to, the Clinical Director, the Vice President/Chief Operating Officer, the Vice President/Business Processes, the Vice President/Chief Financial Officer, representative Division and Program Directors and direct care staff. The membership of the agency-wide committee will include representation from all levels of Lighthouse staff including management, clinical/direct care, administrative and support staff and, when feasible, volunteers and consumers. The agency CQI Committee will include the following ongoing interdisciplinary subcommittees, as well as ad hoc or additional subcommittees as needed:

   a. **Safety:** This subcommittee is responsible for coordinating the monitoring and improvement of practices related to client, staff and community safety, including but not limited to systematic review of client rights and grievances, major unusual incidents, physical restraints, facility safety, and safety-related policies and training.

   b. **Peer Review:** This subcommittee will be responsible coordinating the agency’s file and peer review processes focusing on clinical documentation, assessment, service and transition planning, and clinical quality of service/utilization indicators. The Peer Review subcommittee will also suggest and monitor performance improvement activities as indicated by data aggregated from the agency file review process.

   c. **Accessibility/Diversity:** This subcommittee is responsible for coordinating the monitoring and improvement of practices related to client and staff accessibility, including building and program accessibility and nondiscrimination. It is also responsible for coordinating and monitoring the improvement of agency cultural competency and the diversity of leadership, management, direct service and support staff.

2. Program and administrative department CQI Teams shall be comprised of all full-time staff, and when available, part-time staff and volunteers. Each full program/department team will meet at least quarterly to engage in
performance improvement activities. Each team will include a representative to the agency CQI committee.

C. Activities

1. The Lighthouse CQI committee will meet at least quarterly and will coordinate the review and improvement of agency processes using performance improvement processes including, but not limited to, the following:

   a. Designing Quality/Performance Improvement processes and activities (PLANNING);

      1) Lighthouse CQI activities will be planned in a collaborative manner by an interdisciplinary team of staff from relevant disciplines and from programs and administrative departments closest to the processes being addressed.

      2) Lighthouse will target, but not be limited to, those processes and functions identified as high-risk, high-volume and problem prone as well as to those identified by agency leadership as priorities.

      3) Lighthouse CQI activities will align with the agency’s mission, values and the strategic goals identified by agency leadership.

      4) CQI measures, goals and outcomes shall be designed so as to be specific, meaningful, understandable, attainable, reliable, valid, responsive, and time-specific.

   b. Monitoring performance through data collection, aggregation and reporting (DOING);

      1) Lighthouse CQI improvement plans shall focus on the identification of opportunities for improvement, changes that will result in improvement and strategies to sustain improvement and will be based on the collection and review of reliable, valid data.

      2) Performance data to be collected may include as appropriate to the service, but is not limited to:

         a) Client outcomes, including but not limited to measures of client functioning, problem severity, well-being and quality of life, clinical status, health and safety;

         b) Client and family satisfaction with services provided, including satisfaction with involvement in planning and goal setting, as well as input from other stakeholders;
c) Client Protections, including but not limited to safety practices, client rights violations, grievances, critical/major unusual incidents, physical restraints and allegations of abuse of clients;

d) Agency processes, including but not limited to clinical documentation, client assessment, service planning and delivery, service utilization, administrative processes;

e) Capacity, including needs assessment and program development activities; and

f) Accessibility of both facilities and programs

c. Analyzing Current Performance (CHECKING);

1) Performance data will be systematically aggregated, analyzed and reported on an ongoing basis in a manner that facilitates use of the data by agency leadership and staff. Performance improvement tools such as histograms, diagrams, control and run charts and other tools that allow data to be referenced/compared and understood over time will be used as appropriate;

2) For key performance indicators, the CQI committee, and its subcommittees, will review and, if applicable, establish performance expectations (thresholds) and will periodically compare Lighthouse performance internally over time as well as with external sources of information where available.

d. Using collected and analyzed data to improve agency performance, practices and processes (ACTING).

1) The CQI committee, and its subcommittees, will use the results of analysis as well as other sources of information such as regulatory changes, emerging opportunities and the recommendations of agency leadership to develop and implement performance improvement action plans and to monitor their effectiveness.

2) The CQI committee will communicate to and gather feedback about the results of performance improvement activities, as appropriate, to and from agency leadership, staff, clients and families, and other stakeholders.

3) The CQI committee will work to establish a culture of quality and continuous improvement in the agency through education
and training, active involvement in CQI activities, and specific, focused training on improved processes.

2. The CQI Committee, and its subcommittees, shall maintain documentation of CQI processes, including it’s use of the PLANNING, DOING, CHECKING and ACTING performance improvement processes, aggregate reports, and minutes of meetings.

3. The CQI Committee, and its subcommittees, will prepare and submit reports of CQI activities and findings to the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Addiction Services, local Community Mental Health Boards, local Alcohol, Drug Addiction and Mental Health Services Boards and other regulators as required by standards and contracts.

D. Monitoring of Incident Reporting

Lighthouse Youth Services will implement a system of incident reporting designed to ensure compliance with Federal, State and local law; Lighthouse policy; and all licensing and certification agency standards. Lighthouse regularly monitors, reviews as necessary and reports all Sentinel Events, MUI and Critical incidents.

For ODMH and ODADAS the following incidents involving clients are considered to be Major Unusual/Reportable Incidents and are required to be reported within 24 hours:

- Abuse and neglect of clients by staff, foster parent or volunteer (including allegations).
- Death of clients and deaths caused by clients.
- Serious illness and serious bodily injury (when emergency medical attention is required), including injuries that are self-inflicted, the result of aggression/assault, accidental and/or related to restraint or seclusion.
- Serious medication errors and serious medication reactions (when emergency medical attention is required).
- Involuntary terminations of clients.
- Sexual assaults of clients, including allegations and any sexual contact between minor clients on Lighthouse owned or operated property (e.g., residential programs, school).
- Physical Restraint and Seclusion of clients

Also, both ODMH and ODADAS require 24 hour notification of Sentinel Events. Sentinel Events are unexpected occurrences involving death or serious physical or psychological injury, or risk thereof, to Lighthouse clients. Sentinel events signal the need for immediate investigation and response (i.e., root cause analysis).

Sentinel events include:

- Death or serious injury (requiring emergency medical/lifesaving services) in a Lighthouse placement or foster home.
- Death or serious injury/illness (requiring emergency medical/lifesaving services) resulting from a medication error.

- Completed suicide or suicide attempt resulting in serious injury in a setting where the client receives around-the-clock care (residential programs and therapeutic foster care).

- Physical restraint resulting in serious injury to a client (requiring medical services).

- Discovery of unreported critical/major unusual incidents (see list above).
Review of CQI Progress 2011 &
Plan for Process Improvement FY 2012

The agency continues to maintain its three year accreditation from CARF. Preparations were initiated for the three year review in 2012.

The agency Continuous Quality/Performance committee and its subcommittees continued to utilize the PDCA model to work on improvement projects that reflected both compliance and the agency’s commitment to move towards best practices. Subcommittees reporting and analyzing data: Accessibility/Diversity, Peer Review and Safety.

2011 was the first year that individual programs were required to maintain data related to the agency’s strategic objectives. Programs also continued to be responsible for their own data analysis, both compliance based (including file reviews) and performance improvement.

The Peer Case Review process completed its second year of functioning with case reviews occurring in 6 programs. Once a quarter, the team met to perform a Qualitative Review wherein programs were randomly selected to send a clinician and one or two files to make a case presentation before the team.

The Clinical Director and the Peer Review committee began the process of developing new strategies to assist the programs in maintenance of expected standards in the coming year.

The MUI reporting process was revised to ensure uniform reporting procedures across programs. Data management procedures were also upgraded through the business department.
Achievement of FY 2011 CQI Goals and Objectives

1. Achieve all CARF recommendations and maintain compliance with CARF Standards.

   Need 1: CARF made recommendations for improvement following the June 2009 survey. These recommendations have been submitted to CARF in a Quality Improvement Plan (QIP) and logged in action plans with various agency departments tasked with their completion.

   Goal 1: 100% of all recommendations completed (measure recommendations accomplished/total recommendations).

   Need 2: CARF standards are updated annually; need to maintain compliance with the changes.

   Goal 2: Ensure that all changes are catalogued and brought to the Agency CQI Committee’s (ACC) attention. The ACC will then decide how best to accomplish compliance and assign responsible parties for action.

   Responsibility: Clinical Director monitors QIP plan; reports to ACC committee quarterly. ACC committee monitors plans for maintenance of standards compliance.

   Deadline: 6/30/10 and ongoing monitoring.

   Status: Ongoing. Any outstanding recommendations or items requiring ongoing monitoring made from 2009 survey are rolled into the new recommendations from current survey. Standards maintenance will be monitored by the clinical director and notifications of any new standards will be disseminated to program leaders.

2. Deploy Total Record and further enhance a data management system capable of providing data for operations, analysis and performance improvement activities for all services, including finance.

   Need: There continues to be a need for a comprehensive data management system that is responsive to the changing/emerging needs of the programs and of the finance department.

   Goal: 95% of all programs, and the finance department, are to be collecting and reporting on all of the data that they have identified as being necessary to run their programs effectively.
To work toward the above goal the agency will:

1. Continue to work with the chosen vendor and establish a plan and timeline for implementation.

   **Responsibility:** Executive Management Team will monitor implementation progress. Progress will be reported to the CQI committee quarterly through Business Process updates.

   **Deadline:** 12/31/09

   **Status:** Completed. Total Record has been implemented and is fully functional.

3. **Agency performance improvement activities will be monitored by setting concrete deadlines with timelines and goals clearly defined.** Activities will be monitored by the quality improvement subcommittees and reported upon quarterly.

   **Need:** Agency CQI subcommittees should update and/or establish internal targets/thresholds for all outcomes, summarize external comparison data, routinely compare aggregate outcome data to target and reference data, and establish improvement plans if indicated.

   **Goal:** Targets updated and reference data summarized quarterly. Performance improvement activities will be developed as needed depending upon the committee focus. Minutes will reflect discussions on outcomes.

   **Responsibility:** Agency CQI Committee monitors progress.

   **Deadline:** Ongoing.

   **Status:** Ongoing. Agency CQI subcommittees were active throughout the year and were responsible for implementation of various improvement activities and ensuring agency compliance with accreditation source (CARF) and other regulators. Committees also contributed to the inclusion of a more diversified staff member base (across hierarchical and functional levels) in the decision making process of the agency.

4. **Develop and implement training schedule for clinical staff to address areas of chronic service indicator noncompliance.**

   **Need:** Full compliance with ICR, ISP and Quality of Care service indicator requirements.

   **Goal:** Develop comprehensive clinical training plan.

   **Responsibility:** Clinical Director and Peer Review Committee will identify program specific training needs, implement and monitor training plan. Report to CQI committee quarterly.

   **Deadline:** 6/30/11.
Status: Ongoing. This effort continues under the leadership of the Peer Review Committee. Monthly file review forms have been revised and training is being developed.

5. **Revise MUI reporting process to provide consistent categories of critical incidents across all agency programs**

   **Need:** One complete set of critical incident categories used by all programs.

   **Goal:** Offer consistent and accurate reporting for LYS Programs, licensing and certification agencies. Create valid data for quality assurance and performance improvement activities.

   **Responsibility:** Clinical Director and Health and Safety Committee. Report to CQI committee quarterly.

   **Deadline:** 9/30/11.

Status: Completed. However, ODMH introduced new guidelines and new revisions are necessary.
• **Incident Reporting Review:** Reporting of incident procedures were modified during FY11. Incidents required by other licensing agencies were removed from the report. Below find the aggregate of the four quarters, inclusive of the data removed for future reporting.

• There were a total of 654 Sentinel, Major Unusual and/or Critical incident reports received during FY 2011. The threshold for compliance was set at 90%.

<table>
<thead>
<tr>
<th>Total Number of Sentinel Incidents reported during period</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Major Unusual/ Reportable incidents (MUIs) received</td>
<td>24</td>
</tr>
<tr>
<td>Number of SI/MUI's that occurred during the provision of Medicaid Services</td>
<td>9</td>
</tr>
<tr>
<td>Number and Percent of MUI's occurring during the provision of Medicaid Services and reported to LYS Administration within 24 hours*</td>
<td>9</td>
</tr>
<tr>
<td>Number of required SI/MUI's, number sent and Percent of MUI's sent to HCCMHB/ODMH within 24 hours*</td>
<td>9</td>
</tr>
<tr>
<td>Number and Percent of SI/MUIs reported to LYS Administration within 24 hours</td>
<td>9</td>
</tr>
<tr>
<td>Total Number of Critical incidents received</td>
<td>629</td>
</tr>
<tr>
<td>Number and Percent of Critical Incidents reported to LYS Admin within 24 hours*</td>
<td>552</td>
</tr>
<tr>
<td>Number and Percent of Incidents documenting appropriate notifications</td>
<td>619</td>
</tr>
<tr>
<td>Number and Percent of Incidents handled safely and appropriately</td>
<td>620</td>
</tr>
<tr>
<td>Number and Percent of Incidents regarding Medication Errors/Reactions</td>
<td>0</td>
</tr>
<tr>
<td>Total Number of incidents warranting a formal review meeting</td>
<td>1</td>
</tr>
<tr>
<td>Total number of incidents receiving a formal review meeting</td>
<td>1</td>
</tr>
</tbody>
</table>

**Analysis:** All of the above thresholds were met except for the number of SI/MUI’s and Critical incidents reported to LYS administration within 24 hours.

• **Physical Restraint Review:** There were a total of 30 physical restraints reported during the FY 2009. The threshold for compliance was set at 90%.

<table>
<thead>
<tr>
<th>Total Number of Physical Restraints reported during period</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Restraints from HC Medicaid programs</td>
<td>12</td>
</tr>
<tr>
<td>Range and average duration of Restraints for period</td>
<td>1-65 min</td>
</tr>
<tr>
<td>Number and Percent of Physical Restraints which were appropriate (e.g., client behavior represented serious threat of harm to self or others; all available de-escalation strategies used)</td>
<td>28</td>
</tr>
</tbody>
</table>
Number and Percent of Physical Restraints which were handled safely (e.g., staff have required training, sufficient staff)  

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Analysis:** During this report period the thresholds for safe handling of clients during restraints was met.
Performance Improvement Plan for FY 2012

1. Achieve all CARF recommendations and maintain compliance with CARF Standards.

   Need 1: CARF made recommendations for improvement following the June 2009 survey. These recommendations have been submitted to CARF in a Quality Improvement Plan (QIP) and logged in action plans with various agency departments tasked with their completion.

   Goal 1: 100% of all recommendations completed (measure recommendations accomplished/total recommendations).

   Need 2: CARF standards are updated annually; need to maintain compliance with the changes.

   Goal 2: Ensure that all changes are catalogued and brought to the Agency CQI Committee’s (ACC) attention. The ACC will then decide how best to accomplish compliance and assign responsible parties for action.

   Responsibility: Clinical Director monitors QIP plan; reports to ACC committee quarterly. ACC committee monitors plans for maintenance of standards compliance.

   Deadline: Ongoing.

   Status: Ongoing. Standards maintenance will be monitored by the clinical director and notifications of any new standards will be disseminated to program leaders.

2. Integrate Strategic Plan objectives with CQI quarterly reporting process.

   Need: A comprehensive data management system that integrates the requirements of the CQI process with the strategic planning process.

   Goal: 95% of all programs, are to be collecting and reporting on all relevant strategic planning objectives along with the CQI data that they have identified as being necessary to run their programs effectively.

   To work toward the above goal the agency will:

   2. Establish data collection capability within Total Record and integrate strategic planning outcomes into the quarterly reporting process.

   Responsibility: Executive Management Team will monitor implementation progress. Progress will be reported to the CQI committee quarterly through Business Process updates.

   Deadline: 6/30/12
3. **Agency performance improvement activities will be monitored by setting concrete deadlines with timelines and goals clearly defined. Activities will be monitored by the quality improvement subcommittees and reported upon quarterly.**

   **Need:** Agency CQI subcommittees should update and/or establish internal targets/thresholds for all outcomes, summarize external comparison data, routinely compare aggregate outcome data to target and reference data, and establish improvement plans if indicated.

   **Goal:** Targets updated and reference data summarized quarterly. Performance improvement activities will be developed as needed depending upon the committee focus. Minutes will reflect discussions on outcomes.

   **Responsibility:** Agency CQI Committee monitors progress.

   **Deadline:** Ongoing.

4. **Develop and implement training schedule for clinical staff to address areas of chronic service indicator noncompliance.**

   **Need:** Full compliance with ICR, ISP and Quality of Care service indicator requirements.

   **Goal:** Develop comprehensive clinical training plan.

   **Responsibility:** Clinical Director and Peer Review Committee will identify program specific training needs, implement and monitor training plan. Report to CQI committee quarterly.

   **Deadline:** 6/30/12.

5. **Revise MUI reporting process to provide consistency with ODMH and ODADAS requirements.**

   **Need:** One complete set of critical incident categories used by all programs.

   **Goal:** Offer consistent and accurate reporting for LYS Programs, licensing and certification agencies. Create valid data for quality assurance and performance improvement activities.

   **Responsibility:** Clinical Director and Health and Safety Committee. Report to CQI committee quarterly.

   **Deadline:** 3/31/12.

**Revised 10/11**
LIGHTHOUSE YOUTH SERVICES
CONTINUOUS QUALITY IMPROVEMENT

STATEMENT ON CONFIDENTIALITY IN THE CQI PROCESS

The Continuous Quality Improvement activities of Lighthouse Youth Services involve review of Individual Case Records (ICRs) and other materials containing personal information about clients as well as information related to program operations and staff performance and behavior. Therefore it is essential that appropriate methods of safeguarding the confidentiality of persons served as well as of staff be utilized. To that end:

1. All persons involved in Continuous Quality Improvement activities will ensure that information which may be used to identify persons served is handled and maintained in ways that protect the confidentiality of the persons served. Material which may be used to identify clients will be securely stored in a locked location and access will be restricted to those personnel involved in CQI activities as well as other administrative staff with a need to know. Staff may not discuss with unauthorized persons CQI material in a manner which may lead to identification of persons served.

2. Information from CQI activities which relate to program operations and/or the behavior and performance of individual staff persons will likewise be securely maintained and may be communicated only to those persons with a need to know including supervisors and administrative personnel.

3. The Lighthouse Continuous Quality Improvement Committee maintains overall responsibility for ensuring that confidential information is not included in any written CQI reports and summaries or meeting minutes. Individual program CQI team Facilitators, Scribes and Representatives are responsible for ensuring that confidential information in program-related CQI documentation is protected.

4. Violations or suspected violations of client and staff confidentiality as well as concerns about confidentiality and/or information security should be brought to the attention of the Director of Continuous Quality Improvement.

Reviewed 8/11
Volunteer
LIGHTHOUSE POLICY ON SCREENING FOR VOLUNTEERS

Lighthouse enlists the help of volunteers and students to assist in many of the Lighthouse programs. All volunteers must be over 21 years old to volunteer in any Lighthouse program and following a screening process, will receive a volunteer orientation to the agency and training at the program.

All volunteers fill out a volunteer application which includes names of three professional references, education, previous work or volunteer experience, skills and type of volunteering that the applicant wishes to do. The application is reviewed by the Lighthouse Volunteer Coordinator and contact is made with the volunteer to direct them to a program that has a need or an opening for the volunteer.

After the volunteer is interviewed by the Program Director of the program and it appears to be a good match, the Program Director advises the Volunteer Coordinator to proceed with the screening and orientation.

A volunteer personnel file is created and references are checked and placed in the file. The volunteer is contacted to come in the administration office for a one hour orientation. At that time the volunteer:

- Submits to a BCII and FBI electronic fingerprint screening
- Signs permission form for a local county criminal and traffic record check
- Reads and signs off on the volunteer job description and volunteer code of ethics
- Reads the volunteer manual and signs off on a volunteer agreement to abide by all policies
- Agrees to receive program training and supervision

All of the above is placed in the volunteer personnel file kept by the Volunteer Coordinator.

The Volunteer Coordinator advises the Program Director that the orientation has been completed and the volunteer may begin their volunteer assignment.

Reviewed 8/11

5101:2-5-15
LIGHTHOUSE YOUTH SERVICES
STUDENT FIELD PLACEMENT/INTERNSHIPS POLICY

Current Staff

Staff may directly contact the Program Director where they wish to do their field placement. (If they are unsure of which program, they can contact the Volunteer Coordinator). The Program Director should inform the Volunteer Coordinator of the decision. The staff person is responsible for submitting the Agreement form for LYS staff in an LYS Field Placement to the Volunteer Coordinator. The field placement hours should be recorded along with the regular volunteer hours.

Students New to the Agency

All students need to be interviewed by the Program Director or program volunteer coordinator of the program where they will do their field placement. If the student is interested and appropriate, the student will need to complete a volunteer application, undergo a local county background check and submit fingerprints to the Bureau of Criminal Identification & Investigation.

The relationship between students placed in agency programs and the program should be mutually beneficial.

The student should learn both by observation and performance. The program should benefit, after a reasonable period of time, from the skills and talent that the student develops while in the program.

- The student must be interviewed by the Program Director or program volunteer coordinator.
- The student must be supervised by the Program Director or assigned staff. Each student will meet with this individual during the quarter or semester to discuss progress or problems.
- Any paperwork regarding the student’s performance should be completed by the Program Director or assigned staff.
- The Volunteer Coordinator will act as the agency’s public relations representative for all official agency or school exhibits and meetings.
- The Volunteer Coordinator will keep a file on the student in the same manner that they do for community volunteers. All students must attend the agency Volunteer Orientation prior to beginning the field placement.
- The Program Director or assigned staff is responsible for submitting the number of volunteer hours worked to the program volunteer coordinator.

Revised 8/11
Lighthouse Youth Services, Inc.
Volunteer Code of Ethics

Lighthouse Youth Services volunteer ethical considerations are intended as a guide to volunteer conduct. These guidelines are relevant to volunteers (i.e. individuals, volunteer groups, corporations, etc.), interns, committee members and board members regardless of their functions or duties, the agency settings in which they work, or the populations that they serve.

As a Lighthouse volunteer, intern, committee member or board member I affirm that:

- I am committed to upholding the mission of Lighthouse Youth Services – To advance the dignity and well being of children, youth and families in need and encourage good citizenship, responsible behavior, and self reliance – I support and will follow the Volunteer Code of Ethics as set forth by Lighthouse Youth Services.

- I will not participate in practices that are disrespectful, degrading, dangerous, exploitive, intimidating, psychologically damaging or physically harmful to a client.

- I will be mindful of my responsibility to help our clients be responsible, productive citizens and members of their communities.

- I will develop and maintain therapeutic relationships with all clients (youth and families) based on respect and dignity.

- I will be sensitive to and nondiscriminatory of clients’ individual, cultural and other client differences and will strive to provide culturally competent services.

- I will serve each client with concern for that client’s welfare and not for personal gain or benefit.

- I will maintain professional, appropriate boundaries with clients, assure that these boundaries are explained clearly to clients, and refrain from any activities which have a potential for harming clients’ trust, willingness to participate in services or therapeutic progress.

- I will never influence clients in the direction of any particular religion, religious belief or practice.

- I will respect the privacy of clients and hold in confidence all information obtained in the course of my volunteer service. Therefore, I will not disclose client confidences to anyone, except: 1. As mandated by law; 2. To prevent a clear and immediate danger to a person or persons; 3. Where I am a defendant in a civil, criminal, or disciplinary action arising from the services provided (in which case client confidences may only be disclosed in the course of action); 4. When there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.
I will not photograph, video, or otherwise record clients.

I will avoid engaging in accusing, blaming or gossiping about Lighthouse staff or other volunteers.

I will report, without reservation, any corrupt or unethical behavior of Lighthouse staff or volunteers that could affect either a client or the integrity of the programs and/or agency.

I will respect and honor commitments made to the program and/or agency.

I will use agency property and materials only when I am on duty and for agency business (vehicles, phones, computers, equipment, etc.) as directed by agency staff.

If I have a complaint or issue regarding a program or the agency I will bring it to the attention of my agency liaison, the Volunteer Coordinator, the Program Director, or the agency President/CEO.

If I have any concerns that affect program or agency integrity I have a responsibility to the agency to make those concerns known to the appropriate individuals.

I recognize that I must maintain the highest standards of conduct when representing the agency and realize that such representation occurs in both professional settings and in the community.

As a Lighthouse volunteer, intern, committee member or board member I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will adhere to the goals, policies and procedures of the program and/or agency.

I promise to approach my volunteer service with an attitude of open mindedness, to be willing to be trained for it and to bring to it interest and attention. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the community. I understand that volunteers may be dismissed if they violate the Volunteer Code of Ethics or any agency policies.

My signature below confirms that I have received a copy of Lighthouse Youth Services Volunteer Code of Ethics and agree to abide by them.

________________________________________   __________/______/______
Volunteer Signature                        Date

________________________________________   __________/______/______
Volunteer Coordinator Signature          Date

Revised 8/11
Lighthouse volunteers and interns (volunteer hereafter) should receive regular reviews of their performance. The individual supervising a volunteer – Program Directors, Program Volunteer Coordinators, and Social Workers serving as field instructors – should conduct ongoing coaching sessions and a formal evaluation.

**Coaching Session** – Should happen periodically, approximately every other week, to check in with each volunteer. To show that you are approachable and available, invite volunteers to come to you with questions or concerns.

Approach volunteers and ask questions, such as:
- How are things going?
- Is there anything I can help you with?
- Do you have any questions or concerns?
- What has been your best experience while volunteering with us?

Address concerns with volunteer performance right away; share the concern and offer suggestions for improvement.

**Formal Evaluation** – The purpose is two fold: 1) help the volunteer work closer to their potential; 2) help the agency better involve volunteers.

It is important to realize that most volunteers and interns want to do the best job that they can; the absence of feedback and assistance can be demeaning or disturbing. Failing to evaluate a volunteer may send the message that supervisors don’t care about the quality of the work being done, and that supervisors don’t care much about the volunteer. Lighthouse does not wish to send this message. Ideally, after the evaluation session, volunteers will feel valued and their confidence in their ability to do the job will increase.

**Evaluation Procedure**

The evaluation session should be a private meeting between supervisor and volunteer. Supervisors should schedule a date and time at the end of each volunteer’s year. This session is the supervisor’s chance to discuss the volunteer’s performance, giving either praise or suggestions for improvement. It is also the volunteer’s opportunity to talk about how their participation can be enhanced.

The easiest method of conducting the evaluations session is to follow the **RAP** method:

- **R**evue the past.
- **A**nalize the present.
- **P**lan the future.
Listen as much or more than you talk. Provide the volunteer with an opportunity to evaluate the volunteer program and express their ideas on improvements for them and future volunteers.

Both the supervisor and the volunteer should sign and date the Volunteer Evaluation form as it becomes part of the volunteer file. Supervisors should make a copy and forward the original to the Volunteer Coordinator via inter-office mail.

**Note:** Supervisors that are required to write an evaluation for school purposes can conduct only one evaluation. A copy of the school form should be forwarded to the Volunteer Coordinator.
The Mission of Lighthouse Youth Services is to advance the dignity and well-being of children, youth and families in need. We encourage good citizenship, responsible behavior and self-reliance.
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Welcome!

On behalf of the staff and Board of Trustees of Lighthouse Youth Services, I would like to extend a sincere welcome to you. Your work as a volunteer with young people is very important.

Volunteers affirm us. Your willingness to serve young people as a volunteer validates our staff decisions about youth work as a career.

The history of Lighthouse Youth Services is a history of its people—a history of staff members, volunteers, and the young people and their families that they serve.

When you become a volunteer at Lighthouse, you become a part of that history. You help make positive changes in the lives of young people.

We hope that you will commit yourself to the long-term and that your experience with us is a satisfying one.

Once again, welcome to our agency.

Yours truly,

Robert C. Mecum
President/Chief Executive Officer
RCM
Introduction
Welcome to Lighthouse Youth Services! Thank you for choosing to serve as a volunteer. Volunteers make a very important contribution to our youth and families and to the Lighthouse staff.

This manual has been written to inform volunteers of their rights and responsibilities. Its purpose is to acknowledge the importance of volunteers and to help make them confident members of our team. If you have any questions, please do not hesitate to contact the Volunteer Coordinator.

The Volunteer Program
The mission of the Volunteer Services Department is to place volunteers in Lighthouse programs in order to expand and enhance the services that the agency provides to youth and families while providing a satisfying service experience.

What is Expected of a Volunteer:
- To be a positive role model
- To treat the youth and families we serve with dignity, respect and integrity at all times.
- To follow the Staff Ethical Considerations and Guidelines.
- To attend the volunteer orientation.
- To be prompt and reliable in reporting for duty. If you are unable to report in as scheduled, notify your supervisor or assigned staff person as early as possible.
- To complete monthly time sheets in order to keep an accurate record of hours served.
- To protect confidential information and exercise good judgment.

What is Expected of LYS Staff:
- To provide adequate orientation and training to prepare the volunteer for a successful experience.
- To be prepared for the volunteer to work; this includes providing proper supervision, support and workspace.
- To treat the volunteer as a respected member of the work team.
- To maintain accurate records of volunteer hours and service.
- To provide recognition and show appreciation for the contributions of the volunteer on an on-going basis.

The Volunteer Coordinator:
The Volunteer Coordinator is responsible for recruiting, screening and referring volunteers to agency programs. The coordinator acts as a liaison between the volunteers and staff and is available to volunteers should any problems, questions or concerns arise regarding a volunteer position or should a volunteer desire a reassignment. Please feel free to contact the coordinator at any time. The coordinator keeps volunteers and staff informed throughout the year with special mailings and organizes recognition activities.
**Program Volunteer Coordinator:**
Volunteers are first responsible to their immediate supervisor (called program volunteer coordinator). This person is usually someone within a program to which the volunteer has been assigned and is usually available when the volunteer is on duty. The program volunteer coordinator is responsible for program specific orientation and training. Questions concerning job duties and scheduling should be referred to the program volunteer coordinator.

**Acceptance, Classification & Assignment of Volunteers:**
Volunteers must be at least 21 year of age, unless participating in a school-sanctioned field placement or practicum.

Before you are accepted into the program you must:
- Complete an application
- Submit three personal or professional references
- Interview with the Volunteer Coordinator
- Undergo a Hamilton County police check
- Submit fingerprints to the Bureau of Criminal Identification & Investigation
- Attend Volunteer Orientation

All volunteer applicants are considered for all positions without regard to race, color, religion, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Generally, a volunteer is anyone placed and engaged in unpaid work on behalf of Lighthouse Youth Services, including Interns, Practicum students, and Board and Committee members. Volunteers support staff roles.

**Volunteers** may include but are not limited to community members; school, church, social and civic groups; and corporate entities. Volunteer opportunities can be:
- Short-term – one time projects or special events
- Long-term – ongoing, minimum commitment of at least 6 months

**Interns** are students enrolled in an accredited college or university fulfilling requirements for a field placement or practicum and commit to at least 100 hours

Volunteer assignments will be made in accord with your interests, abilities, and goals and in accord with the needs of Lighthouse Youth Services, which will be the ultimate determining factor. Upon acceptance into the volunteer program, you must agree to accept and abide by the Staff Ethical Considerations and policies of Lighthouse Youth Services. If, in the opinion of the Volunteer Coordinator and/or the Program Director of the program to which a volunteer is assigned, a volunteer displays conduct that is not in the best interest of Lighthouse Youth Services and its clients, the volunteer may be asked to leave.
**Orientation and Training:**
Volunteer Orientation is held monthly for new volunteers and is a prerequisite for all volunteer activities involving ongoing direct client contact. Orientation provides an overview of Lighthouse Youth Services’ history, current operations, volunteer activities and boundary guidelines. Volunteers will receive program-specific training to provide them with the information and skills necessary to perform their volunteer assignment.

**Position Descriptions:**
Every volunteer should receive a position description that provides a summary of the work and activities to be performed by the volunteer. The position description includes the position title, purpose, qualifications, benefits and responsibilities. Position descriptions are available through the Volunteer Coordinator.

**Record Keeping:**
The Volunteer Coordinator will maintain information on each volunteer, including positions held, duties performed and personal data, for six months after termination of service. Volunteer records are confidential. Volunteers are encouraged to keep track of their volunteer hours.

**Concerns & Grievances:**
As a Lighthouse Youth Services volunteer, we want your experience to be a pleasant one. We encourage an open and honest environment in which any problem, complaint, suggestion or question receives a timely response. The following information should help you:

- As a volunteer, you are directly responsible to the program volunteer coordinator. Please feel free to take any concern to that person. If you are not comfortable with that person you have two options:
  - Contact the Program Director
  - Contact the Volunteer Coordinator

If the above options are unacceptable please contact Vice President/COO – Jean Sepate or President/CEO – Bob Mecum at 513-221-3350.

**Fire Safety and Emergency Procedures**
When beginning a new volunteer experience, one of the volunteer’s first tasks should be to learn the location of fire exits, fire alarms and extinguishers in the area. Programs may have specific fire and safety procedures; these should be discussed with the program volunteer coordinator.

Fire drills are regularly performed in all Lighthouse residential programs. If you are not informed, ask your program volunteer coordinator if you have a responsibility to carry out in the event of a fire.
**Volunteer Policies & Procedures**

**Attendance:**
Volunteering requires a firm commitment. Good attendance is essential as every volunteer has an important job in helping the agency serve clients. Good attendance shows dependability, good work habits and an ability to keep personal issues separate from work. Volunteers are expected to be prompt for their assignments and to sign in and out each day. Volunteers with excessive absences or tardiness may be terminated.

**Confidentiality:**
Information about clients in Lighthouse programs is confidential and privileged. This means that only the client and/or guardian have the right to decide whether and to whom information is disclosed. While disclosure of information in the performance of professional duties is a necessary feature of the helping professions, such disclosure is subject to professional standards and legal restrictions.

- Every volunteer in the agency shall maintain the confidentiality of all clients.
- Without the written consent of the client and, if a minor, his/her legal guardian, Lighthouse volunteers may not release any information concerning a youth or family in any program, including the fact that they are in the program.
- **Phone**
  - Do not discuss clients and client information in open, public places.
  - No information is to be released – including that the individual is receiving services from LYS – without prior, written consent by client and/or guardian, as appropriate.
- Volunteers shall not have access to case files unless under the supervision of the Program Director or assigned staff.
- **Never mention client names outside of the program.**

**Dress Code:**
Lighthouse Youth Services has a Business Casual Dress Code Policy.

Casual business attire includes, but is not limited to: slacks, khakis, sports shirts, polo and cotton shirts, golf shirts, skirts and dresses, denim skirts or jumpers, turtlenecks, sweaters, loafers and sandals.

Shorts, bib-overalls, halter-tops, beachwear, workout attire, tank tops, tee shirts, jeans, spandex or other form-fitting pants or tops, or distracting, offensive or revealing clothes should not be worn.

Clothing should fit and be worn in such a manner that it does not expose the abdomen, chest, thigh or buttocks areas. Clothing should be free of sexually related references, foul language or the suggestion or promotion of the use of illegal drugs.
Any volunteer whose appearance does not meet the above standards will be counseled by his/her supervisor. If the appearance is unduly distracting, inappropriate, or the clothing is unsafe, the volunteer may be sent home to correct the problem.

**Ethical Considerations and Rules:**
In addition to the rules listed below, all volunteers are expected to become familiar with and abide by the LYS Staff Ethical Considerations.

- **Be the best role model you can be:**
  - Clients should always view volunteers as a positive influence
  - Inappropriate contact among staff and volunteers (arguing, flirting, etc.) is detrimental to clients and should be avoided
  - Foul language and cursing around staff, clients or volunteers is unacceptable
  - Discussions of illegal drugs or alcohol use, by volunteers, in the presence of clients, are strongly discouraged
  - Possession of illegal drugs or alcohol while in the program is grounds for dismissal
- **Communicate Concerns:**
  - Be alert to potential problems, all volunteers are responsible for reporting serious, inappropriate client behavior
  - The Program Director should be informed immediately if there are any serious events involving clients, staff or facility
- **Never promise to keep secrets:**
  - The program staff must be aware of all client issues.
  - In keeping clients’ secrets, their treatment goals are hindered.
- **Avoid favoring one client over another:**
  - Do not buy or sell items from clients, unless the items brought from the client are for fundraising efforts for church, school or a club
  - Volunteers should not purchase gifts for a client’s birthday as they are provided by the programs
  - Do not lend personal property or money to the clients
- **Always be a professional volunteer:**
  - Volunteers are not permitted to have clients in their home, nor should they give out their home or cell phone numbers or email addresses
  - Any contact with former and present clients shall occur only at the program unless other arrangements are made through the Volunteer Coordinator or assigned staff
- **Be loyal to the agency:**
  - All agency property and materials are to be used by volunteers only when they are on duty or for agency business
- **Stay within the bounds of volunteer responsibility:**
  - All counseling and case management is carried out under the supervision of social workers or counselors
Please do not contact parents or any outside agency personnel regarding clients except under the supervision of the program.

Ethical Guidelines around Religious Activities
When volunteers interact with clients around religious faith issues, clients may afford these staff more trust, power and influence than they would otherwise. They may also come to want or expect special closeness and attention. This places a burden on those in the helping professions to be particularly sensitive and clear about establishing and maintaining clear and safe professional relationships with clients. Boundary violations around religious issues may have the unintended consequence of contributing to a client’s distrust or negative views about religion or religious persons.

- Every child has the right to enjoy freedom of thought, conscience, and religion. Lighthouse volunteers will demonstrate consideration for, and sensitivity to, the religious background of clients and families receiving agency services.
- Lighthouse staff and volunteers will permit clients to practice the chosen religious faith/practice of the client or client’s parents, and will not subject clients to any form of religious coercion. Coercion may include:
  - Being required or pressured to accompany staff or other clients to religious services, lectures, discussions or presentations, even if allowed to sit outside the area where the service actually occurs.
  - Being given extra chores, assignments or tasks while others attend religious services or events.
  - Being given differential privileges, consequences, evaluations, goals and objectives, services, or in any other way being treated differently than clients who participate in religious activities.
- Lighthouse staff and volunteers will not engage in or involve clients in any religious activity, procedures or influences (including service attendance/participation, lecturing, religious instruction, or distribution of printed, oral, video or audio religious material) without the express consent of the client and/or the client’s guardian and the Program Director to that specific activity, procedure or influence.
- Lighthouse clients will not be required to receive non-emergency medical treatment which conflicts with the religious tenets or practices of the client or parent without the explicit written consent of the parent, guardian or custodian.
- When a child in and out-of-home care setting requires emergency medical treatment and such treatment conflicts with the religious tenets or practices of the child and/or parent/guardian, the out-of-home care setting will immediately transport or arrange transportation of the child to a medical facility and contact the custodial agency or individual which placed the child.

Safety:
Don’t undertake tasks or enter into situations that make you uncomfortable or make you feel unsafe. It’s one thing to feel a little anxiety about stretching your wings to try something new. But if you don’t feel confident about an assigned task or believe you are being asked to do something without proper training – let someone know about it right away.
Sometimes clients, either young people or parents, say things that are insensitive or genuinely rude and provocative. In such instances you may find your feelings hurt or find yourself getting really angry. When that is the case do your utmost to politely get away from the situation. Do not share your feelings with the offending client or any other client. Talk to a staff member and make sure that you are in full control of your own feelings before re-engaging with the client or any other client.

Sometimes clients become angry. Should this happen in your presence, act calmly and try to quietly extract yourself from the situation. Professional staff members are trained in de-escalating and if need be, in restraining clients who may be volatile or dangerous. Leave de-escalation techniques to the staff. **Under no circumstances should a volunteer attempt to touch an angry client** whether to comfort them or to break up a fight. The most that a volunteer should do in a situation like a fight or critical incident involving a client would be to calmly help clear the room of spectators. Safety is critical in all of our programs.

Sometimes staff members are distracted or simply oblivious to unsafe situations. If you see a situation that you think is unsafe – talk to your program volunteer coordinator, some other staff member or the program director about it. Please don’t just let it go.

**Time Management:**

It is imperative that volunteers spend their time wisely while present for a shift. All personal business (i.e. studying, banking, shopping, etc.) should be completed on your own time.

All volunteers have the responsibility to use computer resources in an efficient, effective, ethical and lawful manner. Please limit use except when completing projects directed by staff.

Please limit phone calls to emergencies only.

**Transportation of Clients:**

As a general rule, interns/volunteers are not permitted to drive on behalf of Lighthouse Youth Services. The exceptions to this rule are field placement students who will be with the agency at least 1 school year.

All volunteers, whose position and length of service warrant them to drive on behalf of Lighthouse Youth Services, must be 21 years of age, have a valid driver’s license and carry automobile insurance at the time they begin their service. They must also submit fingerprints to the Bureau of Criminal Investigations. Volunteers are responsible for maintaining their license and carrying automobile liability insurance throughout their service at Lighthouse. In the event a volunteer who drives on behalf of the agency allows either his/her license or insurance to expire, the volunteer may be terminated immediately. All volunteers who drive on behalf of the agency will be asked to submit evidence of automobile liability insurance and a copy of their driver’s license.
Upon review of the Hamilton County police check, those who have excessive traffic violations (such as speeding, reckless operation, DUI charges in the last 3 years) will not be permitted to drive Lighthouse Youth Services vehicles or transport clients in their own vehicle.

All clients and volunteers must wear seatbelts when traveling in an agency or personally owned vehicle. Volunteers must not drive and talk on their cell phones while driving on Agency business. Any volunteer who needs to use their phone while driving must pull off the road and make the call once the car is in “park.”

Any volunteer transporting clients for Agency purposes must place all children in an approved car seat if the child is under (4) years of age or weighs less than 40 pounds.

All auto accidents and incidents that occur while driving on Agency business must be reported to the program volunteer coordinator immediately so that an incident report can be completed. In the event of an accident, all volunteers are required to contact the police immediately. If the accident occurs on private property (such as a store’s parking lot), the police will not come to the scene of the accident, but will advise you to come to the nearest police station to complete a report. This must be done as soon as possible.

Volunteer Benefits & Recognition

Benefits:
The benefits of volunteering with Lighthouse Youth Services include:

- Learning and developing new skills
- Gaining valuable work experience
- Personal growth
- Making a difference in the life of youth or family
- Free Parking
- Opportunities to attend Lighthouse trainings
- A statement of volunteer service, indicating your volunteer period and general activities following three months of reliable, consistent service
- Non-reimbursed mileage to and from volunteer work is tax deductible

Recognition:
Volunteers are important to Lighthouse Youth Services. A variety of recognition activities occur throughout the year.

Conclusion
The information contained in this handbook is intended to guide you during your volunteer service. Thank you for your commitment to Lighthouse Youth Services. We hope your experience will be a rewarding one.
Lighthouse Youth Services
Intern/Volunteer Transportation of Clients

As a general rule, interns/volunteers are not permitted to drive on behalf of Lighthouse Youth Services. The exceptions to this rule are field placement students who will be with the agency at least 1 school year.

Before individuals meeting the above criteria will be permitted to drive, please submit the following to the Volunteer Coordinator:

- Copy of Driver’s License
- Proof of Insurance
- Copy of Safety & Maintenance Checklist for Agency Vehicles

All interns/volunteers who will drive on behalf of Lighthouse Youth Services must be 21 years of age, have a valid driver’s license and carry automobile insurance at the time they begin their service. Interns/volunteers are responsible for maintaining their license and carrying automobile liability insurance throughout their service at Lighthouse. In the event an intern/volunteer who drives on behalf of the agency allows either his/her license or insurance to expire, the intern/volunteer may be terminated immediately. All interns/volunteers who drive on behalf of the agency will be asked to submit evidence of automobile liability insurance and a copy of their driver’s license.

Upon review of the local county police check, those who have excessive traffic violations (such as speeding, reckless operation, DUI charges in the last 3 years) will not be permitted to drive Lighthouse Youth Services vehicles or transport clients in their own vehicle.

All clients and interns/volunteers must wear seatbelts when traveling in an agency or personally owned vehicle. Interns/volunteers must not drive and talk on their cell phones while driving on Agency business. Any intern/volunteer who needs to use their phone while driving must pull off the road and make the call once the car is parked.

Any intern/volunteer transporting clients for Agency purposes must place all children in an approved car seat if the child is under (4) years of age or weighs less than 40 pounds.

All auto accidents and incidents that occur while driving on Agency business must be reported to the staff member’s supervisor immediately so that an incident report can be completed. In the event of an accident, all staff members are required to contact the police immediately. If the accident occurs on private property (such as a store’s parking lot), the police will not come to the scene of the accident, but will advise you to come to the nearest police station to complete a report. This must be done as soon as possible.

Reviewed 8/11
Lighthouse enlists the help of groups to assist in many of the Lighthouse programs. All volunteers must be over 21 years old to volunteer in any Lighthouse program.

Each member of a group is required to fill out an Individual Information Form and sign the Volunteer Code of Ethics. When the group reports to volunteer, these forms are submitted to the program staff member facilitating the volunteer activity. After the activity, the program volunteer coordinator submits the forms to the Volunteer Coordinator, who maintains a file on each group.
Lighthouse Youth Services has a contract with the University of Cincinnati (UC) to offer Work Study positions to UC students that have been awarded Federal Work Study. With this arrangement, students are employees at UC but “volunteer” (work) at Lighthouse in a variety of positions such as an Instructional Assistant at the Lighthouse Community School or an Office Assistant with the Transitional Living and Shelter Plus Care Program. With this contract, the Federal government subsidizes the student wage – 75 percent of the student’s wage is paid by the government, 25 percent of the wage is paid by Lighthouse. The pay wage that Lighthouse currently offers is $10/hr.

The contact person at the University of Cincinnati:
Michelle Renee Norflee
University of Cincinnati
PO Box 210125
Cincinnati, Ohio 45221-0125
513-556-3510 P
513-556-9171 F
norflemr@ucmail.uc.edu

Process for employing a student

Lighthouse Program Directors submit position descriptions to the Volunteer Coordinator. There is a Work Study folder with all position descriptions submitted thus far. The Volunteer Coordinator will in turn forward the position descriptions to Michelle. Michelle posts the positions descriptions on the UC Jobs website. Students seeking a work study position can see prospective positions and then submit an application.

Applications are faxed to the Federal Work Study Coordinator, and the Federal Work Study Coordinator contacts the students who meet the minimum criteria:

- 21 years of age or older
- Experience working with youth
- Availability (as outlined on the position description)
- Other related experience (i.e. familiar with MS Office applications, typing ability, etc.)

The Federal Work Study Coordinator schedules an interview. Upon scheduling the interview, the Federal Work Study Coordinator emails the applicant a Lighthouse Volunteer Application and PIRF. Federal Work Study Coordinator also requests proof of Work Study – the applicant should bring these documents to the interview. After the interview, the Federal Work Study Coordinator makes a recommendation to the program. The program seeking a student will also conduct an interview. After a decision is made to accept a student, they proceed through the traditional Volunteer Application Process. Additionally, the Federal Work Study Coordinator notifies Michelle that the student has been accepted. The student should then contact Michelle to complete hiring paperwork.
Work Study students’ clock in and out via telephone in order to track their time for the University of Cincinnati. When a student is accepted, Michelle will request the phone number of the program that the student has the most consistent access to in order for them to add it to their KRONOS time punching system. Work Study students, for the purpose of Lighthouse, are considered volunteers and therefore must submit on a monthly basis, the Lighthouse Volunteer Timesheet.

At the end of each quarter, UC sends a bill for reimbursement of the 25 percent of the student’s wage. Two copies of the invoice should be made: the Federal Work Study Coordinator keeps a copy for her records and forwards a copy via interoffice mail to the Program Director employing the student. The originals should then be placed in Federal Work Study Coordinator’s mailbox and the program that each student is assigned to should be written across the top of their respective invoice so that the Accounting Department knows which program to bill.

The Federal Work Study contract is good for one school year—July 1 – June 30—and has to be renewed.

Revised 7/11
Building Exterior & Interior
BUILDING EXTERIOR AND GROUNDS

It is the policy of Lighthouse Youth Services, Inc., that all facilities owned or occupied by Lighthouse shall be maintained in such a fashion as to meet or exceed local community standards for cleanliness and appearance. Unkempt and poorly maintained properties are not acceptable under any circumstances. Every facility should provide a surrounding which ensures the safety, health, security of residents and enhance the neighborhood.

1. Buildings should be kept in good repair and the siding and/or trim should be painted as needed.

2. Fire escapes should be kept in good working order and clean at all times.

3. Snow should be removed within 24 hours from all walkways and steps.

4. Porches and yards should be free of all health and safety hazards; all debris and trash in the yards should be removed daily by staff or resident managers to make a clean and pleasant presentation to the community.

5. Garbage which is stored outside should be stored securely in a covered container and removed at least once a week.

6. Fences should be in good repair.

7. Shrubbery and lawns should be trimmed for safety and appearance.

8. All gutters should be cleaned as needed and no less than 2 times per year.

9. Buildings that do not have dumpsters should have cans off of the streets and in the secured area by 2 p.m. on day of pickup.

10. Property between the street and sidewalk should be kept clean and free of trash and debris.
BUILDING INTERIOR

All furnishings should be kept in good repair. Furnishings should be chosen to contribute to a comfortable environment. They should enhance the programs efforts to instill a sense of self-respect in residents. Broken, rundown, and cast off furniture gives a negative message to the residents and will not be utilized in any building that Lighthouse owns or occupies. All areas should be well ventilated, properly lighted and well heated. All Lighthouse buildings are smoke-free environments.

A. Living Rooms, Lounges:
   1. All residential facilities should have designated rooms for TV, lounging and indoor recreation.
   2. The lounge should be furnished with sturdy couches and chairs. There should be tables for card games or other table games; a TV, stereo and lamps for reading should also be provided.

B. Dining Areas: Meal times are an important time in residential programs. An orderly, homelike setting cannot be over emphasized. Acceptable social behavior and social interaction should be learned during this time.
   1. Dining rooms should be properly equipped with tables and chairs appropriate for the program’s facility.
   2. Each facility should have more place settings of dinnerware and silverware than needed for its capacity. Paper plates should not be used on a regular basis for any meal.
   3. This room should be equipped with proper lighting and ventilation.

C. Bedrooms:
   1. Each bedroom must comply with the local building code in regard to the square footage per person allowance.
   2. Each resident should have his/her own bed and allotment of drawers and closet space for hanging clothes.
   3. Bedrooms must be naturally lighted and ventilated.
   4. Mattresses should be waterproofed.
   5. Sheets, blankets, pillows and pillowcases should be provided to each resident and changed at least weekly.
   6. No resident should sleep in any other room that is not a bedroom.
7. Residents should be encouraged to keep the bedrooms in clean shape with beds made neatly and no clothes lying about.

8. The decorations in a resident’s bedroom should allow for some personal expression by the youth.

9. A mirror should be available in every bedroom.

D. Kitchen:

1. Each facility must conform to local building and health codes in order to obtain a proper and updated Food Service Operation License issued by the Ohio Department of Health.

2. Stoves, ovens, refrigerators, pantry and cabinets must be clean with all food in proper and sealed containers.

3. Trash cans should always have a liner in them, should be covered and emptied after each meal and.

4. All dishes should be free of chips, cracks, or defects.

5. Soap and paper towels should be available at the hand-washing sink.

6. All necessary equipment for the preparation of meals should be kept in working order.

7. Cleaning supplies and equipment should be stored apart from the food.

E. Staff offices and counseling areas:

1. Each facility should have an office that is not used for any other purpose.

2. Counseling areas should provide complete privacy in accord with professional confidentiality.

3. The staff office should be equipped with a locked filing cabinet(s) for case files, reports and medicines.

4. Any staff office should be locked except when occupied by a staff member.

5. To reduce the possibility of inadvertently revealing client information when away from one’s desk, any computer on which client information is accessed is to have an automatic screen saver with password installed and activated. It is preferable that the screen saver be automatically activated after a short delay (e.g., two to three minutes).
6. Client files should never be left in any office or counseling area when staff are not present.

F. Laundry Facilities:

1. Should be available on the premises and be equipped with safety devices as required.

2. Irons should be available to residents at designated times. All ironing should occur on an ironing board in a designated area.

3. Irons should be returned to a locked area when not in use.

4. Sufficient laundry time should be scheduled for each resident.

5. Detergent should be available to residents and monitored by staff.

G. Doors and Windows:

1. Should be in good repair at all times.

2. There should be screens on all openable windows. The screens shall be removable in case of an emergency and kept in good repair.

3. All closet, bedroom and bathroom which have doors should be able to be opened from both sides.

H. Bathrooms:

1. The bathrooms in each facility should conform to all codes and regulations of the Health Department.

2. Bathrooms should be kept clean and sanitary at all times.

3. Mold and mildew should be removed from the shower stalls.

4. There should be one complete bathroom for each six residents in the facility.

5. All bathrooms should have a direct means of ventilation.

6. Soap, toilet paper, and towels should be available in every bathroom at all times.

I. Storage:

1. Each facility should have sufficient and appropriate storage.
2. Each facility should have securely locked storage spaces for all valuable or potentially harmful materials. Keys should be given to designated staff only. Staff should never give keys to residents.

   a. Toxic materials (i.e., paint) should be stored in locked areas.
   b. Drugs must be locked at all times.
   c. Case files and any personnel files must be locked at all times.
PROGRAMS PHONE TRANSFER GUIDELINE

When programs need to be out of the facility and transfer calls, they should request assistance from another program to answer their calls. If that program is short of staff or extremely busy, the staff should show good judgment and request the staff to transfer the calls to another program. This should be reported to the Program Director so that they are aware of the circumstances. No program should accept more than one program transferring calls at any one time.

When the program staff return to their program, they should immediately call and get their messages and have the phone transferred back to their programs. Staff should place a note on the phone to remind them to transfer calls back so that this is not forgotten over shift changes.

Holidays should be planned ahead of time so that programs know in advance who they will transfer calls to or take messages from. Also, on holidays, program staff should only be handling one other program telephone calls at a time, in order to keep lines opened in their program.

Residential centers do not have business hours for answering phones. Phones should be answered at all times.
STANDARDS FOR FOOD STORAGE

**DRY GOODS:**

All foods stored in closets should be kept at least 6 inches off the closet floors. Wood pallets or other material should be used to separate food items from contact with the floor.

All dry goods should be in sealed and labeled containers. Food that is received in bulk should be stored in smaller usable containers.

As much as possible, food should be in locked closets. Program Director and other assigned staff should be the only ones with keys.

Clients should not have free access to foods kept in closets.

Food should always be stored in areas separate from cleaning products and other non-food items.

Food containers that are almost empty should be finished, put into new container or discarded.

Containers or units of food such as cereal, bread, and crackers should be used up before opening new containers.

**REFRIGERATOR FOODS:**

All food stored in the refrigerator must be covered or sealed in air tight wrapping.

No foods should be left on a platter or in the dishes they were served in unless appropriate coverings are available for them. Food should never be stored in pots or pans.

All leftovers must be dated and used within one week or discarded by the house manager. See list of length of time for leftover use from Cincinnati Nutritional Council.

Milk should be rotated so that the oldest milk is placed in the front of the refrigerator. Only one gallon of milk should be opened at a time.

Butter must be put in covered butter dishes or wrapped.

Clients may not have access to the refrigerator unless supervised by the house manager or assigned staff.

All food should be rotated to use the oldest dated items first.

All liquids must have lids on them.
FROZEN FOODS:

All frozen foods must be stored in sealed containers or wrapped in air tight freezer paper.

All items should have some type of labeled item with date food was frozen on expiration date.

Meats should be wrapped in sealed plastic, in addition to the store’s wrapping.

All items should be used within 6 months of being frozen.

Thaw frozen foods in refrigerator, not on kitchen counters.

Do not refreeze food items unless they have been cooked. Package frozen meats into appropriate meal portions.

Freezers need to be cleaned out thoroughly once each quarter.
STANDARDS FOR KITCHEN CLEANLINESS

All countertops should be wiped clean after each meal.

The stovetop should be wiped after each time it is used. Underside of stove should be pulled out and cleaned once a week.

Kitchen floor should be swept after each meal and mopped at least once a day.

All dishes should be washed after each meal and put away when dry.

Ovens should be cleaned once a week or sooner if food has spilled on oven floor or sides.

Refrigerator should be cleaned once a week.

Freezers should be defrosted every three months or when one inch of ice is on them.

All spills should be wiped up immediately.

All dishes, silverware, and cooking utensils should be put away in labeled or designated cabinets.

Kitchen garbage can should have a liner, lid, and garbage removed daily.

Cabinets must be cleaned on the inside and wiped on the outside once every two weeks.

Counters should be as clear of utensils and appliances as possible. Grease should never be left out.

Cleaning items (detergents and brooms) should be put away after each use.

Can openers should be cleaned after each use.

All staff and clients should wash hands before working in kitchen area.

Sink basins should be washed daily.

Utensils stored in containers must be stored with handles up.

Staff on duty should check after kitchen chore to make sure it is clean.

Refrigerator vent needs to be cleaned once a month and area under it cleaned also.

Dishtowels and rags should be washed and changed daily.

Clients or staff with rashes, colds, etc., should not be assigned to work in kitchen area.

Clean kitchen walls around sink, stove and garbage area weekly.
STANDARDS FOR MENUS FOR RESIDENTIAL PROGRAMS

1. Each program prepares a weekly menu for the following week. The menu will have the date of the week notated on it. All menus are kept on file for six months.

2. Milk will be served at all meals as stated by the USDA guidelines. On special occasions, soda or fruit drinks may be substituted.

3. Each day’s menu will meet the daily allowance of food as adjusted for age and sex of the children mandated by the National Research Council.

4. Food will be prepared for each meal according to the menu. When substitutions are used, the menu will be changed accordingly. The staff member who makes the substitution will cross out the unused item and write in the substitution. Leftovers can be added to a meal without writing on the menu.

5. Recipes are available for all meals listed on the menus. All staff are made aware of the location of the recipe and instructed on how to prepare the meal. The recipes will reflect the yield necessary to serve the clients in the program.

6. Weekend staff will communicate with house managers one week in advance as to cooking preference on weekends. Meal preparation will be discussed with weekend child care staff prior to the weekend. Clients will be surveyed concerning menu preferences and changes.

7. The special dietary needs of youth are considered when food that is served interferes with religious dietary laws.
General Safety Practices
LIGHTHOUSE POLICY & PROCEDURE FOR
REPORTING & MANAGING COMMUNICABLE DISEASES

The control of communicable diseases is essential to assure the health and safety of all clients, staff and volunteers at Lighthouse Youth Services. Early identification and implementation of appropriate control measures serves to limit the spread of these diseases with consequent minimization of individual hardship and disruption to any program operations. The specific control measures indicated for each condition listed have been determined with the cooperation of the Cincinnati Health Department. Questions concerning this procedure should be directed to the Vice President/Chief Operating Officer of Lighthouse Youth Services.

Lighthouse Youth Services will not discriminate against any job applicant or employee based on the individual having a communicable disease. Applicants and employees shall not be denied access to the workplace solely on the grounds that they have a communicable disease. Lighthouse reserves the right to exclude a person with a communicable disease from the facilities, programs and functions if the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the agency. Furthermore the Program Director may remove a staff person from the agency if the staff person is noticeably ill.

I. Identification and Notification

As soon as any of those diseases listed below (V. Control Measures) is identified or reported, the Program Director should be notified. The Program Director is responsible for initiating the appropriate control measure and for subsequent notification as indicated. Within the program or department, only those persons having possible transmittable contact will be notified. If special precautions are necessary, appropriate training will be provided. When appropriate, discretion and confidentiality are absolutely necessary to avoid stigmatization of the victim, rumor and misinformation among other concerned persons.

II. Follow-up Investigation

When specific control measures indicate, the Lighthouse Youth Services Program Director and Division Director and/or Vice President/Chief Operating Officer will convene the appropriate persons as stipulated under the specific communicable disease control measures or others as needed to validate the facts and to produce a follow-up action plan. The Program Director will only inform and/or involve those persons with an absolute need to contribute to the follow-up plan. An incident report needs to be written with the control measures and follow-up plan.

III. Dissemination of Critical Information

When dealing with a serious communicable disease, it is essential to avoid panic and stigmatization which often result when accurate, timely information is not given to all concerned. The Program Director should be consulted to assist with providing appropriate resource persons and information. The Program Director should be
very sensitive to the strong feeling and fear that communicable diseases can generate. Consequently, all communication should be given in a serious tone and with respect for individual rights of privacy.

IV. **Sanitary Procedures**

Appropriate sanitary procedures contribute significantly to the control of the spread of communicable diseases. All staff who through assignment or contact may be exposed will follow the recommended sanitary procedure:

A. Personnel coming into contact with body fluids such as blood, urine, vomit or feces should wear disposable gloves and wash hands thoroughly when finished (always use Universal Precautions).

B. Surfaces soiled with blood, urine, feces, vomit, etc., should be thoroughly washed with soap and water, then disinfected with a 10% solution of household bleach and water (1 part bleach to 9 parts water). This solution should be freshly prepared for each use.

C. Disposable towels should be used whenever possible.

D. Mops should be thoroughly rinsed in a disinfectant solution.

E. All required materials necessary to carry out this procedure will be provided by the program.

V. **Control Measures**

Immediately upon identification of a communicable disease, the Program Director will review the appropriate Communicable Disease Control Information Sheet available in each program and initiate action as indicated. Any questions from staff or clients concerning these measures should be directed to the Program Director. Communicable diseases included in this procedure are:

1. Chicken Pox (Varicella)
2. Flu (Influenza)
3. H1N1
4. German Measles (Rubella)
5. Hepatitis A (Infectious)
6. Hepatitis B (Serum)
7. Impetigo
8. Head Lice (Pediculosis)
9. Measles (Rubeola)
10. Meningitis (Bacterial)
11. Meningitis (Aseptic-Viral)
12. Mononucleosis
13. Mumps
14. Ringworm (Scalp, skin and feet)
15. Scabies (Itch)
16. Scarlet Fever and Strept Throat (Streptococcal)
17. Gonorrhea
18. Syphilis
19. Herpes Simplex
20. Whooping Cough (Pertussis)
21. AIDS (see separate policy on HIV/AIDS)
22. CMV (Cytomegalvirus)
23. Tuberculosis

VI. Notification of Health Authorities

In cases where the law, policy and/or administrative procedure requires the agency to notify the appropriate health authorities, the Program Director will assume that responsibility. In Cincinnati, contact Cincinnati Health Department Communicable Diseases Unit at 357-7392 for questions and reporting.

VII. Public Management of Communicable Disease Incidences

The manner in which the staff and/or community are involved with communicable disease issues is extremely sensitive and potentially volatile. Program Directors should consult with the Division Director, Human Resource Director, Vice President/Chief Operating Officer or President/CEO if there are ongoing concerns about the public information dissemination.
POLICY ON UNIVERSAL HEALTH PRECAUTIONS

All staff should familiarize themselves with these health precautions for their own safety and health, and the safety of others.

The precautions described in this policy are meant to prevent the transfer of a variety of diseases (see Table 1) associated with body fluids.

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term “body fluids” includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and is dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

These precautions should be followed by all staff, residents, and volunteers.

**How to Avoid Contact with Body Fluids:**

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in every residential program. Gloves are recommended when direct hand contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes/linen soiled by incontinence, cleaning small spills by hand). Gloves used for this purpose should be put in a plastic bag or lined trashcan, secured, and disposed of daily. If extensive contact is made with body fluids, hands should be washed afterwards (see below).

**What to Do if Direct Skin Contact Occurs:**

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available. In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Clothing and other non-disposable items (e.g., towels used to wipe up body fluid) that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains (e.g., blood, feces), use gloves to rinse or soak the item in cold water prior to washing.

**How to Remove Spilled Body Fluids from the Environment:**

Disposable gloves should be worn. Using disposable towels, wipe up the spill and discard in a plastic bag. Disinfect area and dispose of gloves as noted above.

**Hand Washing Procedures** (To be used after every incident of contact with body fluids and before food preparation).

Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds.
Soap suspends easily removable soil and microorganism, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

**Disinfecting Contaminated Surfaces:**

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus, and viruses. The disinfectant should be registered by the U.S. Environmental Protective Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%)
2. Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol)
3. Sodium hypochlorite with at least 100 ppm available chlorine (1/2 cup household bleach in 1 gallon water; needs to be freshly prepared each time it is used)
4. Quaternary ammonium germicidal detergent in 2% aqueous solution (e.g., Triquat*, Mytar*, or Sage*)
5. Iodophor germicidal detergent with 500 ppm available iodine (e.g., Wescodyne*)

**Disinfection of Hard Surfaces and Care of Equipment**

After removing the soil, a disinfectant is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet. Non-disposable cleaning equipment (dust pans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed down a drainpipe. Remove gloves and discard in appropriate receptacles.

*Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.

**Disinfection of Rugs**

Apply sanitary absorbent agent, let dry, and vacuum. If necessary, mechanically remove with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dustpan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.
Laundry Instructions for Clothing Soiled with Body Fluids

The more important factor in laundering clothing is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Linen/Clothing soaked with body fluids should be washed separately from other items. Pre-soaking may be required for heavily soiled clothing/linen. Otherwise, wash and dry as usual. If the material is bleachable, add ½ cup household bleach to the wash cycle. If material is not colorfast, add ½ cup of non-Chlorine bleach (e.g., Clorox II, Borateem) to the wash cycle.

POLICY ON RESPONSE TO EXTREME WEATHER

Overexposure to extreme weather, whether heat or cold, poses significant health risks for clients and staff. Clients may be at particular risks if they are on certain psychotropic medications. Therefore, it is important that Lighthouse Youth Services staff and clients are protected, monitored and educated about appropriate prevention and treatment of extreme weather.

1. All direct-care staff shall, on an annual basis, be educated about appropriate prevention and treatment of heat/cold weather-related emergencies (see attached material).

2. All direct-care staff shall, on an annual basis, be educated about the greater risk for extreme weather-related problems for those on psychotropic medications.

3. For appropriate clients known to be at risk, the Lighthouse psychiatrist shall review potential risks and prevention strategies in the Spring of each year during a medication review appointment.

4. All residential treatment center staff shall be trained on how to recognize, prevent and treat weather-related emergencies (see attached material).

5. Lighthouse Youth Services, Inc. will follow the plan, described below, for protecting and monitoring clients known to be at risk during times of officially declared weather emergencies.

6. During officially declared weather emergencies, the directors of Lighthouse programs under contract to the Hamilton County Mental Health and Recovery Services Board will communicate daily with the System Chief Clinical Offices.

7. The Following procedures will be used during times of extreme weather:

   **High Heat Condition Procedures**

   The following identifies a number of steps that Lighthouse residential programs should follow during periods of high heat and elevated temperatures. The policy should take effect when the outside temperature reaches 80 degrees.

   - Monitor residents for signs and symptoms of heat illness.
   - Notify medical care providers of observed problems and obtain medical treatment when needed.
   - Utilize ventilation, air circulation and air conditioning.
   - Close windows and blinds/shades on sun-exposed walls, open windows on shaded walls, turn off heat generating devices.
• Assure adequate availability and ensure that residents drink fluids, i.e., water and fruit juices.

• Adjust menus, incorporating cold plates and other light foods.

• Encourage residents to stay out of the sun.

• Monitor residents engaged in physical activities.

• Make sure residents dress appropriately.

• Review the policies and procedures for heat emergency situations with staff periodically.

**Cold Weather Condition Procedures**

The following identifies a number of steps that Lighthouse residential programs should follow during periods of extreme cold weather. The policy should take effect when the outside temperature is below freezing, or higher depending on wind-chill, and when cold temperatures are accompanied by rain, snow, and/or sleet.

• Monitor residents for signs and symptoms of cold-related problems.

• Notify medical care providers of observed problems and obtain medical treatment when needed.

• Encourage residents to stay out of the cold.

• Monitor residents engaged in outdoor activities.

• When going on outings or transporting clients, prepare for the worst possible weather conditions.

• Ensure that clients wear appropriate clothing and dress in layers so that clothing may be adjusted for over-cooling, overheating, perspiration and external moisture.

• Ensure that clients wear dry, windproof, well insulated clothing that allows water vapor (i.e. sweat) to escape.

• Ensure adequate sealing of clothing around wrists, ankles and the neck where body movement may force cold air beneath clothing.

• Remember insulation from the ground – ensure that clients wear appropriate shoes.

• Review the policies and procedures for heat emergency situations with staff periodically.

Reviewed 2/12/12
INCIDENT REPORTING PROCEDURES (NON MEDICAID) FOR LIGHOUSE YOUTH SERVICES

All incidents should be documented on the LYS Incident Report form, available on Lightworks. Please email a copy of all incidents including both pages to the incident report form mailbox within 24 hours. DO NOT CLICK ON THE “SUBMIT” BUTTON. The Clinical Director will submit the form to the database once it is approved. Program Directors will complete the Follow-Up section and place the original in the client file. Where email access is unavailable, a copy of the incident report should be forwarded immediately.

For Major Unusual Incidents we must report/fax LYS ADMINISTRATION, THE PLACING AGENCY & LEGAL GUARDIAN (AFTER HOURS TO 241-KIDS, IF JFS CUSTODY within 24 hours of discovery. For any incident category marked by ***, IMMEDIATELY REPORT TO 241-KIDS.

Major Unusual/Reportable Incidents involve clients and include:

- Alleged/actual abuse or neglect of clients by staff, foster parent or volunteer. ***
- Death of/ caused by clients.
- Involuntary termination of treatment by agency.
- Medication event
- Serious illness or bodily injury when emergency/ unplanned medical intervention is required.
- Sexual assaults of clients (non staff), during the provision of Medicaid services***

If a drop down menu is located next to the MUI category, please click “select” and provide the relevant information. For any MUI please indicate whether physical restraint, mechanical restraint, seclusion or involuntary emergency medication was required.

For Critical Incidents we must report WITHIN 24 HOURS. ALL MUST BE REPORTED TO LYS ADMINISTRATION, THE PLACING AGENCY & LEGAL GUARDIAN (AFTER HOURS TO 241-KIDS, IF JFS CUSTODY) ***IMMEDIATELY REPORT TO 241-KIDS

Critical Incidents, which must be reported to JFS, in addition to the above lists, include:

- Suicide attempt/ideation***
- Police/Fire Dept contact
- Major property damage ( > $300)
- Credible client threats of serious harm (also complete Duty to Warn form).
- Incidents that require temporary relocation of clients
- Incidents requiring temporary relocation of clients.
- Physical restraint (Attach physical restraint form)
- Communications from licensing or government/regulatory agencies indicating violations of rules or codes.
- Any act by a staff person or volunteer while on duty that may result in a criminal or civil charge, including allegations.
- Critical Missing Persons, AWOL ***
- Staff/Volunteer injury
- Threatening behavior/threat of legal action
For Incidents we must report to LYS ADMINISTRATION WITHIN 24 HOURS. ALL MUST BE REPORTED TO THE PLACING AGENCY & LEGAL GUARDIAN (AFTER HOURS TO 241-KIDS, IF JFS CUSTODY)

Incidents include:

- Self mutilation/self assault
- Significant disruptive/defiant behavior
- Expulsion/suspension from school
- Possession of contraband
- Non routine medical treatment
- Alleged delinquent/criminal activity of client
- Assault on others
- Victim of Alleged delinquent/criminal activity
- Van or Auto accident by staff on job
- Minor property damage (< $300)

We must also fax a copy of our regular incident report to the JFS for any case of alleged abuse/neglect of a client (e.g., any time we call 241-KIDS) to 946-8640 and state that 241-KIDS has been notified.
MEDICAID INCIDENT REPORTING PROCEDURES FOR
LIGHTHOUSE YOUTH SERVICES

All incidents should be documented on the LYS Incident Report form, available on Lightworks. Please email a copy of all incidents including both pages to the incident report form mailbox within 24 hours. DO NOT CLICK ON THE “SUBMIT” BUTTON. The Clinical Director will submit the form to the database once it is approved. Program Directors will complete the Follow-Up section and place the original in the client file. Where email access is unavailable, a copy of the incident report should be forwarded immediately.

For Major Unusual Incidents we must report/fax LYS ADMINISTRATION, THE PLACING AGENCY & LEGAL GUARDIAN (AFTER HOURS TO 241-KIDS, IF JFS CUSTODY within 24 hours of discovery. For any incident category marked by ***, IMMEDIATELY REPORT TO 241-KIDS. For Medicaid Clients, the Clinical Director will complete the ODMH/HCCMHB incident report and fax the report to ODMH, HCCMHB.

Major Unusual/Reportable Incidents involve clients and include:

- Alleged/actual abuse or neglect of clients by staff, foster parent or volunteer. ***
- Death of/cause by clients.
- Involuntary termination of treatment by agency.
- Medication event
- Serious illness or bodily injury when emergency/ unplanned medical intervention is required.
- Sexual assaults of clients (non staff), during the provision of Medicaid services***

If a drop down menu is located next to the MUI category, please click “select” and provide the relevant information. For any MUI please indicate whether physical restraint, mechanical restraint, seclusion or involuntary emergency medication was required.

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- Communications from licensing or government/regulatory agencies indicating violations of rules or codes.
- Any act by a staff person or volunteer while on duty that may result in a criminal or civil charge, including allegations.
- Critical Missing Persons, AWOL ***
- Staff/Volunteer injury
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- Victim of Alleged delinquent/criminal activity
- Van or Auto accident by staff on job
- Minor property damage (< $300)

We must also fax a copy of our regular incident report to the JFS for any case of alleged abuse/neglect of a client (e.g., any time we call 241-KIDS) to 946-8640 and state that 241-KIDS has been notified.
EVENTS REQUIRING INCIDENT REPORTS

Incident reports must be recorded by the staff member involved as soon as possible following the incident, but always before concluding the shift or the end of the day. The incident report should be given to the Program Director, who will contact the Administrative Offices, Vice President/Chief Operating Officer or the President/CEO within 24 hours of discovery of the incident. The written incident report should be turned in to the Administration office within three (3) days. The reports are read and signed by Clinical Director and/or the Compliance Manager. Copies of incident reports are kept in the Quality Assurance files at the Administration office. Other copies are placed in the client file and program incident report file.

Lighthouse is concerned about serious incidents that may negatively impact clients, staff or the agency in the long-term. This system will help evaluate problem areas that need to be addressed by the program or the agency.

Any suspected physical or sexual abuse or neglect of clients in a program or in their own home would constitute a reportable incident. In addition, 241-KIDS must be contacted if the incident took place in Hamilton County.

Any occurrence which is sharp departure from the routine operation, policy or procedure of the facility or program, or which compromises the client’s treatment goals or client rights, may be sufficient reason to warrant documentation. Incident reports should also be filed for occurrences, which are not related to client abuse or neglect. Examples of behaviors and events requiring critical incident reports include the following:

- Any time police or paramedics come into a facility or program;
- Any instance of a client who absents him/herself from care without permission or knowledge of staff, and if the youth is a minor, a report should also be filed with police or custodial agency;
- Physical injury of a client in our care. The report should contain the location of the physical marks, whether or not an object was involved, and a description of the injury and how it occurred;
- Physical injury or serious illness of a staff member or volunteer during working hours or on agency property;
- Any act by a staff member or volunteer, while on duty, which may result in a civil or criminal charge;
- Any act by a client while in our care which may result in a delinquency or criminal charge;
- Any act of self-abuse or accidental injury of a client which requires hospitalization of emergency room services;
- Any theft of agency or staff property or money;
- Anytime a client needs to be physically restrained;
- Any instances of property damage where the agency vehicles, facilities, and/or furnishings are damaged, including all fires whether set or accidental;
- Any serious adverse reaction exhibited by a client upon administration of medication which requires medical care or any serious medication error;
• Any angry or threatening letters or phone calls, threats of legal action from officials, referring agencies, parents, neighbors, or clients;
• Any communication from a licensing or government agency representative regarding a lack of compliance or violation of law or code;
• Any illegal drugs or paraphernalia found on a client or in a client’s possession. Any alcohol found in a client’s possession if they are under 21 years old;
• Any weapons found on a client or in a client’s possession;
• Any staff automobile accident during working hours, even if there are no staff or client injuries;
• Any threat of harm to staff, volunteers or clients;
• Anytime staff make a report of possible child abuse/neglect to the DHS worker or to 241-KIDS.
• Anytime parents use corporal punishment on a child in the presence of a staff member if an object is used or there are visible marks. It also requires a report to DHS at 241-KIDS;
• Any allegations by client of improper conduct of staff member.
POLICY ON FIRST AID KITS

All facility programs will have a first aid kit. The first aid kit will be restocked and checked for expired contents on a quarterly basis. The First aid kit will be easily identified in each building by a label that states “First Aid Kit.” All staff members should be aware of where the First Kit is located within the facilities building. The following contents at minimum should be included in the First Aid Kit:

Facility Based Program First Aid Kit
32 Bandages, plastic strips, 1” x 3”
20 Flexible Fabric Adhesive Bandages
4 Sterile Pads, 2” x 2”
10 Sterile Pads, 3” x 3”
2 Rolled Gauze, 2” x 126” stretched
2 Oval Eye Pads
5 Pair of Gloves
1 Triangular Bandage, 51”
1 Hypo-Allergenic First Aid Tape ½” x 180 yds.
1 Elastic Bandage, 2” x 5 yds., stretched
10 Antiseptic Wipes
1 first Aid Cream, .8 oz. Tube
3 Ammonia Inhalants, .33 ml.
1 Instant Cold Pack, small
6 Tylenol Extra Strength Caplets
1 Pair of Scissors, with stainless steel blades
1 Pair of Tweezers
1 First Aid Booklet

All Lighthouse owned and operated vans will have a secured first aid car kit and fire suppression equipment. The first aid kit and fire suppression supplies will be restocked and checked for expired contents on a quarterly basis. The following contents at minimum should be included in the First Aid Kit:

Car Kit
10 ¾’ Strip Band-Aids
1 First Aid Cream
4 Antiseptic Wipes
3 pair of Gloves
1 First Aid Tape 1” x 1 yd.
1 .8 oz. Burn Cream Foil Pack
2 Medron Stick Pads
1 Extra Large Band-Aid strip
Hazard Emergency Triangle
Fire Extinguisher
All personal vehicles owned and operated by Lighthouse staff to transport clients will have a first aid kit. The first aid kit and fire suppression supplies will be restocked and checked for expired contents on a quarterly basis. The following contents at minimum should be included in the First Aid Kit:

**Personal Vehicle Car Kit**
- 1 pair of gloves
- 5 antiseptic towelettes
- 10 Band-Aids
- 5 gauze pads
POLICY ON MANAGING CONTRABAND

1. Lighthouse Youth Services has a responsibility to maintain order and discipline in its programs and to protect the safety and well-being of clients, staff and volunteers. These guidelines are intended to assist Lighthouse Youth Services staff in deciding upon a course of action should contraband be discovered in a residential or minor client’s possession or on agency leased or owned property or facilities.

2. Contraband refers to:
   a. Any items that may pose a hazard to the health or safety or clients, staff or others;
   b. Any items that are illegal to possess;
   c. Any items described as unauthorized in agency or program rules.
   d. Examples of contraband may include, but are not limited to: illegal drugs and drug paraphernalia, alcohol, tobacco products, medications (unless authorized), pornographic material, weapons, stolen property, fireworks, matches, lighters, candles or incense, razors and other sharp instruments.

3. Any discoveries of contraband must be reported as soon as possible to the Program Director and must be documented on an Incident Report Form. The incident report should include a description of how the contraband was stored and/or disposed of. If appropriate, guardians and placing agencies should be notified.

4. The Program Director should exercise professional discretion about whether to notify law enforcement when contraband is found, depending upon the circumstances:
   a. Firearms must always be reported and turned over to the police.
   b. Contraband which indicates a significant violation or potential violation of the law (e.g., felony offense) must be reported and turned over to the police.
   c. Decisions about whether to notify police of other contraband should be based on sound clinical practice, taking into consideration the impact on the client and service delivery, the best interests of the client, and relevant laws and rules, including those regarding client confidentiality.

5. Staff should clearly document disposal of any contraband material. Disposal must be approved by the Program Director and must be witnessed by another staff person.

6. Staff should not transport, carry or temporarily store contraband in their work area unless it is absolutely necessary (for testing, disposal or turning over to law enforcement) and then only with the documented knowledge and approval of the Program Director. If it is necessary to transport, carry or store contraband, it should be placed in a clearly marked, sealed envelope or container.
7. Clients found to be in possession of contraband should receive consequences in accordance with program rules, disciplinary guidelines, and the individualized service plan.

8. Although prescription and over-the-counter medications for the use of individual staff members are not considered contraband, they should nevertheless be secured so that they are not accessible to clients. Such medications should be stored either on the staff member's person, such as a pocket on one's clothing or in a personal carrying pouch attached to the person. Personal medication may also be placed in a locked drawer or cabinet in a room where staff members are present during the day or shift period, for instance where a purse or other personal items might be stored. Such medications will not be stored in drawers or cabinets during periods when staff members are not present, for instance overnight.
POLICY ON PERSONAL SAFETY

Lighthouse Youth Services values the safety and health of our staff and clients. We are committed to effective safety management and to a safe work environment for our staff, volunteers, and clients. Lighthouse Youth Services will provide the necessary guidelines and training required for the personal safety of agency staff and clients. It is not unusual, at times, for clients or others to be upset or angry, but most often they can be safely de-escalated by program staff. While these clients or visitors rarely pose a significant threat, employees are encouraged to maintain awareness and take reasonable precautions.

It is the policy of Lighthouse Youth Services that all staff conducting business in the field and in our facilities will make personal safety a prime consideration in doing their job.

Core Principles of Personal Safety

Lighthouse Youth Services recognizes the following principles of safety:

- All persons deserve respect and attention. The first line of self-defense is mutual respect for all persons.

- Each of us is responsible for reducing our risk of personal harm. All safety policies should be followed by each staff person.

- To maintain respect in personal safety, all clients and staff have the right to terminate conversations, meetings, and/or appointments at any time.

- All threats to the health, safety or well-being of a staff person or his/her family by a current or former client should be taken very seriously. If a staff member is threatened, he/she should report it to the Program Director immediately.

- Use common sense. If a situation looks potentially harmful, seek help.

Personal Safety Guidelines for Staff in the Field

In providing services in the community, staff members interact with families around the sensitive issues. The emotional nature of these issues and the fact these services are provided in clients’ homes, result in a certain level of risk being inherent in the job.

- Staff members should openly discuss with the Program Director any concerns about situations in which they do not feel safe.

- A safety plan, approved by the Program Director, should be developed whenever safety is a concern.

- Staff members should notify supervisors of the time-frames for client visits and locations. Leave change of plans on supervisor’s voice mail during the day.
Staff members should carry a cell phone if visiting clients in the community.

Staff members should immediately leave any situation involving verbal threats of harm or potential violence.

Under extreme stress, some people have the potential to become violent. Staff members are forbidden to have guns, illegal knives, or other weapons on their person while conducting agency business. Staff members are forbidden to store guns or illegal knives in their cars while conducting agency business. Prior to carrying pepper spray or mace, staff members should attend a certified training in its proper use. Pepper spray or mace may never be used on clients in any agency facility.

Personal Safety Guidelines in Lighthouse Facilities

- All staff members should report any concerns about safety to their Program Directors.

- All residential staff members should be trained in crisis intervention to diffuse potential client violence.

- Staff members on single or double coverage should call supervisor or designated staff when they feel they need additional staff support.

- Staff members should call the police if a client or visitor is threatening harm and they feel they cannot prevent it without police intervention.

- Each facility will have guidelines for maintaining security including checklists of door and window security, visitor’s list, or designated visitor times.

- Staff members should be aware of emergency and fire safety plans and evacuation routes as outlined in the program manual. First Aid kits should be easily accessible and periodically checked for supply.

- Staff members should be aware of who is in each Lighthouse building. Regardless of which Lighthouse location is involved if a staff member based at any particular location sees someone who appears to be lost or unlikely to be another staff member they should politely ask if they can be of assistance. No guests should be left to wander any Lighthouse property without accompaniment.

Personal Safety Guidelines in Transporting Clients

- All staff members and clients must wear seatbelts when being transported by agency personnel.

- All children under four years old or weighing less than 40 pounds must be secured properly in a car seat appropriate to their size. Bus tokens or taxi fare is available so clients can take the bus if these precautions cannot be taken.
- Staff members must have a good driving record. If staff exceed six points on their license or receive more than three moving violations in five years, they should inform their Program Director.

- Staff receiving a DUI or driver’s license suspension must report this immediately to their Program Director.

- Any time a staff member feels unsafe with a client in their car, they should immediately contact their Program Director for assistance.

**Threatening or Violent Persons**

Each program and facility will have a written procedure in the program manual that assists staff members should there be a threatening or hostile person in the work area.

*For programs and administration at 401 East McMillan [only] –*

Any person facing a situation that appears to offer imminent threat may use the following page: “Will a manager or supervisor please come to … (and state the location).” This page will not be used for any other situation. The page system is activated by lifting the telephone, pressing the Page button on the phone and speaking into the telephone. Nearby Division, Program or Department Directors will immediately respond to these pages. All other staff will remain alert but will not respond unless called upon to do so. If the belligerent person is known to a particular Program or Division Director, that Director will take the lead.

Situations which might warrant this would include:

- A person has, or threatens to use, a weapon.
- A person is actively aggressive (swinging, hitting, throwing objects, destroying property).
- A person is extremely hostile or belligerent and/or appears to be intoxicated or impaired.

If a weapon is involved, the police (911) should be called immediately. If reasonable efforts to de-escalate the situation do not appear likely to succeed without endangering someone, the police will be called using 911.

**Rights of All Staff**

Lighthouse Youth Services staff may use “reasonable force” to defend themselves in a dangerous situation. Staff members in facility programs licensed by ODHS are subject to rules regarding passive restraint of clients and may be in violation if more forceful means are taken. The right to defend yourself is based on a belief that you face immediate danger. Lighthouse staff are entitled to defend themselves in the same manner as any citizen. Staff will be supported by the agency as long as they are following agency policy at the time of the incident.

Reviewed 2/12/12
POLICY ON EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency for a client, staff member, volunteer, or visitor immediate first aid measures should be taken before any other action. This includes ensuring an adequate airway and controlling excessive bleeding.

If CPR must be performed do not discontinue the CPR to call 911 – instead vocally call for help and instruct the helper to call 911.

Emergency medical treatment through 911 should be sought in any situation where a person is at risk of serious injury or loss of life without immediate medical care. Such case would include:

- Unconsciousness
- Restricted breathing (or any injury potentially impacting cardiac or respiratory function)
- Contained but significant bleeding (such as arterial bleeding)
- Pain or other injuries that make normal transport difficult (broken bones, extreme abdominal pain)
- Any other illness or injury where potential worsening of the condition appears possible without immediate medical care.

Clients or other staff members may be transported to the hospital emergency room by Lighthouse staff members if the problem appears somewhat less urgent but emergent. Such cases might include:

- Uncontrolled but non-arterial bleeding (such as a nose bleed that does not respond to pressure)
- Serious strains or sprains when transport can be reasonably managed
- High unexplained fever
- Cuts or burns that require further treatment

The Program Director should be notified immediately in the event that emergency care is needed. The parent or guardian (including 2451-KIDS) will also be notified immediately.

Emergency medical treatment for clients will almost always require completion of an Incident Report. The policy on Incident Reports will be followed based on the specifics of the emergency situation.

In the event the person requiring emergency care is a staff member or volunteer the Vice President and Chief of Operations and Director of Human Resources will be notified immediately.
In residential facilities staff should only transport young people or go with the child to the emergency room when adequate further coverage at the residential facility is assured. Nevertheless, whenever possible staff members should accompany youth to the emergency room and remain with them as long as is practical.
POLICY ON BUILDING EVACUATION

The following general guidelines refer the evacuation of to all Lighthouse properties. In the event of a fire, bomb threat or any other problem necessitating building evacuation:

- Remain calm and orderly: Running and/or yelling increases the risk of someone getting hurt.

- Be aware of all exits from your work area and the building. Evacuation routes are posted in all Lighthouse buildings.

- In residential buildings or sites where clients are present staff members are responsible for ensuring that all clients understand where to go in the event of an evacuation and the safest evacuation routes.

- Walk quickly to the nearest exit and ask others to do the same.

- On your way, check closed offices, bedrooms, and conference rooms to ensure that everyone is aware of the need to evacuate.

- Supervisors should account for all employees and guests. In residential buildings or sites where clients are present staff members will use a log or other census to ensure that all clients are accounted for.

- Be aware of any individuals with disabilities and if necessary assist them in evacuating the building.

- Use the stairwells. Elevators should not be used in case of fire and are reserved for individuals with disabilities use in other emergencies.

- Once outside, meet your supervisor/program director and follow instructions. Move to a safe area at least 50 feet away from the building. Avoid blocking entrances, walkways and streets clear to avoid blocking emergency personnel.

- In residential buildings or sites where clients are present a meeting place outside the building should be designated ahead of time and clients informed of this location during the initial client orientation.

- For all programs located at 501 East McMillan all building occupants will gather in the parking lots across Iowa Street. Do not gather in the other building parking lots because emergency vehicles will use these to access the building on both the upper and lower levels.

- Do not return to the evacuated building unless you are told to do so by emergency personnel or your supervisor.

Reviewed 2/12/12
POLICY ON TORNADO SAFETY

A Tornado Watch indicates that conditions are right for a tornado to develop. If a tornado watch has been declared:

- Monitor an “Emergency Alert” radio or television station.
- Review locations of safe areas. Severe weather shelter areas are posted in all Lighthouse buildings.
- In Hamilton County emergency sirens sound if there is a tornado watch and a severe thunderstorm warning at the same time. The sirens also sound for a tornado warning. Monitoring an emergency alert radio, television or Internet site is to only way to clarify this distinction.

A Tornado Warning indicates that a tornado has been sighted. This is much more serious. If there is a tornado in your area:

- Move clients, employees and guests to safe areas. Severe weather shelter areas are posted in all Lighthouse buildings.
- Staff members should account for all clients and guests. Supervisors should account for all staff members.
- Remain in the safe area until the warning expires or emergency personnel have issued an “all clear” signal.
- Use extreme caution when moving about or attempting to return to work areas. If there has been damage to the building, do not return to work areas until approved by safety personnel.
  - Avoid lighters or other flames due to danger from gas leaks.
  - Watch for exposed electrical wiring.
  - Watch for broken glass and unstable or loose building material which may pose a hazard.
- It is important to keep in mind that modern, reinforced buildings are usually not seriously damaged in a tornado, although windows may be blown out. These buildings usually provide fairly safe areas during a tornado provided you keep away from windows and large, open areas.
POLICY ON FIRE SAFETY

Fire Emergency

If you discover a fire:

- Go to nearest pull station and activate alarm.

- When alarm is heard, all staff members in the building should make sure their area of the building is immediately evacuated, and that all clients and visitors go to the designated gathering area. For programs serving clients a log or census should be taken to the gathering place.

- The staff person discovering the fire should attempt to put it out only if it clearly does not appear to be a serious fire (e.g., wastebasket). If the fire is already serious or its seriousness is unknown (e.g., furnace room door hot and smoke coming from underneath it), Do not attempt to extinguish it.

- In case of an actual fire, do not answer any incoming phone calls. This will automatically indicate to the Central Monitoring station to send the Fire Department.

- If you are the only staff person on the premises, your first responsibility is to the safety of any clients or guests who may be present.

If the alarm goes off automatically:

- In most cases, you will never know whether the alarm originated from an automatic sensor (smoke or heat) or a manual pull station. NEVER ASSUME it is a false alarm.

- When an alarm is heard, all staff members in the building should make sure their area of the building is immediately evacuated, and that all clients and visitors go to the assigned outside gathering place.

- If it can be immediately and absolutely determined that the alarm signal is false (e.g., staff members witness a resident standing by an opened and tripped pull station, etc.), proceed with evacuation of the building. There will be a phone call from the Central Monitoring station. They will give us 15 rings (about 45 seconds) to answer the phone and either verify or cancel the alarm. If the phone is not answered in that time, they will dispatch the Fire Department. If it is a false alarm, tell them it is a false alarm.

- When time permits, notify the Program Director (if not present), the President/Chief Executive Officer, and other staff as necessary.

- In summary: In all situations, your first responsibility is to the safety and care of clients and guests. A staff member should remain with clients at all times. Attempts to extinguish a fire are secondary to prompt notification of the Fire Department.
Fire Drills

- Fire drills are to be held at least annually in each non-residential facility. Fire drills are to be held at least monthly in each residential facility. The purpose of the drill is to familiarize staff member and clients of the appropriate steps to be taken in case of a fire emergency.

- In residential facilities fire drills will be held during each shift day or night.

- Program Directors are required to keep a written record of all fire drills to include:
  - Date and time of drill
  - Numbers of clients and staff present
  - Time required to evacuate the building
  - A “Comments” section, to record any problems or unusual situations that occurred during the fire drill

- National guidelines indicate the 90 to 120 seconds is an acceptable time frame for evacuation of group care facilities.

These policies were developed for the agency in general. All programs should familiarize themselves with the general guidelines and develop specific guidelines for their own program as appropriate.
POLICY ON GENERAL BUILDING SAFETY

Safety

- All doors that are “Exits” will be marked as such (all those that are not, should labeled as to their use).
- No exits or passageways will be blocked (inside the building or outside).
- Fire doors must be kept closed and have working self-closers. Fire doors must be kept unobstructed.
- All furnaces or boilers for heating the building must be inspected annually.
- All paid and volunteer staff must familiarize themselves with location and operation of all fire extinguishers.
- All fire extinguishers are to be inspected monthly and recharged if low. There must be a written record of such monthly inspections.
- All fire extinguishers must be inspected by the fire extinguisher company at least every 12 months and tags must be updated at that time.
- All paid staff must be thoroughly trained in all fire prevention and safety procedures and in all fire emergency procedures.
- All clients, as part of their initial orientation to each program, must be made aware of these three basic points:
  - That they should exit the building immediately if they hear the fire alarm,
  - The route to and location of exits (particularly from bedrooms in residential programs); and
  - Where they are to go (i.e., assembly area), once out of the building.
- Floor plans for each floor of the building should be posted in conspicuous places near the exit from each room on each floor of the building. These plans should be individually marked to show evacuation routes to nearest exits.

Prevention:

- No combustible or flammable items should be stored in any furnace or boiler room.
- No storage of anything under open stairwells.
- Keep wastebaskets out in the open.
• Each program should identify “High-risk” areas in the facility (e.g., kitchen, furnace rooms, laundry, etc.) and develop appropriate monitoring procedures for those areas.

• Electric irons, curling irons, etc., must be used in closely supervised areas.

• Basements, closets, attics, and other storage areas must be kept clear of flammable materials such as rags, papers, mattresses, etc.

• All flammables, such as paint, varnish, gasoline, etc., must be kept stored in tightly closed metal containers, preferably outside the building, if not outside, then in a locked storage area.

**Inspections:**

• A fire inspector should inspect each facility at each facility at least annually. If the inspector does not initiate this, the Program Director must do so. Copies of all inspection reports should be kept on file at the program and a second copy should be sent to Lighthouse Youth Services’ Administration Office.

• Any negative findings from a fire inspector should be corrected immediately, and a response sent to the fire inspector; with a copy of this response, also sent to the Administration Office.
POLICY ON BOMB THREATS

- All bomb threats must be considered real until proven otherwise to ensure the safety of people in the building.

- Do not panic or act in a way that induces panic in others.

- Upon receiving a bomb threat, immediately call the police and notify the Program Director as soon as possible.

- When a threat is received:

  - Try to get the caller to repeat the message
    
    o Do not interrupt the caller while she/he is talking
    
    o Try to keep the caller talking
    
    o Try to remember and write down as much of the following information as possible to convey to police.
      
      o Identity, if known, or characteristics of the caller (sex, age, language, voice, background noises)
      
      o Time of the call
      
      o Exact wording of the threat (type of bomb, location of bomb, time it will explode, what the bomb looks like, reason for placing the bomb).

- Senior management staff will meet with the police. If the bomb squad or police feel it is necessary to evacuate the building, this will be handled in an orderly manner.
POLICY ON SAFETY DURING CIVIL UNREST

In the event a community-wide disturbance of civil unrest should occur, Lighthouse staff members are responsible for their own safety and the safety of our clients and fellow staff members. The following considerations apply to all staff members with special consideration for those who work in residential facilities and for those who provide in-home services.

- All staff members will have access to their Lighthouse Youth Services photo identification at all times.
- The Program Director or on-site supervisor will monitor WVXU (91.7 FM).
- Staff should know the police district in which their programs are located and should know the telephone number of the police district to get help in determining the nature, locations, and the extent of the unrest.
- If the unrest occurs the night before a business day, the staff will be in touch with their supervisor before leaving for work by telephone or email. If the unrest is moderate with indications of escalation, the on-site supervisor should contact staff members to inform them of program specific plans for program operation.
- The Program Director in consultation with the COO will decide whether or not home visits, scheduled appointments, or community services should be completed by staff. Staff might want to attempt to schedule visits in safe neighborhood facilities or in places outside of the affected neighborhoods.
- The CEO or a designate will be the agency primary focus of communication, taking information from staff about breaking news and sharing appropriate information with staff members. If employees of non-residential programs are working in offices directly affected by civil unrest, and if the area is deemed unsafe for routine program operation, the employees are to report to the agency headquarters or another designated site to continue program operations.
- Open, two-way communication is essential. Program Directors and Program Supervisors should routinely initiate communications to staff members in their own homes before and after work assignments, and at any other times and through any means deemed appropriate by the supervisory staff.

Revised 2/22/12
MANAGEMENT OF HAZARDOUS MATERIALS

It is the intention of Lighthouse Youth Services that this policy describes a procedure that provides the safe handling, storage, and disposal of hazardous materials including chemical, radioactive wastes and infectious wastes, bio-hazardous substances, industrial strength cleaning supplies, oil based paints, fluorescent light bulbs, copier toner and computer monitors.

It is the policy of Lighthouse Youth Services that staff will store and dispose of hazardous materials safely and according to OSHA standards.

The brochure on “A guide to Safe Management of Household Hazardous Waste” should be used as a guideline.

Biological & Infectious Waste Management:

Biological and infectious waste is to be segregated from general waste to ensure appropriate handling and treatment. These wastes are to be placed directly from the point of generation into labeled containers or plastic bags that clearly identify it as a biohazard.

Needles, razor blades, and syringes are to be placed in puncture resistant, labeled containers as per Ohio law. Contaminated sharps are to be discarded immediately! Sharps containers are inspected and maintained or replaced by the Program Director for each location as necessary to prevent overfilling. Once the sharps container reaches ¾ full, the container is to be disposed of in the biohazard bin provided by the safe waste management company and a new sharps container is to be utilized for sharps disposal.

Biological and infectious waste should be adequately packaged in order to prevent exposure to both the waste handlers and to the public. Adequate containers for disposal must be sealable, constructed to contain all contents and prevent leakage, appropriately labeled, and closed prior to removal to prevent spillage or protrusion of contents during handling. After containment of the biohazard or infectious agent, biohazard bags are to be sealed and disposed of in the bin provided by the waste management company. Disposal containers for biological and infectious waste are to be locked up and disposed of by the contracted medical waste management company for incineration.

Universal precaution kits are available for staff use and are designed for body fluid clean up including blood, urine, vomit, and feces. This kit is to be used for containing, protecting, and isolating potentially infectious spills. Training on how to use these kits as well as directions for use are provided to employees.

Staff should contact the Maintenance Department for information and assistance in disposing of any and all hazardous materials as defined above.

Revised December 2012
BED BUG MANAGEMENT POLICY FOR
LIGHTHOUSE YOUTH SERVICES PROGRAMS

Bed bugs are becoming a very common problem that significantly impacts our general quality of life; they are not known to transmit diseases. The home of any person can be infested by bed bugs, regardless of sex, race, or economic status. It is important to treat each infected persons with discretion, dignity and respect when dealing with this issue.

Bed bug bites can cause physical and psychological discomfort. In the majority of cases, individuals affected by bed bugs experience no more than an almost undetectable reddish bite that disappears within 24 hours. In rare cases, allergic reactions may develop with itchy raised and inflamed reddish wheals at the site of bites. In extremely rare situations, severe hemorrhagic skin lesions can occur. Secondary infections can occur through extensive scratching and contamination of the bite site. Individuals who are repeatedly bitten by bed bugs may show psychological symptoms of nervousness, agitation and sleeplessness. There is also an underlying social stigma that very often accompanies confirmation of bed bug infestations and this can result in isolation and withdrawal. Currently there is no evidence that bed bugs can transmit blood born infectious diseases such as hepatitis B, hepatitis C or HIV. It has been determined that these viruses do not replicate inside the insect’s body, and animal model studies have never been able to demonstrate insect to animal transmission.

Control of Bed Bugs

Bed bug infestations can occur in any community and can infest almost any type of building. The single most effective approach in controlling this problem is public education with emphasis on identification, prevention and control strategies. Addressing infestation in a specific building requires a detailed inspection, detection and assessment process. Bed bug control strategies can include both chemical and non-chemical approaches, but non-chemical techniques alone cannot effectively control or eliminate established infestations.

In residential settings, the education and cooperation of unit occupants is a key component in any bed bug control strategy. Typically, occupants of infested areas should be educated on how to maintain sanitary living environments, eliminate clutter, launder clothing and bedding, undertake vacuuming and move furniture in preparation for chemical treatments.

Without the cooperation from residents, chemical treatments tend to be less effective and more treatments will be required to control an established infestation. The more treatments applied, the more likely pesticide resistance will occur in bed bugs. In addition, with more frequent pesticide applications, there is also an increase in the likelihood that residents will develop sensitivities to these chemicals.

PROCEDURES

Due to the increasing reports of bed bugs in the Hamilton County area, Lighthouse will be taking the following precautions. These precautions will be taken with all clients regardless of the client’s last place of residence.
It will be explained during referral and placement meetings with new clients that the following procedures are a precaution to protect all clients, staff and agency properties and are not meant to be accusatory or insulting. These steps will be taken regardless of whether the client is in a privately owned or Lighthouse-owned living arrangement:

1. All referring agency workers and/or clients are told when scheduling intakes that we are taking precautions due to the outbreak of bed bugs in the area. The ILP/TLP will furnish mattresses and box springs and will not accept mattresses belonging to new clients without a thorough search for possible bed bug infestations. This is to be seen as a basic precaution rather than a judgment of the client’s previous living arrangement.

2. It may be determined that all of the client’s clothing will be washed prior to entering the new living arrangement, be it an individual apartment or a Lighthouse property.

3. For new clients entering group living sites – it may be decided that all clothing is to be placed in plastic bins and washed before storing them in the client’s apartment.

4. LYS staff and clients will be trained on how to spot bed bugs in places that they visit in order to keep from bringing them back into their living/working space.

5. If bed bugs are reported or seen in any room - the LYS worker will alert the program director and other staff about a possible bed bug infestation at a specific location.

6. Before an client living space can be treated for bed bugs LYS staff must assist the client with the following:
   a. Remove all bed linens – sheets, blanks, comforters, shams – wash in HOT water. Bedding, clothing and all cloth items should be placed in a plastic bag and tied tightly until washed.
   b. Stuffed animal and soft toys should be washed in Hot water or vacuumed then stored in a plastic bag for several weeks.
   c. Remove all clutter from furniture and floors – including closet floors.
   d. Vacuum dresser drawers, night stands, bed frames, box springs and mattresses – including lifting up the mattress and vacuuming around slats or inside of the bed frame
   e. Vacuum couches, chairs - including removing the cushions and vacuuming them and underside of the furniture.
   f. Vacuum all carpets, - especially around the walls, baseboard and corners of the room and inside the closet
g. It is best to use the hose and brush attachment of the vacuum cleaner to remove most of the bed bugs.

h. After thoroughly vacuuming all areas of your apartment remove bag from vacuum cleaner and seal in a plastic bag and throw it away.

i. The LYS worker should then assure that the client cleans all fabric and wood surfaces. Spray each cleaned and vacuumed room (furniture and carpets) with Sterifab or rubbing alcohol. Alcohol kills bedbugs! Use a spray bottle to spray on surfaces and let dry.

j. After washing clothing in HOT water—place them in plastic bags or plastic storage containers that close tightly.

k. All furniture will be sprayed down with alcohol by staff; if necessary, the landlord will be notified immediately and will determine if an exterminator will be called to treat the affected area and all surrounding areas.

l. Once the room has been cleaned and prepped for pest control, arrange for the exterminators to spray (or work with the landlord to make this happen). It may take up to 3 treatments. Follow up 2 weeks after treatment to see if the infestation has been taken care of. If the infestation is still heavy it may be necessary to throw out furniture that is infested and spray again. Only replace furniture that is badly infested and then only after a pest control agent has sprayed.

7. For clients living in privately owned housing;

a. LYS staff should assist clients with contacting the landlord directly to arrange to have the unit treated for bedbugs; LYS does not pay for client-leased apartments to be treated for bed bugs.

b. Clients must follow all directions for cleaning and preparing the apartment for treatment – per landlord’s instructions.

c. For those clients with zero income or limited funds, LYS case managers will assist these clients with laundry money, plastic garbage bags and rubbing alcohol to use as back up treatment for the apartment.

d. Ask others in adjacent apartments if they also have a problem. It may be the entire building is infested. If that’s the case, the landlord isn’t taking care of the problem and it may be necessary to report the problem to the health department or to move.

e. If necessary, moving should be done carefully. All items should be sealed in plastic bags until washed. Other belongings should be checked thoroughly before bagging and cleaned with alcohol! Furniture should
be checked as well! Any furniture heavily infested should be thrown out. It may be decided that after the move is completed and the client has washed all cloth items, a pest control agent should spray the new apartment as a precaution.

f. If the client is involved with another agency, that agency’s contact should be kept informed of the client’s situation and the steps being taken to address the problem.

g. Whenever there is a report of any bed bugs in Lighthouse property, the Lighthouse maintenance staff will be called by the assigned staff person to schedule the exterminator.

h. Residents may be required to do their laundry and bed linen weekly.

i. If possible, mattresses should be of the type that is covered with plastic covers with zippers. New and existing staff will receive training on bed bug issues as needed.

8. LYS employees who make home visits in the community should take regular measures to ensure that they do not contaminate their own clothing, automobiles, homes or offices.

a. Community based workers should carry a spray bottle with a dilute alcohol solution in their car and regularly spray their shoes and legs upon completion of each home visit.

b. When workers know there is a high probability of contamination they should take extra measures – immediately washing clothes in hot water after the visit, etc.

**General Information on Bed Bugs:**

- Bed bugs are wingless insects about 4-5 millimeters in size (resemble a tic or apple seed).

- Adult bed bugs are rust brown in color but change to a deep red after a blood meal.

- Bed bugs are fast moving and come out only at night to feed.

- The bite is painless and usually occurs when the person is asleep.

- The bed bugs hide during the day in cracks and crevices of bedding, mattress seams, bed frame (wood), and with severe infestations can move farther away to hide in baseboards, picture frames, dressers, window and door frames, carpeting, drapes, and floor boards.
• Signs of bedbugs are dark spots from their droppings on mattress edges or rusty/reddish spots of blood on the bed sheets.

• Bed bug bites cause inflamed and irritated skin, although people differ in their sensitivity.

• A small, hard, white welt can develop at the site of each bite along with severe itching that can last several hours to days.

• Unlike fleabites that mainly occur around the ankles, bed bugs bite on exposed areas of skin while sleeping like the face, neck, arms, shoulders, and hands.

• Rows of three or so welts on exposed skin are a sign of bed bugs. Bed bug welts do not have a red spot in the center such as with flea bites.

• Suspect bed bugs if person wakes up with itchy welts they didn’t have when they went to sleep.

• Just because someone has bites on their skin, bed bugs are not automatically the cause. The bites can be mosquito or flea bites.

• The possibility of bed bugs is more likely if the affected person has been traveling or has obtained used beds or furnishings before the symptoms appeared.
  (RECOMMENDATION: Used mattresses should be encased in plastic for one year such as a plastic zippered mattress cover)

• Confirmation of bed bugs requires finding and identifying the bugs themselves that often requires the help of a professional.

• Bed bugs are not known to transmit disease and the amount of blood loss due to bed bug feeding does not cause problems for the host (the person).

• Scratching of welts can cause skin infections.

• It is best to consult with a physician before treating any rash or skin irritation.

• Antihistamines and corticosteroids may be prescribed to decrease allergic reactions and antibiotic ointment to prevent infection.

• Bed bugs are extremely resilient and can survive a year without a blood meal.

• They also hide in tiny places, so inspections and treatments must be very thorough.

• In some cases, infested mattresses and box springs must be thrown away.

• Since bed bugs can easily spread throughout a building, it is essential to inspect adjoining rooms and apartments.
Most effective pesticides can only be obtained through a certified pest control company.

It is best to get the help of a professional pest control company.

In the past decade bed bugs have made a comeback in the United States through international travel and less effective bug pesticides.

Bedbugs are most commonly found in places with a high rate of turnover as in hotels, motels, dormitories, shelters and apartment complexes.

Infestations usually are not a reflection of poor hygiene or poor housekeeping; however, a cluttered home can contribute to the problem.

For bed bug complaints you may call the Cincinnati Health Department: East side 352-2908 or West side 564-1751. You can also obtain “What you need to know about bed bugs” brochures from them.

If bed bugs are seen do a thorough visual inspection to identify affected areas. Areas may include exterior clothing, shoes, coats, books, book bags, lockers, desks, etc. If possible, remove the bed bug using some sort of barrier (tweezers, tissue, paper towel, etc). Place bed bug into a plastic zip-lock type bag and seal bag tightly. Once the bed bugs are sealed inside the bag, they need to be destroyed, i.e. crushed, and disposed of.

Place any of the unneeded items, such as book bags or personal items, into a plastic bag/garbage bag and tightly seal. Place that bag into another plastic bag/garbage bag and tightly seal the outer bag. The bag may remain in the classroom with the child and be sent home at the end of the day. *Note: remove any necessary items from book bag before it is sealed in the double bag*

Notification of bed bug problem is essential. Provide the family/client with the Cincinnati Health Department Bed Bug Brochure. Inform the family to contact a Licensed Pest Control Operator with experience in bed bugs to help control problem at home. Additionally, you may want to advise others that live in the same household that a bed bug was found.
RESOURCES:

http://www.hsph.harvard.edu/bedbugs/


http://www.mayoclinic.com/health/bedbugs/DS00663
LIGHHOUSE YOUTH SERVICES, INC.
PHARMACOLOGIC MANAGEMENT SERVICES POLICY

A. Lighthouse Youth Services programs certified by the Ohio Department of Mental Health (ODMH) to provide pharmacologic management services do so in order to improve the functioning of the persons served by reducing, stabilizing and/or eliminating psychiatric symptoms and by educating persons served and their guardians/significant others about mental disorders and medication use.

B. Pharmacologic management services provided by Lighthouse Youth Services will be compliant with all applicable local, state and federal laws and regulations pertaining to medications and controlled substances.

C. Pharmacologic management services are provided to clients being served in ODMH-certified Lighthouse programs when the results of assessments indicate a need for these services and when the client is not currently receiving these services from another provider. Pharmacologic management services are provided only with the informed consent and participation of the client and legal guardian.

D. Pharmacologic management services provided by ODMH-certified programs include:

1. **Performance of initial and ongoing psychiatric/mental health examinations**
   Assessment information will be documented in each client’s clinical record and will include:
   a. Past medications use, effectiveness and past side effects;
   b. Allergic and/or adverse medication reactions;
   c. The evaluation of any co-existing medical conditions that may affect or be affected by the use of medications;
   d. Use of over-the-counter medications;
   e. The identification of alcohol and other drug use which may affect medication use; and
   f. Dietary needs and instructions associated with the medication.

2. **Facilitation of any necessary laboratory tests or procedures necessary to ensure client safety related to medication use.** The prescribing physician will work with Lighthouse staff and the client’s primary care provider to ensure that any necessary tests, studies or procedures are conducted prior to and during medication use as clinically indicated.

3. **Prescription of appropriate medications.** Lighthouse Youth Services will utilize medication treatment guidelines and protocols consistent with current practices in Pharmacotherapy. Physicians and other qualified professionals licensed to prescribe medications will maintain continuing education and training associated with licensure and certification requirements and maintenance of best practices in the field of Pharmacotherapy.
4. **Dispensing of Prescription Samples:** On rare occasions when a Lighthouse physician has diagnosed and examined a client and determines that the client requires medication and that the client is indigent or in urgent need of medication to prevent significant problems associated with symptoms, Lighthouse may dispense sample medications in accordance with this policy (see below).

5. **Supervision of medication and follow up** as clinically indicated including review of medication errors and adverse medication reactions; and

6. **Medication monitoring,** including the effects of medication, symptoms, behavioral health education and collaboration with the client, guardian and/or family as clinically indicated.

7. Lighthouse Youth Services does not provide pharmacy or medication dispensing services with the exception of occasional dispensing of sample medications as described above.

E. Pharmacologic management services must be provided by individuals who are eligible to do so by licensure, certification and training, including physicians, physician assistants and registered or licensed practical nurses. Pharmacologic management services must be supervised by individuals who are eligible to do so by licensure, certification and training, including physicians and registered nurses.

F. When pharmacologic services are provided, they must be:

1. Specifically ordered by a medical professional who is licensed and/or certified to do so. These services can be ordered through the Diagnostic Assessment report and/or through the Individualized Service Plan (ISP). In either case, the order for services must be signed and dated by the eligible medical professional.

2. Integrated into the ISP. ISPs will reflect diagnosis-specific goals and objectives related to medications prescribed to support maximum functioning and minimize symptoms.

G. Lighthouse staff will ensure that informed consent from clients’ legal guardians is obtained prior to adding and/or changing any psychiatric medications, including prescription samples. The “Medication Consent-Change Form” will summarize recommended medications and/or medication changes, reasons for the recommendation and common potential side effects of prescribed medications. When indicated, the form will also summarize precautions regarding the use of recommended medications including use by women of child-bearing age, the use of medications during pregnancy, and any special dietary needs/restrictions associated with use of the medications. A signed copy of the form will be maintained in the client record.
H. Dispensing of Prescription Samples:

1. "Prescription Sample" is defined as a complimentary drug packaged in accordance with Federal and State statutes and provided to a licensed practitioner free of charge by manufacturers.

2. No Schedule I or II controlled drugs/medications may be sampled. Lighthouse will maintain only a minimal stock of allowed medications.

3. Clients will not be charged for prescription samples.

4. Only programs certified by the Ohio Department of Mental Health to provide Pharmacologic Management Services may dispense prescription samples to clients.

5. Prescription samples may be dispensed to Lighthouse clients who have been evaluated and diagnosed by a licensed physician only. Samples may not be given to family members, staff or other persons.

6. All prescription samples must be ordered in writing by a physician and documented on a service ticket as well as on the “Medication Consent/Change Form.” Documentation will include the date the sample was given; name, strength and amount of medication given; and dosage and administration instructions. This documentation will be signed and dated by the prescribing physician.

7. Only the prescribing physician and/or licensed nurse may handle prescription samples.

8. Prescription samples must be transported to Lighthouse by a licensed physician or pharmacist.

9. Lighthouse will maintain compliance with all applicable medication laws and regulations regarding prescription sample storage, handling and dispensing, including the Prescription Drug Marketing Act of 1987 and ODMH rules on medication handling and Pharmacologic Management as well as the LYS policy on Medication Handling.

10. The physician and or nurse staffing each site where prescription samples are stored will maintain an up-to-date inventory of samples on-site and will conduct a monthly count to ensure that no samples are missing.

   a. Any discovery of missing medications will be reported to the program director and on an incident report form within 24 hours of the discovery.

   b. Any suspected theft of medication will be handled in accordance with the policy on Employee Drug Theft.
I. A physician will be on call and available for consultation 24 hours a day, 7 days a week to support clients and their guardians as well as staff members regarding pharmacologic management services and psychiatric medications.

J. When clients and, for minor clients, their guardians are provided with some of their prescribed medications for off-site use, such as at school or on home visits, staff will provide written administration instructions, including name and strength of medication, dosage, administration instructions, as well as the contact information for the program, physician and poison control center in case unexpected medication reactions, errors or problems occur.

K. The telephone number of the local poison control center will be conspicuously posted in program sites where these services are provided, and all staff members and persons served will be advised as to the location of this information.

L. All medication errors will be documented on Incident Report forms and in progress notes and communicated to legal guardians and the prescribing physician. Medication errors include administration of incorrect medications, dosages, route of administration, or scheduling as well as failure to recognize drug-drug and drug-food interactions and drug allergies.

1. Any medication errors resulting in a potential or actual threat of adverse impact or harm to a client will be reported immediately to the Program Director, legal guardian, and prescribing physician and/or nurse. Emergency medical attention should be obtained if there are observed or reported adverse effects or on the advice of a medical care professional or the poison control center. Medication errors with potential adverse impact include, but are not limited to: administration of more than the prescribed amount, administration of the wrong medication (due to potential drug interactions or allergies) and missing doses of medication that require medical monitoring and/or tapering.

M. Any suspected adverse medication reactions will be documented on Incident Report forms and in a progress note and will be reported immediately to the Program Director, legal guardian, and prescribing physician and/or nurse. If the prescribing medical professional cannot be immediately consulted, staff should call the Poison Control Center or emergency medical services for advice. Emergency medical attention should be obtained if there are any observed or reported adverse effects or on the advice of a medical care professional or the Poison Control Center.

1. Adverse medication reactions are any potentially harmful reactions to taking medications, including actual or potential death, disability, need for hospitalization or additional medical treatment, or unusual intensity/number of unwanted side effects. Expected, well-known negative/unwanted side effects which do not change the care of the person served are not considered adverse reactions.

N. Lighthouse will engage in periodic medication utilization evaluation in order to ensure that pharmacotherapy activities are effective, safe and appropriate to client needs.
1. The medication utilization evaluation will be conducted by a qualified physician, pharmacist, or other professional with legal prescribing authority who is not immediately responsible for the prescribing process but able to provide feedback to the prescribing practitioner.

2. The medication utilization review will be conducted on randomly selected files of clients receiving pharmacologic management services and will include evaluation of the following.

   a. There is documented evidence that the prescribing professional:

      1) Reviewed past medication usage including effectiveness, side effects and adverse reactions, if any;

      2) Reviewed client drug allergies, co-existing conditions and client alcohol and other drug usage, including polypharmacy, which may affect pharmacotherapy safety or effectiveness;

      3) Ensured that laboratory studies, tests or procedures were obtained when necessary regarding medications prescribed;

      4) Ensured that informed consent was obtained for all medications prescribed;

      5) Provided follow-up pharmacologic management services, when indicated, including:

         a) Effectiveness/therapeutic benefit;

         b) Identification and documentation of side effects and abnormal or adverse reactions; and

         c) Documented assessment, when applicable, of involuntary movements at the initiation of treatment and at least every 3 months thereafter for clients receiving antipsychotic pharmacotherapy;

   b. For each medication prescribed, there is documentation of the name of the medication, dosage, frequency, and instructions for use;

   c. Medication usage, including polypharmacy, is consistent with current treatment guidelines/protocols or there is documentation of appropriate exceptions;

   d. Prescribed medications are appropriate to the client’s symptomatology and client/guardian preferences;
e. There are no contraindications for prescribed medications or there is documentation of appropriate exceptions;

f. There is no evidence of inappropriate and/or excessive prescribing;

3. Client satisfaction with pharmacological services is evaluated through relevant agency satisfaction surveys.

O. Pharmacotherapy activities, including medication errors, adverse medication reactions, the results of medication utilization reviews and client satisfaction will be monitored by the LYS CQI Safety Committee as part of the agency’s Continuous Quality Improvement (CQI) process. Where indicated, improvement action plans will be developed and monitored by the Safety Committee in consultation with the prescribing physician and program staff.

1. Root cause analyses will be conducted for serious medication errors and/or reactions resulting in death, disability or serious harm to clients.

P. Documentation in the Individual Client Record (ICR) will be maintained for each client receiving pharmacotherapy services. The documentation will include:

1. A copy of “Medication Consent-Change” forms signed by the legal guardian.

2. A copy of the Diagnostic Assessment/Evaluation Report completed and signed by an appropriately licensed/certified medical professional.

3. A copy of the Individualized Service Plan specifying the pharmacologic management services.

4. A description of prescribed medications, intended use, dosage, frequency and administration instructions for all medications prescribed.

5. Progress notes pertaining to pharmacologic services.

6. Incident Reports and progress notes documenting any medication errors or significant adverse medication reactions.

7. For clients in Therapeutic Foster Care and Lighthouse residential programs, documentation of each administration of medication (including non-prescription medications), including the date, time, amount administered, and any observed or reported side effects/drug reactions.

Q. Whenever possible, Lighthouse programs will attempt to maintain medication continuity for clients.

1. Lighthouse will make reasonable efforts to facilitate clients’ continuity with current (non-Lighthouse) providers. If this is not possible or if the legal guardian requests that Lighthouse provide pharmacotherapy services, Lighthouse staff will attempt to
obtain authorization to communicate with outside providers and will coordinate care with them.

2. When clients are transitioning from Lighthouse services, Lighthouse will work with the legal guardian and referring agency to facilitate transition to community-based pharmacotherapy providers.

R. All provision of medication management within Lighthouse Youth Services will be coordinated with the physician providing primary care through the following methods:

1. Staff members will request an authorization for the release of protected health information per Lighthouse policy to communicate with the primary care provider regarding issues related to medications.

2. If an appropriate authorization has been obtained, the attending physician or designee will communicate with the primary care physician or designee to discuss and/or clarify any information relevant to prescribing and taking medications.

S. All prescription samples, medications and prescription pads will be kept in a secure, double-locked location in their original containers with legible labels. Double locked means that the medication is stored in a locked cabinet or drawer in a room that is locked when not in use.

1. All medications will be stored in containers that are clearly marked with the name, strength and expiration date of the medication.

2. See Policy on Medication Handling for additional information about medication handling in residential programs.

T. All unused, discontinued and expired medications, including prescription samples, will be disposed of safely in order to assure client and staff safety.

1. Expired, discontinued and unused medication may not be administered and must be disposed of;

2. Programs will maintain a medication disposal log and will document the disposal of all expired, discontinued and unused medication.

3. At least 2 staff persons should witness the disposal of medication.

4. Medication may not be disposed of by flushing the medication down the toilet. For larger amounts, contact the maintenance department for assistance in disposal. Expired, discontinued and unused medication may be disposed of by mixing the medications with used coffee grounds or similar material, placed in a sealed container (such as an old coffee can) and discarded in the trash. Medication packaging should have client identification information removed or obscured before discarding in trash.
5. Any trace-contaminated, biohazardous waste associated with pharmacotherapy activities (i.e., materials soiled with body fluids, used syringes, needles, lancets, etc.) must be segregated from normal trash and placed in waste containers labeled as containing biohazardous waste (bags and puncture-resistant containers). Hazardous Waste containers will be kept in a designated locked area and collected for disposal by a licensed hazardous waste company.

References:  
ODMH Standard 5122-26-15 Medication Handling  
ODMH Standard 5122-29-05 Pharmacologic Management Services  
CARF General Program Standard E (BH)  

Related LYS Policies and Forms:  
Medication Handling Policy  
Employee Drug Theft Policy  
Medication Consent/Change Form  
Medication Log Form  

Revised January 2012
NO WEAPONS POLICY

Staff, clients and visitors are prohibited from bringing weapons of any kind into the workplace offices or residential buildings owned or leased by Lighthouse Youth Services. This includes non-concealed as well as concealed weapons. Staff members violating this policy in any way will be subject to corrective action.

See agency policy in the Agency Operations Manual on Lighthouse Personal Safety Policy and Handling Contraband for more information on maintaining safety in all Lighthouse programs.

Reviewed 2/12/12
EMPLOYEE AND CLIENT POLICY & PROCEDURES
FOR HIV INFECTION & DISEASE
FOR
LIGHTHOUSE YOUTH SERVICES

Introduction:

The Human Immunodeficiency Virus epidemic affects people in all segments of our society. Young people are particularly vulnerable to infection by the virus that causes AIDS because they frequently engage in experimental and risky behaviors, yet often see themselves as invincible. Those adolescents who are sexually active or injecting drugs intravenously are at especially high risk for contracting HIV. There will be an increasing number of HIV-infected teenagers in the next few years, given recent trends in the spread of the disease.

The programs of Lighthouse Youth Services may be asked to provide services to these young people. There may be, at some point, a staff member who has the HIV infection or IV related illness. For these reasons, Lighthouse Youth Services will implement the following policies and procedures. Because our understanding of AIDS and HIV infection continues to evolve, these policies will be reviewed annually by the President/Chief Executive Officer, and staff training will be conducted on an annual basis in the agency.

Policy Statements:

1. Non Discrimination

   a. Staff of Lighthouse Youth Services (whether full-time or part-time staff, foster parents, relief worker or Volunteer) shall not be terminated, demoted, suspended, transferred, or subjected to adverse action solely on the basis of HIV infection, related illness or perception of infection.

   b. No client shall be denied admission to Lighthouse Youth Services programs or residential facilities solely on the basis of HIV infection, related illness or perception of infection.

   c. No client of Lighthouse Youth Services programs or resident of any facilities or foster homes who voluntarily discloses that he/she has HIV infection or is diagnosed with HIV disease while participating in programs or living in facilities shall be removed from the program or residency solely on this basis. Clients who voluntarily disclose such information will be counseled about the importance of avoiding transmission of HIV to others and seeking treatment.

   d. No resident of Lighthouse Youth Services facilities shall be intentionally segregated from other residents in sleeping quarters or bathroom use, at meals, in group counseling or meetings, or during residents’ group activities solely on the basis of HIV infection. Staff members will be vigilant to the possibility that
de facto segregation is occurring, in order to curtail it at the earliest possible moment, and to encourage open discussion and resolution of concerns for all residents.

e. The medical pharmaceutical and dietary requirements of all clients of Lighthouse Youth Services facilities or foster homes shall be attended to, within the limits and capabilities of this agency, in an appropriate and responsible manner. Clients who have HIV disease or any other serious illness and require special attention in this regard, shall receive appropriate and reasonable care within the limits of these programs to provide such care, and will be referred to other agencies and services when such care exceeds these limits.

2. Confidentiality

a. The right of the individual client or staff member to confidentiality with regard to his/her HIV-antibody status or AIDS diagnosis will be respected by the administration and staff of Lighthouse Youth Services. Information that is shared with a staff member regarding an individual’s antibody status should be held in strict confidence and shared only with the President/Chief Executive Officer or designated individuals. As with other confidential information, mention of a client’s HIV antibody status or AIDS diagnosis should be made in the files or daily log only when needed to provide appropriate care to the client or meeting licensing requirements for the case file.

The sharing of this information with other clients will be a right reserved for the infected individual. For a staff person with HIV disease or AIDS, information should not be discussed with clients or staff unless permission is given by the Program Director. Like other personal issues which affect client/staff relationships, this matter should remain private.

3. Education and Prevention

a. AIDS and HIV education will be a regular and integral part of Lighthouse Youth Services’ training/counseling programs for both residents and staff. Clients and staff who express fear, misconceptions, or prejudice about AIDS and HIV will be provided more intensive, reinforcing education and counseling. Prejudicial behavior, isolation, ridicule, or inappropriate action based on irrational fear, will not be tolerated, and appropriate disciplinary actions will be undertaken.

b. Regardless of whether a client in a Lighthouse Youth Services Program has HIV infection or disease, attention shall always be given to the prevention of high-risk behavior among Lighthouse Youth Services clients. Condoms will be available through staff members, either directly or through referral, for clients completing their stay at the program upon request and without cost. Distribution of condoms to resident during their stay will be in accordance with program guidelines. Education will be stressed in all situations.
Procedures to Reduce Transmission of HIV:

1. It will be assumed that all Lighthouse Youth Services clients, residents, and staff are potential carriers of HIV. The “Universal Precautions for Prevention of Transmission of HIV, Hepatitis B Virus, and other Bloodborne Pathogens in Health-Care Settings,” recommended by the U.S. Centers for Disease Control, will be followed in all situations, such as cleaning up blood and other body fluids, disposing of sanitary napkins, and handling related issues, which could increase the chances for the transmission of HIV and other bloodborne diseases.

2. All programs and residences will maintain a supply of latex gloves and bleach to be used in cleaning up blood and other bodily fluids.

3. Residential programs will guarantee that all residents will be given separate toothbrushes.

4. Residents of Lighthouse Youth Services Programs will be forbidden to conduct self-tattooing or ear piercing. Usual program rules governing the use and abuse of controlled substance (including IV drugs) and sexual activity among residents helps to minimize the kinds of high risk behavior which have been shown to contribute to the spread of HIV.

Client Education:

1. All Lighthouse Youth Services Programs and facilities will have written AIDS education materials available for clients.

2. All residents of Lighthouse Youth Services Programs will be provided with AIDS education. At minimum, this will include review of available written materials with a staff member.

Staff Education:

1. All new agency staff will be responsible for reading and reviewing this policy. New staff should also receive information and training in HIV prevention and counseling youth on AIDS.

2. The agency will conduct an in-service training on AIDS at least once a year. The Director of Program Services will be responsible for ensuring that such a training is scheduled and implemented.

Coordination with other Service Providers:

1. Lighthouse Youth Services will develop and maintain working relationships with local community-based AIDS education and service providing organizations and the local health department in order to guarantee that the work of the agency with HIV-infect individuals is managed on a cooperative basis with other agencies.
2. Lighthouse Youth Services will maintain this policy in a manner which is consistent with the requirements of local, state, and federal law.
SCREENING POLICY FOR TUBERCULOSIS

Screening for T.B. is required for staff in the following programs: Paint Creek, New Beginnings, and Youth Development Center. However it is recommended for staff members who work with clients who have a higher risk of developing T.B. This population includes youth who have been in long-term care settings and any low income medically underserved population, including high-risk populations.

Lighthouse Youth Crisis Center and Transitional Living staff should consider being tested. Other program staff members are encouraged to be tested if they work with high-risk clients. All clients who reside in our transitional housing programs are required to be tested within 60 days of admittance into the program.

Staff in Cincinnati programs may call Hamilton County Tuberculosis Control at 513-946-7618 for testing or the staff member may schedule testing through his or her physician. Staff members in other programs should follow their program policy guidelines.

Any staff member or client who tests positive for tuberculosis is required to follow up with Hamilton County Tuberculosis Control.
POLICY ON DISASTER MANAGEMENT

A disaster is a situation which causes one, some or all LYS programs to be significantly threatened with the inability to function, to make its location uninhabitable, to threaten its property, or to be unsafe for its staff or clients. In a disaster the principle concerns of Lighthouse Youth Services is to:

- Ensure the safety and security of the agency’s clients and staff,
- Protect agency property and records,
- Ensure that the critical elements of programs continue to function, and
- Recover effectively from any disruption of service.

Potential disasters include:

- Extreme snow, ice, flooding or other impediment causing programs to become inaccessible and isolated,
- Fire or explosion causing significant threat or damage,
- Tornado/wind/water threat or damage,
- Extended loss of electricity/water,
- Civil unrest/violent criminal activity,
- Chemical/biological threat, or
- Any unforeseen circumstance making buildings uninhabitable, isolated, or the community unsafe in which to function.

This list may not be complete but it allows an outline of potential types of scenarios; that is, disasters which cause isolation of a program or site, disasters which pose an external threat to a program or site and disasters which cause a program or site to become unsafe or incapacitated because of some internal cause.

Declaration of a disaster

When a disaster occurs – even if the disaster impacts only a single program or single site - Lighthouse Youth Services responds using all necessary resources of the agency. Thus a disaster (unlike an incident) is managed not only at the program level but also at the executive level.

When a disaster occurs or appears imminent, the senior executive officer on board will declare a disaster. This declaration of a disaster initiates a series of steps outlined in this policy. When the executive officer may not be aware of a local situation that warrants this declaration, a division director, program director, assistant program director or senior staff member on duty at a site will convey information to the executive officer regarding the actual disaster and request that a disaster be declared. Ideally this process follows the chain of command. However this may be precluded by timeliness or safety considerations. In any case Lighthouse leaders at all
levels of the chain of command should be prepared and capable of responding to any disaster at the level appropriate to their position.

When the executive officer makes the decision that a disaster is declared he or she immediately chooses other Lighthouse leaders to assist in the disaster management process. This may include other administrative managers, division directors or any other agency leaders thought to have useful input into the disaster management process.

The disaster management process includes four basic elements:

- Assessment of the situation
- Development of a strategy to manage the situation
- Communication of the strategy
- Implementation of the strategy

If the disaster is site specific the executive officer may rely heavily on the program director(s) responsible for the site for assessment information, input into strategy development, communication and implementation. If the disaster involves multiple sites or the entire agency the executive officer is likely to rely upon program directors for information, communication and implementation, but more likely to centralize planning and other decision making.

Communication Plan

- Initial contacts - When an incident occurs that suggests a disaster may be evident the discovering individual immediately reports this information to one of the executive staff. That executive staff member communicates with all other executive staff beginning with the CEO.
  - CEO – leads disaster management team
    - Develops and coordinates disaster management plan
      - Management Assistant documents plan and logs all implementation activity as reported to CEO
    - Communicates with executive team, board and news media
    - Executive communication with referring institutions (e.g., HCMHRSB, HCDJS, HCJC)
  - COO – Coordinates disaster management with program staff
    - Communicates with Division Directors
      - Division and Program Directors communicate with clients, parents, referring and custodial agencies
    - Coordinates disaster management with remote program sites
  - CFO – Coordinates property related aspects of disaster management
    - Communicates with maintenance and property related resources (e.g., fire department, contractors, insurance, etc.)
    - Coordinates continuity of accounting services
o VP Business Process – Coordinates IT and communication services
  ▪ Communicates with Meritel and Premier
  ▪ Coordinates continuity of communication and IT services with remote sites
  ▪ Communicates with licensing, certifying, and accrediting institutions

o Clinical Director – Provides clinical guidance to division and program staff to ensure minimal negative impact of the disaster upon the client population

• In general
  o Executive officers communicate with Division Directors and Administrative Directors including the Meritel Group if appropriate
  o Division Directors communicate with Program Directors and/or supervisors
  o Program Directors and/or supervisors communicate with on site staff and off site staff as necessary

• Sharing the nature of the disaster agency wide
  o In the event of a program/site specific disaster Program Directors of other programs will be notified at the discretion of the executive officer.
  o In the event of an agency wide disaster the executive officer will establish communication through
    o Email/Telephone
    o Courier in the absence of email or telephone service

• Sharing the nature of the disaster within programs/sites –
  o When a disaster is declared it is the responsibility of the Program Director to notify all staff members of the disaster. Timeliness of calls is specific to the nature of the disaster.
  o Each programs has a staff telephone list including home and/or cell phone numbers for all staff members
  o Larger programs may have telephone call trees
  o In the event that a disaster causes a disruption of electronic communication it is the responsibility of each staff member to communicate with the program by any means possible (automobile, walking, third party, etc.).

• Programs having immediate care of clients:
  o YDC
    ▪ Division/Program Director communicates with off or on site supervisor
    ▪ Off or on site supervisor communicates with on site staff
    ▪ On site staff communicates with residents
    ▪ On site staff communicates with custodial agencies
  o NB
    ▪ Division/Program Director communicates with off or on site supervisor
    ▪ Off or on site supervisor communicates with on site staff
    ▪ On site staff communicates with residents
    ▪ On site staff communicates with custodial agencies
- YCC
  - Division/Program Director communicates with off or on site supervisor
  - Off or on site supervisor communicates with on site staff
  - On site staff communicates with residents
  - On site staff communicates with custodial parents and custodial agencies
  - Division Director communicates with FYSB
- LYCPC
  - Division/Program Director communicates with on site manager
  - Off or on site manager communicates with on site staff
  - On site staff communicates with residents
  - On site staff manager communicates with custodial agencies
- TFC
  - Program Director/Assistant Program Director communicates with social workers
  - Social workers communicate with foster team leaders
  - Foster team leaders communicate with foster team members
  - Foster parents communicate with foster children
  - Program Director/Assistant communicates with placing agencies
- ILP
  - Program Director/Assistant Program Director communicates with social workers
  - Social workers communicate with clients
  - Program Director/Assistant communicate with placing agencies
- TLP
  - Program Director communicates with social workers
  - Social workers communicate with clients
  - Division Director communicates with FYSB
- LOH
  - Program Director/Assistant Program Director communicates with on site staff
  - On site staff communicates with residents, guests and volunteers

- Primary communication is by email, landline telephone or cell phone. In the event that all of these systems are inoperative, or communication by any of these methods cannot be verified the initiating person is responsible for physically traveling or sending a messenger to the recipient’s location to ensure communication. Communications within LYCPC will be facilitated using two way radios.
- Communication with external stakeholders/resources – Programs are responsible for communication with placing agencies and custodial parents. In the event of a catastrophe parents or custodians of all clients in the care of the agency will be notified of the clients’ condition and location when appropriate.
• Communication with the public/press – All communication with the public or press occurs through the designated agency spokesperson (appointed by CEO). No one, unless specifically appointed by the executive officer to do so, will communicate with the press.

Primary Considerations

• The first primary consideration during any disaster is to ensure the immediate safety of clients and staff members. To this end clients and staff members must be accounted for in any evacuation, relocation or shelter in place. The senior staff member on site is responsible for ensuring that all clients or staff members are accounted for during an evacuation, relocation or shelter in place. In programs not having on site care of clients, site specific standard procedures for building evacuation will be followed. For programs providing direct care of clients the following procedures for tracking clients and substitute caregivers will be followed:

  o YDC
    ▪ If the program site is evacuated on site staff will ensure that a log or census list is in their possession. This list will be used for roll calls, including immediately upon evacuating the building and at frequent intervals thereafter.
    ▪ Should residents be relocated as the result of a building evacuation, any resident not physically present at the time of the evacuation will be contacted immediately and transported when appropriate to the new location.

  o NB
    ▪ If the program site is evacuated on site staff will ensure that a log or census list is in their possession. This list will be used for roll calls, including immediately upon evacuating the building and at frequent intervals thereafter.
    ▪ Should residents be relocated as the result of a building evacuation, any resident not physically present at the time of the evacuation will be contacted immediately and transported when appropriate to the new location.

  o YCC
    ▪ If the program site is evacuated on site staff will ensure that a log or census list is in their possession. This list will be used for roll calls, including immediately upon evacuating the building and at frequent intervals thereafter.
    ▪ Should residents be relocated as the result of a building evacuation, any resident not physically present at the time of the evacuation will be contacted immediately and transported when appropriate to the new location.
If the program site is evacuated on site staff will ensure that a log or census list is in their possession. This list will be used for roll calls, including immediately upon evacuating the building and at frequent intervals thereafter.

Whereabouts, safety and all other essential elements of care of all clients will be accounted for through the communication chain established above.

Foster families who must evacuate their homes are responsible for immediately communicating (within 24 hours) their new location to their assigned social worker, the TFC office or the agency executive officer.

Whereabouts, safety and all other essential elements of care of all clients will be accounted for through the communication chain established above.

Youth who must evacuate their homes are responsible for immediately communicating (within 24 hours) their location to their assigned social worker, the ILP or TLP office or the agency executive officer.

If the building is evacuated on site staff will ensure that a log or census is in their possession. This list will be used for a roll call immediately upon evacuating the building to ensure that all staff and residents have evacuated safely. Residents should be notified that if they leave the supervised waiting area they will be considered discharged from the program. A roll call should be made periodically to ascertain which residents are still present.

If the program is required to evacuate for a period exceeding most of a night the program will assist residents in seeking shelter at other area shelters.

The second primary consideration is to ensure the safety of Lighthouse property.

- Maintenance and security of agency records and client files - The protection of paper records and client files is best ensured preventively. Lighthouse staff will ensure that records and files are always stored in the appropriate file cabinets or storage cabinets whenever not in immediate use.
- Electronic records and data are backed up according to the schedule below.
  - At YDC, YCC, LYCPC, and New Beginnings:
    - Friday night – full backup
    - Nightly – incremental backup
• Backups are made to an external hard drive. The external drive is collected every two to three weeks and brought to 401 E McMillan where it is stored in a fire proof safe.

• Backups include all user data stored at each location.

At 401 E. McMillan:

• Friday night – full backup
• Nightly – incremental backup
• Backups are made to an external hard drive. On Sunday evening the hard drive data is transferred to tape. The tape backup is stored in a fireproof safe.

○ Detail of backup - See Policy on IT Management

○ Buildings and equipment

In the event of a disaster Lighthouse employees will make every effort to ensure the safety and security of all Lighthouse property as long as that can be accomplished without endangering the employee. If a Lighthouse building must be abandoned due to fire, significant water damage, etc., the Program Director will ensure that reasonable efforts have been made to ensure that any client or agency records left behind are secured and that the building is locked and as secure as possible. Additionally law enforcement will be notified of the need to abandon the building and additional security checks will be requested.

• The third primary consideration is to **sustain the essential functions of the agency and individual programs**.

  ○ Essential work activities -

    • Agency

      • Executive functions

        ○ Provide primary agency leadership
        ○ Determine the existence and declaration of any disaster
        ○ Provide primary assessment of the situation
        ○ Development a strategy to manage the situation
        ○ Ensure communication of the strategy
        ○ Oversee implementation of the strategy
        ○ Oversee triage of agency resources
        ○ Provide all public communication

      • Clinical functions

        ○ Ensure the disaster has minimal negative impact on the client population
        ○ Ensure the continuity of services to clients

      • IT functions

        ○ Ensure continued electronic communication and functions
- Restore disrupted electronic communication and functions

- Financial functions
  - Ensure minimal financial disruption to agency and staff members

- Documentation
  - During any disaster a record, running log or minutes including all executive decisions and orders will be documented. At the executive level this is the responsibility of the Management Assistant. The program Director will designate this responsibility at the program level.

- Program specific essential activities
  - YDC
    - Ensure safety of clients and staff members
    - Provide adequate shelter to clients and staff
    - Provide adequate food/water to clients and staff
    - Provide a healthy, sanitary environment for clients and staff
    - Provide for basic comfort needs of clients and staff
    - Reduce impact of the disaster on the physical and emotional well being of clients and staff
    - Ensure continuity of all child specific services with primary emphasis on any ongoing health care, mental health/ AOD or education services
    - Generally – Communicate the local situation to the executive officer and implement all local elements of the executive strategy

- NB
  - Ensure safety of clients and staff members
  - Provide adequate shelter to clients and staff
  - Provide adequate food/water to clients and staff
  - Provide a healthy, sanitary environment for clients and staff
  - Provide for basic comfort needs of clients and staff
  - Reduce impact of the disaster on the physical and emotional well being of clients and staff
  - Ensure continuity of all child specific services with primary emphasis on any ongoing health care, mental health/ AOD or education services
• YCC
  o Ensure safety of clients and staff members
  o In the event that a disaster is community wide or requires that residents be relocated the Cincinnati Police Department will be notified of the situation and provided names and identifying family information for all unaccompanied youth in residence not in custody of a public agency.
  o Provide adequate shelter to clients and staff
  o Provide adequate food/water to clients and staff
  o Provide a healthy, sanitary environment for clients and staff
  o Provide for basic comfort needs of clients and staff
  o Reduce impact of the disaster on the physical and emotional well being of clients and staff
  o Ensure continuity of all child specific services with primary emphasis on ongoing health care, mental health/ AOD or education services
  o Generally – Communicate the local situation to the executive officer and implement all local elements of the executive strategy

• LYCPC
  o Ensure safety and security of community, clients and staff members
  o Provide adequate shelter to clients and staff
  o Provide adequate food/water to clients and staff
  o Provide a healthy, sanitary environment for clients and staff
  o Provide for basic comfort needs of clients and staff
  o Reduce impact of the disaster on the physical and emotional well being of clients and staff
  o Ensure continuity of all child specific services with primary emphasis on ongoing health care, mental health/ AOD or education services
  o Generally – Communicate the local situation to the executive officer and implement all local elements of the executive strategy

• TFC
- Ensure safety of clients and foster families
- Maintain primary residence of foster families and/or placement of every client with assigned foster family
- Ensure that foster families, including children in placement have adequate shelter, food/water, a healthy, sanitary environment and basic comfort is provided
- Reduce impact of the disaster on the physical and emotional well being of clients, foster families and staff
- Ensure continuity of all child specific services with primary emphasis on any ongoing health care, mental health/AOD or education services
- Generally – Communicate the local situation to the executive officer and implement all local elements of the executive strategy

**ILP/TLP**
- Ensure safety of clients
- Maintain primary residence of clients when possible
- Ensure that all clients have adequate shelter, food/water, a healthy, sanitary environment and basic comfort is provided
- Reduce impact of the disaster on the physical and emotional well being of clients
- Ensure continuity of all child/client specific services with primary emphasis on any ongoing health care, mental health/AOD, education services or employment
- Generally – Communicate the local situation to the executive officer and implement all local elements of the executive strategy

**All other programs**
- Provide ongoing assistance to clients and families as obviated by the catastrophe at hand; in particular ensuring continuity of service whenever possible. This is especially critical for clients for whom medication compliance may be an issue or when the failure to provide service endangers the clients place or level of care

**Essential personnel** to carry out agency and program essential functions
  - **Agency**
    - Disaster management
Executive Management Team (CEO, COO, CFO, VP Business Process, Clinical Director)

- One Management Assistant
- Supplementary personnel when available
- Other managers when available
- Other administrative staff when available

- IT functions
  - At 1501 Madison one on site IT specialist or one active off site monitor at Meritel Group

- Financial functions
  - One controller (CFO or Controller)
  - One payroll assistant

- YDC
  - Two youth workers
  - On or off site supervisor

- NB
  - Two youth workers
  - On or off site supervisor

- YCC
  - Two youth workers
  - On or off site supervisor

- LYCPC
  - One manager
  - 4 teams of two youth workers – one team per 15-17 youth
  - 1 float team of two youth workers

- TFC
  - One supervisor (PD or Assistant PD)
  - Social workers

- ILP/TLP
  - On or off site supervisor
  - Social workers

- All other programs
  - On or off site supervisor
  - Case managers, social workers and other personnel as available

**Alternative work locations**

In the event that a location must be evacuated or is inaccessible all programs will continue to operate from a remote location.

- Agency administrative offices
  - Lighthouse Community School
- YDC
  - YCC or LCS
- NB
  - YCC or LCS
- YCC
  - NB/YDC/LCS
- LYCPC
  - Available on campus buildings
  - Bainbridge Civic Center, 100 Dewey Street, Bainbridge
- TFC
  - Office to LCS
  - Alternative homes as needed
- ILP
  - Office to LCS
  - 17 year old clients may be sheltered at YCC
  - 18 years and older clients in custody of JFS may be sheltered at YDC or NB
  - 18 years and older not in custody of JFS may seek shelter at the DropInn Center or other shelter provided through the Greater Cincinnati Homeless Continuum of Care.
- TLP
  - Office to LOH
  - All clients in need of relocation will be provided shelter through the DropInn Center or other shelter provided through the Greater Cincinnati Homeless Continuum of Care.
- Lighthouse on Highland
  - Outreach service will operate from the outreach van at a location close to the present location of LOH.
  - Shelter service will become inactive until evacuation ended.
  - Should shelter be required in the middle of the night residents may be evacuated to the Community Management area of 401 East McMillan.
- LYCS – Dayton
  - Office to Montgomery County Juvenile Court Building
- All other programs
  - Offices to LCS
  - Program Directors and administrative staff will relocate to agency administrative office to oversee community based workers.
**Continuity of services**

During a disaster every effort will be made to ensure the continuity of services currently being provided to agency clients, nevertheless these services may be intentionally disrupted if the safety or security of the client would be jeopardized. Continuity is particularly critical to clients receiving ongoing medical or pharmacological services and any disruption of these services should only occur in consultation with the provider. In any event as soon as the client can safely reengage in services, all previously accessed services will be reinstated.

**Interruption of business processes**

Because many critical business processes are now electronically dependent the agency must be prepared to lose electronic capability and still function. It must also have a clear sense of how long it will take to recover from various scenarios. Functionally these processes can be summed up in several primary domains:

- **Communication**
  - Communication is so critical to effective disaster management that this category should be constantly monitored to ensure that if it is needed it will work.
  - Primary methods of communication in a disaster are telephone (agency phone or cell phone), email (via the Exchange server, via agency Internet access, or via G3 or similar external wireless service), texting (via cell phone), courier (messenger), or face-to-face.
  - Disruption of agency telephones, access to email via the Exchange server, or agency access to the Internet represent internal vulnerabilities that can be planned for and controlled in a way that external vulnerabilities cannot.
  - The popularity and availability of personal cell phones is so widespread that in a disaster LYS could completely lose the use of its telephone system and still continue to function quite effectively for a sustained period of time. This is only true if personal cell phone numbers are widely known and distributed. The Senior Staff Telephone List contains cell phone numbers for almost all agency leaders. All senior leaders and supervisors should have access to this phone list both at their work sites and at their homes. All staff members should be encouraged to follow this practice. Each program should have full phone lists of all program staff members that are shared with all other
program staff members. Sharing such phone lists should include the reminder that these lists are for business purposes only and all staff members should respect the personal boundaries of their coworkers. Some staff members will be reluctant to share their cell phone number specifically for this reason and their wishes to not share this information should be respected, Nevertheless, Program Directors and others in supervisory positions should have telephone numbers for all of their staff members, including whenever possible, cell phone numbers.

- In the event of disruption of the Exchange server (email) Meritel will make every effort to have the server back on line within 96 hours of the initial event, excluding Saturday and Sunday. While this time does not regard electrical outages, forced evacuation for an extended period at 401 East McMillan, or other factors that make replacement or repair impossible it is the period of time estimated to obtain a new server, prepare the server and configure it for all currently available accounts. During this disruption the agency will have no choice accept to use telephones or exchange written documents for communication.

- Service documentation and data management
  - In the event the Lighthouse computer network becomes unavailable programs using Total: Record to document services will be given a mirror site to access Total: Record.
  - Nevertheless programs should have forms available and processes defined to use paper documentation while waiting for the mirror site to be set up or other periods when Total: Record is unavailable.

- Payroll – time clocks, connectedness
  - All programs using time clocks will maintain paper forms and processes to follow in the event that use of the time clocks are precluded by extended power loss, computer virus or some other condition.

- General accounting functions (payables and receivables)
  - General ledger functions will be available through a mirror site for access to GP Dynamics. These services will be limited to the most recent system update.

- Recovery
  - Following a disaster an immediate assessment will be made to identify any client or program needs which must be addressed in order to return to normal operations.
Resources within the agency will be reallocated at the discretion of the executive officer.

At the direction of the executive officer an ad hoc committee will be formed to review the documented history of the agency’s response to the disaster, to review productive and not productive responses and actions taken during the disaster and to plan for further actions required at the time or adjustments to future policies and procedures.

Reviewed 2/12/12
Transportation
AGENCY VEHICLE SAFETY PROGRAM; STAFF REQUIREMENTS FOR TRANSPORTATION OF CLIENTS; DRIVING FOR AGENCY BUSINESS

A. AGENCY VEHICLE

1. Only drivers who meet the agency insurance criteria may be authorized to drive on agency business. A BMV check is required for all new hires and then will be routinely checked once per year.

2. In order to be authorized to drive any agency vehicle the staff member must be orientated to the following policies:
   a. Use of agency vehicle
   b. Safety and Maintenance check list
   c. Procedure to follow after an accident

3. Staff will receive training in agency safety rules relating to vehicle use. A test drive of agency vehicle with trained staff member is required.

4. Any client or passenger complaints about any driver will be addressed by the Program Director.

5. No staff or clients are permitted to smoke in agency vehicles.

6. Seat belts must be worn by the driver and passenger at all times.

7. Moving violations or parking tickets are the responsibility of the staff member who receives the violation.

8. Agency vehicles may not be used for any personal business unless pre-approved by the Program Director.

B. TRANSPORTATION SAFETY

1. All staff members whose position requires driving must have a valid driver’s license and automobile insurance at the time they are employed. Staff members are responsible for maintaining their license and carrying automobile liability insurance throughout employment at Lighthouse. In the event a staff member whose position requires driving allows either his/her license or insurance to expire, the agency may terminate employment immediately. All staff whose position requires driving must submit evidence of automobile liability insurance at the time of their annual evaluations.

2. At the time of hire and annually thereafter, Lighthouse Youth Services will check driving records on all staff members whose job requires driving. Those who have
excessive violations (such as speeding, reckless operation, DUI charges in the last 5 years) may not be hired or may be terminated.

C. CLIENT AND STAFF SAFETY

1. All clients and staff must wear seatbelts when traveling in an agency or personally owned vehicle. Staff members must not drive and talk on their cell or use other electronic devices while driving on Agency business. Any staff member who needs to use such equipment while driving must pull off the road and make the call once the car is parked.

2. Any staff member transporting agency clients must place all children in an approved car seat if the child is under (4) years of age or weighs less than 40 pounds. Children under 12 may not sit in the front passenger seat.
Lighthouse Youth Services Driver Safety Reminders

Agency owned vans/vehicles:

- Ask your program director for permission to use the van or truck at any time.
- Visually check air pressure in tires and that all mirrors are in place before starting out.
- Fill out vehicle log before and after every use.
- Remember to look behind the van or truck before backing up. Small cars might not be in your field of view.
- Ask passengers to confirm whether or not a car is on your right side before you make your turn or lane change. Vans and trucks have big blind spots.
- Be careful on right hand turns to avoid hitting a curb or worse.
- Never use the van or truck for personal reasons.
- Tell your program director of any mechanical problems.
- Never leave an empty gas tank for the next person.

Personal cars/vehicles:

- Keep your vehicle in good operating condition to avoid surprises that could be hazardous.

When driving on agency business:

- Drive extra carefully when you are transporting clients.
- Do not move the vehicle until everybody is buckled up. Driver and all passengers must remain buckled at all times.
- Babies and children must ride in approved car seats with proper installation and positioning. Do not allow children to sit on a lap. Do not let children under 12 sit in the front passenger seat if there is an air bag.
- Use your turn signal when turning or changing lanes.
- Check both mirrors often when driving to know what traffic is around you.
- Do not use cell phones while driving.
- Remember that you are responsible for any tickets and your insurance covers any accidents you become involved in while driving.
PROCEDURE TO FOLLOW AFTER AN ACCIDENT IN A LIGHTHOUSE VEHICLE OR PERSONAL VEHICLE

The following procedures should be followed in the event there is an accident in an agency vehicle, or in a personal vehicle while on agency business.

1. Call police immediately. If a police officer responds note the officer’s name and ask how to obtain a copy of the police report. If the police will not respond, (i.e. accident on private property, inclement weather) ask how to file a police report. Agency policy is that a police report must be filed within 24 hours.

2. Record information from other parties involved:
   - Name, address and phone number
   - Policy number and name of insurance company
   - Type of vehicle, license number
   - Witnesses – name and phone number

3. Give information to police on Lighthouse insurance company, if in an agency vehicle. If accident involves an employee’s personal vehicle, your personal insurance will apply, therefore personal insurance information must be given.

   Wells Fargo Insurance Services
   131 N. Ludlow Street, Suite 700
   Dayton, Ohio 45402
   (937) 223-8891
   Claims: (937) 913-1315

4. If support is needed from the Program Director, do not hesitate to contact them. If a client is involved, your Program Director must be contacted immediately.

5. Allow vehicle to be towed to nearest garage, if necessary. Give agency name and billing address if an agency vehicle was involved. Give your personal information if your personal vehicle needs to be towed.

   Lighthouse Youth Services
   401 E. McMillan Street
   Cincinnati, OH 45206
   513-221-3350

6. An agency incident report must be completed to describe details of accident, and submitted to administration by the end of the next business day. If the employee is cited in the accident, any fines imposed are the responsibility of the employee. In the event no one is cited, an incident report should still be completed to document the accident.

Reviewed 8/11
USE OF AGENCY VEHICLE

Staff operating agency vehicles must have a valid driver’s license and be agency insured and authorized by the Program Director to drive. Agency vehicles may only be used for agency business. Use of an agency vehicle without authorization, orientation, proper recording of mileage and adherence to safety procedure may result in disciplinary action.

All Program Directors who have an agency vehicle assigned to their program should:

1. Familiarize staff with the safety and maintenance checklist
2. Have a mileage and destination recording form in the vehicle
3. Provide routine maintenance to the vehicle
4. Have the vehicle’s interior cleaned as needed
5. Check gasoline credit card slips to monitor van and card usage

Any need for maintenance to the agency vehicle should be reported to the Program Director, who is responsible for ensuring repairs are made.
Quality of Life for Clients
CONFIDENTIALITY POLICY

I. Information about clients/consumers in Lighthouse programs is confidential and privileged. Program staff shall not convey to a person outside of the program/agency that a client/consumer attends or receives services from the program/agency, or disclose any information identifying a client/consumer as a mental health, alcohol or other drug services client/consumer unless the client/consumer consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to a qualified personnel for a medical emergency, research, audit or program evaluation purposes.

While disclosure of information in the performance of professional duties is a necessary feature of the helping professions, such disclosure is subject to professional standards and legal restrictions. Only the consumer has the right to decide whether and to whom information is disclosed. Prior to any disclosure of information, a signed consent form must be obtained from the client/consumer.

If a consumer is unable to understand and sign the release, then the signature of the parent or legal guardian is sufficient. Lighthouse Youth Services will make a case by case basis to determine that a consumer does not understand and whether a parent must also sign the release.

1. Every staff member and volunteer in the agency shall maintain the confidentiality of all clients/consumers.

2. Without the written consent of the client/consumer and, if so determined, his/her legal guardian, Lighthouse staff may not release any information concerning a youth or family in any program, including the fact that they are in the program, except as otherwise permitted by law for a valid purpose (see exceptions in section II below).

3. All client/consumer records must be kept in locked file cabinets and/or file rooms. Only authorized staff members may have keys and access to the files (See LYS Policy on Clinical Records).

4. Case records or information acquired from other sources by LYS may not be re-released to others without a valid authorization for the release of information signed by the client and/or guardian.

5. Subpoenas
   a. Court personnel in need of client information held by LYS must submit a signed release from the guardian or issue a subpoena for the staff member’s testimony and/or the case record.
   
   b. Types of subpoenas (the court can request one or both):
      i. For testimony
ii. For case records. Extraneous material (such as notes and impressions unrelated to service plan or delivery) should never be included in the record. You could be asked to justify or explain its inclusion.

c. A subpoena is issued by the Clerk of Courts at the request of an attorney. This does not mean that a decision about the validity of the subpoena has been made by the court.

d. Although an attorney has broad power in issuing a subpoena, the staff member must not be misled into mistakenly providing privileged information or materials.

e. When considering how to respond to a subpoena, staff must always remember the rights of the client and the authority of the court. Failure to respond correctly can lead to the disclosure of privileged information without the client/consumer's consent or the imposition of contempt sanctions by the court for failing to comply with the court’s order.

f. Staff should thoroughly read the subpoena, noting the date for response, the action required and the court and attorney that issued it.

g. Staff should contact the client/consumer involved and provide them with a copy of the subpoena.

h. Client/consumers who consent to the release of information must provide a written release to the staff member. If clients/consumers are uncertain or object to the release of information, their records generally may not be released or discussed.

i. Federal and state laws and Lighthouse policy (outlined elsewhere in this policy) may require or permit the release of records or information without the client/consumer's consent unless there is an appropriate reason for withholding them. These exceptions are referenced in ORC 2317.02 (G) which provides, in part:

\[
(G)(1) \ldots \text{[A] person licensed or registered under Chapter 4757. Of the Revised Code and rules adopted under it as a professional counselor, counselor assistant, social worker, social work assistant, or independent social worker concerning a confidential communication made to such person by such person’s client in that relation or such person’s advice to the client unless any of the following applies:}
\]

\[
(a) \text{ The communication or advice indicates clear and present danger to the client or other persons. For the purposes of this division, cases in which there are indications of present or past child abuse or neglect of the client constitute a clear and present danger.}
\]
(b) The client/consumer gives express consent to the testimony.

(c) If the client/consumer is deceased, the surviving spouse or the executor or administrator of the estate of the deceased client gives express consent.

(d) The client/consumer voluntarily testifies, in which case the person licensed or registered under Chapter 4757. of the Revised Code and rules adopted under it may be compelled to testify on the same subject.

(e) The court in camera determines that the information communicated by the client is not germane to the social worker-client relationship.

(2) Nothing in division (G)(1) of this section shall relieve the [licensed professional] ... from the requirement to report information concerning child abuse or neglect under section 2151.421 of the Revised Code.

j. Records should never be released before thoroughly verifying and documenting the legal and ethical mandates for doing so and, if possible, advising the client/consumer.

k. Staff should obtain the client/consumer’s written consent to discuss the subpoena with the client/consumer’s attorney and to provide the attorney with a complete set of the subpoenaed documents or other documents the client wants the attorney to review.

l. Staff who do not understand what a subpoena is seeking may, with the client/consumer’s written consent, contact the client/consumer’s attorney. If the client/consumer does not have an attorney, the clerk of courts may be able to provide some assistance or the social worker may retain counsel.

m. If the staff member is contacted by the attorney who issued the subpoena but the client/consumer has not consented to release of information, staff should not provide any information to the attorney.

n. After understanding what is required and what the client is permitting, staff can contact the issuing attorney to arrange a convenient time and place for compliance with the subpoena’s request.

o. Staff may be entitled to witness and mileage fees or payment of copying costs. These should be discussed with the attorney who issued the subpoena.

p. If the material requested is privileged or the subpoena is procedurally improper, Lighthouse staff members have the right to object by filing written objections, requesting a protective order or filing a motion to quash or modify the subpoena. The issuing party then cannot gain access to the information without
first obtaining a court order. Such action may require a timely response by the
staff member – no more than 14 days or sooner if the action required occurs
before 14 days.

q. If a claim of privilege is asserted on behalf of the client, staff must still attend
the deposition or trial and state this claim on the record and be ready to provide
some basis for the assertion. At no time may the staff member ignore the
subpoena.

r. At any time during the subpoena process, staff may obtain or consult an
attorney. Often however the client’s attorney can provide information that
protects the client’s interest.

s. Staff should document in the client/consumer file all activity regarding the
response to the subpoena.

t. Lighthouse staff members should always consult with their Program or Division
Director to assist in determining the appropriate response to a subpoena.

6. If necessary, the agency will seek the legal counsel concerning the release of
information to the courts or other investigative units.

7. LYS uses materials from other agencies in order to develop treatment and planning
goals. In any case where information is needed from an outside agency, LYS seeks the
written consent of the client and, if so determined, the client’s guardian, in order to
obtain necessary information.

8. Materials from case records can be used for archival research or educational
purposes, as specified in the policy on research activities, as long as names and
identifying information is deleted or changed such that the identity of the client
cannot be ascertained.

9. At any time if a staff member has any questions concerning client confidentiality,
he/she should consult with the Program Director before releasing information to
anyone.

II. Exceptions to Confidentiality

1. Duty to protect: If a client has explicitly threatened to seriously harm identifiable
persons or structures, the following steps must be taken. (See 10/28/99 “Duty to
Protect Legislation” memo from Pat Nelson for more details.)

   a. Any concerned agency staff member should consult with their Program Director
      if they feel information should be released to appropriate parties concerning a
      potentially harmful client.

   b. Your Program Director, the Chief Operating Officer, and the Clinical Director
      must be notified in a timely fashion if:
i. The client or a knowledgeable person has communicated an explicit threat of inflicting serious and imminent physical harm or causing the death of one or more clearly identifiable potential victims; and

ii. The mental health professional has reason to believe that the client has the intent as well as the ability to carry out the threat.

c. The Program Director will contact the Chief Operating Officer or the Chief Executive Officer to discuss what action should be taken.

d. Documentation:

i. A written summary of the overall situation and action taken will be filed in the client/consumer record as an incident report.

e. Agency personnel are not to take any steps toward disclosing information without their Program Director’s approval except in the case of an extreme emergency (example: when police or medical help are needed immediately).

2. Abuse or neglect of child or elder (vulnerable adult—including adult MR clients)

3. Child Fatality: In the event of a child fatality, Lighthouse will contact the placing agency, and parent/legal guardian of the child and give them the information they need regarding the client and the circumstances surrounding the death so that the placing agency can inform the Child Fatality Review Board. This information will include how to contact the Child Fatality Review Board:

   Hamilton County Child Fatality Review Board
   Hamilton County Family & Children First Council
   125 E. Court Street #350
   Cincinnati, OH 45206
   513-946-4990

   Ross County Child Fatality Review Board
   Ross County Health District
   475 Western Avenue, Suite A
   Chillicothe, OH 45601
   740-779-9652

III. Policy for Client Review of Record

1. Information from a client’s record will be shared with the client, the client’s guardian, or the client’s biological parent:

   a. When the Program gives the approval to do so and;

   b. When it is established by the Program Director that the requested information will not cause undue harm to the child and;
c. Only after the client/consumer provides a written request for information to the Program Director. This written request will be kept in the client file.

d. Client/consumer files will not be released to a parent, guardian or biological parent without the consent of the client/custodian in cases where the consumer is a minor and is sufficiently cognizant to understand the release of treatment information. If the program determines that the minor is incapable of understanding, the reasons for this determination will be documented on the disclosure of client/consumer information form. In this case, the signature of a parent or legal guardian is sufficient for the release of information.

2. After reviewing information from his/her records, a client/consumer has the right to prepare a written statement to be included in his/her record, i.e., disagreeing with information as stated in the record.

3. In the event a client/consumer wishes to insert a statement into the records, he or she may do so. If the agency responds to the client entry, the client/consumer must be shown the agency response. This action should be documented in a progress note.

IV. Technology

1. Computer

   a. Screen savers: To reduce the possibility of inadvertently revealing client information when away from one’s desk, any computer on which client information is accessed is to have an automatic screen saver with password installed and activated. It is preferable that the screen saver be automatically activated after a short delay (e.g., two to three minutes).

   b. Storage of client information: To avoid allowing unauthorized access to client information, staff should never save or store documents that include information about individual clients on a computer hard drive or in other locations where others may have unrestricted access. Client information should only be stored on network drives that require a password to access.

   c. Shared printers: Only print confidential information to a shared printer if you are confident that you can pick up the documents immediately.

2. Phone

   a. Do not discuss clients and client information in open, public places.

   b. No information is to be released—including that the individual is receiving services from LYS—without prior, written consent by client and/or guardian, as appropriate.
c. If someone telephones and requests client information, take the following precautions before revealing any information.

   i. Make certain you know to whom you are talking.

   ii. If you do not know the person, before releasing any information:

       1. Obtain verification of their authorization for access to client information, i.e., a fax of a valid, signed consent form. Alternatively, contact the person who reportedly gave their consent for you to release information.

       2. Obtain verification of their identity. For example, request to call them back.

3. Fax

   a. Sending faxes

      i. Make sure you have a valid release of information form, signed by the client and/or guardian.

      ii. Don’t send faxes containing client information unless absolutely necessary.

      iii. Call before sending a fax to warn the recipient it is coming.

      iv. Don’t leave outgoing faxes on machine.

      v. Include a confidentiality statement on the cover sheet.

   b. Receiving faxes

      i. Check the fax machine frequently if you are expecting to receive a fax; pick up the fax promptly

4. Copiers

   a. Remain at copy machine while copying client information; do not leave the machine unattended.

   b. Be careful not to leave originals or copies on the copy machine.

V. Search Warrants

   1. Search warrants are issued only for the purposes of criminal investigation. Therefore such warrants would most likely be issued to a Lighthouse location for the purpose of
seeking a person (arrest warrant), weapon, drugs or other illicit substances, physical evidence that a crime had been committed or records documenting a criminal activity.

2. Should any Lighthouse location be served with a search warrant Lighthouse staff members are expected to cooperate fully with the searching officers: police or court officers.

3. Staff members should request a copy of the warrant for Lighthouse files.

4. Searches under warrant of individual client apartments in Lighthouse owned buildings will be treated just as at any other agency property. While individual clients should be treated with concern for their privacy, the agency reserves the right to search client apartments and this right would certainly be superseded by a lawfully executed search warrant.

5. Should the searching officers decide to remove any object, particularly records or files, from Lighthouse property the staff member on duty at the time will request a receipt detailing the files or records removed.

Revised 3/13/12
LIGHTHOUSE POLICY ON CLIENT OUTINGS & STAFF RESPONSIBILITIES

Client outings should provide opportunities for recreational and education activities which are based both on client interests and needs. The program is responsible for the transportation and supervision required for maximum usage of the community resources for outings. Special attention needs to be given to staff behavior while on outings due to the open setting, agency public relations and client expectation and observations.

1. Staff must always log where they are going, number and names of clients going with them, where outing is located and estimated time they will return. Upon return, logging must include summary of the activity and behavior of clients.

2. Outings should consist of some approved recreation outing. Driving around in an agency or staff vehicle is not an outing. Returning from any destination should be direct and not include additional driving around.

3. No program will allow residents to attend events, other than major sporting events, where it is known that there will be consumption of alcoholic beverages in large quantities (example, Riverfest) or where illegal drugs will be visibly utilized. Residents will not be permitted to attend or watch R rated movies. On movie outings, residents must remain on theater premises and may never leave the building without staff permission.

4. If a meeting place and time are established, all residents must be there on time or risk missing future outings. The staff on duty will wait a maximum of 30 minutes and then the client will be considered AWOL. If late, staff is responsible to enlist help of outing security personnel whenever possible. When client calls to report their whereabouts, some options may be considered: Safe-Place, staff returning to pick up client, have client go to the police station or take a taxi cab back. This will be decided on a case-by-case basis. Contact the Program Director or assigned on-call staff for a decision on options.

5. If there is more than a 1 to 6 ratio of staff to clients, the staff must get permission from the Program Director to take clients on an outing (see Policy Manual on Staffing Requirements).

6. Any outings should be planned in advance and approved by the Program Director or Supervisor.

7. Only assigned staff are to attend outings. Off duty staff may not attend or join outings unless previously approved by Program Director.

8. Staff should never invite or arrange to have their family members, friends, ex-clients or other staff members attend or participate in a program outing. Exceptions must be cleared through the Program Director prior to outing.
9. Staff are responsible for client behavior while at outings. If serious behaviors problems occur, staff should bring clients back to program and issue consequences to offending clients.
CLIENT PERSONAL BELONGINGS

Each program shall allow clients to bring personal belongings and to acquire belongings. However, the program may limit or supervise the use of these items while the client is in the program. If a personal item is used inappropriately (i.e., radio), it may be confiscated by the program staff and locked in an area where it will not be available to the client.

Personal belongings which are illegal, unsafe, or are counter to the program’s philosophy will be removed by staff. The client will be made aware of this confiscation and will need to discuss the return of this item with the Program Director.

Some items may be returned at the time of the client’s discharge.
DUTY TO PROTECT POLICY

The Duty to Protect law (ORC 2305.51) details the responsibilities of mental health professionals when they have reason to believe that a person may be a threat to seriously harm identifiable persons or structures. This law specifically includes Social Workers and others who provide services, including those who provide assessment, diagnostic, prevention, treatment and psychosocial services. Therefore, it relates to the work we do in Lighthouse Youth Services programs.

Both the mental health professionals and the agency can be held liable (in civil proceedings as well as through licensing authorities) when serious physical harm or death results from failure to predict, warn of, or take precautions to provide protection from the violent behavior of our clients only if:

1. The client or a knowledgeable person (i.e., immediate family member or anyone who personally knows the client) has communicated an explicit threat of inflicting serious and imminent physical harm or causing the death of one or more clearly identifiable potential victims;

2. The mental health professional has reason to believe that the client has the intent as well as the ability to carry out the threat; and

3. The professional or organization fails to take appropriate action in a timely manner.

In the event that these conditions occur, Lighthouse Youth Services staff will take appropriate action as required by law. Appropriate action includes one or more of the following, each of which must be considered and fully documented (including the reason that option was chosen and the others were not; see attached form):

1. Voluntary hospitalization

2. Involuntary hospitalization (emergency or judicial)

3. Development and implementation of a documented treatment plan reasonably calculated to eliminate the threat and obtaining a second opinion risk assessment and treatment plan approval through consultation with the clinical director of the organization.

4. Warning to law enforcement (where each victim resides and/or where the structure is located) and, if feasible, warning to each potential victim or, when the potential victims are minors, their guardians. Warnings to law enforcement, potential victims and their guardians must include all of the following:

   - The nature of the threat
• The identity of the client making the threat

• The identity of each potential victim of the threat

• This law provides specific immunity from liability for disclosing confidential client information in order to take any of the above actions.

• When such incidents occur, staff will complete the “Duty to Protect” documentation form and attach it to the corresponding incident report for review by appropriate supervisory and management staff.
EXPLANATION OF PROCESS USED TO INFORM CLIENTS OF RIGHTS

Upon intake into a Lighthouse Youth Services program an intake person or Social Worker is assigned to the client who will:

1. Give a copy of the client’s rights to the client.

2. Give to the client an explanation of the program’s services, schedule, rules, policies and grounds for discharge from the program.

3. Explain to the client and the client’s guardian, the Agency’s grievance procedure.

4. The client rights and grievance procedure must be reviewed with clients annually.
GUIDELINES FOR WORKING WITH GAY, LESBIAN, BI-SEXUAL AND TRANSGENDER YOUTH

Lighthouse Youth Services tries to meet the best interests of all youth in our care. We acknowledge that the gay, lesbian, bisexual and transgender youth we serve have unique needs that deserve attention. Many of these youth are at higher risk for:

- Abuse by family members and others
- Throwaway/runaway/homeless status
- Sexual exploitation
- Drug/alcohol abuse
- Suicide
- Employment discrimination
- Unsuccessful out-of-home placement
- STD’s and HIV infection
- Religious abuse
- Emotional problems/stress

Lighthouse staff believe that these youth require sensitivity, responsiveness, and competency from everyone who work with them. To this end, staff should:

1. Protect civil rights of youth by assuring admission, crisis intervention, and case management services are provided to all youth regardless of their sexual orientation;

2. Support those youth in our care who specifically request help on gay and lesbian issues;

3. Become familiar with, and access the community resources available to gay and lesbian youth;

4. Establish rules and consequences regarding sexual behavior that apply to all youth in group care settings and foster homes;

5. Create a nurturing environment for gay and lesbian youth in our care where they are not neglected or discriminated against by staff and volunteers, or victimized by other youth;

6. Advocate for these youth.

In order to assist staff with these guidelines, the agency will:

1. Hire and train staff who are knowledgeable and supportive of these youth and who can provide positive role models for them;
2. Provide staff training and materials on the needs of youth and diversity training to increase understanding and decrease fears or prejudices;

3. Provide sex education and health education training to staff so they can educate gay and non-gay youth;

4. Encourage and support networking with other service providers to help assure that the needs of gay and lesbian youth are met;

5. Provide staff training on how to deal with staff who have religious/value issues about working with gay, lesbian, bisexual and transgender clients.
INTERPRETERS FOR CLIENTS

Policy: Lighthouse shall provide for communication with limited English speaking clients and visually and hearing impaired clients, including prospective and current clients and families, to ensure them an equal opportunity to benefit from services. This service will be provided at no cost to the client.

Procedure: Lighthouse will provide bilingual translators when a client/family is not fluent in English. The Program Director/Supervisor is responsible for contacting the Language Bank of the International Family Resource Center at 721-7660 http://www.servingfamilies.org/default.htm.

Deaf or hard of hearing client/family who need an interpreter will receive this service through a contract with the Community Services for the Deaf. Program Director/Supervisors can call for services at 221-0527 between 9 and 5 Monday through Friday and can call 784-2777 for services after hours http://hearingspeechdeaf.com/.

The TTY (Text Telephone) is a TDD (Telecommunication Device for the Deaf) and is located at the Lighthouse Youth Crisis Center. It may be accessed 24 hours a day at 961-4080. Internet Relay is also available using a free internet service at http://www.i711.com.

Lighthouse will reasonably attempt to use or obtain any necessary auxiliary aides, whenever a client’s impairment interferes with their ability to benefit from the service.

Upon request of client or guardian, a family member or friend may act as interpreter, but only after the client is offered an outside interpreter and the staff and client agrees that the family member or friend is appropriate in terms of the treatment plan and confidentiality.
PARENTAL RIGHTS AND INVOLVEMENT

1. The goals of every Lighthouse program that works with youth include working toward either complete reunification with the child’s family or to establish a more healthy, productive, positive relationship between the client or family than previously existed.

2. Occasionally a workable family system is not present. In such cases, every attempt is made to explore options that can provide long-term support for the child.

3. Parents/Guardians are contacted within 24 hours upon a child’s entry into a Lighthouse program, unless not permitted by the child’s guardian. Appropriate guidelines for visiting and making phone contact are then established as are rules for client home visits. These vary from program to program and can be found in the Program Operations Manual.

4. Parents/Guardians are entitled to regular knowledge of the child’s well-being and progress. Personal visits must be cleared in advance with program staff.

5. The level of involvement is established through agreements made in collaboration with the family and the referring agency’s caseworker.

6. Parents/Guardians are invited and expected to attend all scheduled family meetings.

7. Parents/Guardians are to be immediately informed of any medical emergency, upcoming court contact, runaway or other serious matters.

8. Parents/Guardians are to be informed of their responsibilities for clothing, medical payments, and transportation costs.

9. Any parental concerns or complaints should be handled according to agency policy on client grievances.
POLICY FOR CLIENT REVIEW OF RECORDS

Information from a client’s records will be shared with the client or the client’s guardian:

1. When the Program Director gives the approval to do so, and;

2. When it is established by the Program Director and legal guardian(s) that the requested information will not cause undo harm to the child, and;

3. When the requested information is needed for planning or treatment purposes;

4. And when the client’s legal guardian provides a written request for information to the Program Director. This written request will be kept in this client’s file.

Corrections of inaccurate information are made by assigned staff on a special form which will be filed with client’s records. The referring agency caseworker will be notified of these changes and the client will receive a copy of the changes made.

Information from a record is to be shared orally with a client by the assigned staff unless other arrangements are made by the Program Director.

The agency will follow any court orders regarding the disclosing of client records.

In the event a client wishes to insert a statement into the records, the client may do so. If the agency responds to the client entry, the client must be shown the agency response and indicate in writing with name and that this was done.
Lighthouse Youth Services
Policy on Client Rights & Grievance Procedure

A. The following policies and procedures have been developed in order to protect and enhance the rights of persons served by Lighthouse Youth Services and their families and for providing a system for responsive and impartial resolution of grievances. All staff persons (including administration and support staff) and volunteers will be familiarized with these policies and procedures during their employee/volunteer orientation and during periodic in-service training sessions and/or staff meetings.

B. The Compliance Manager has been designated as the Client Rights Officer for Lighthouse Youth Services.

a. The Client Rights Officer is responsible for assuring compliance with the client rights policies and grievance procedures, including assuring that staff explain all aspects of client rights and the grievance procedure to clients, parents or guardians, and other agencies.

b. The Client Rights Officer is responsible for accepting, reviewing and overseeing the process of any grievance filed by a client or other person or agency on behalf of a client.

c. The Client Rights Officer is responsible for assuring the keeping of records of grievances received, the subject matter of the grievances, and the resolution of the grievances. These records shall be available for review by the Community Mental Health Board and the Department of Mental Health upon request. The Client Rights officer shall prepare an annual summary of the number, type and resolution status of grievances and shall provide this summary to the Community Mental Health Board.

d. The Client Rights Officer is available from 9am to 5pm, Monday through Friday at (513) 221-3350 or by writing to 401 E. McMillan, Cincinnati, Ohio 45206.

e. If the Client Rights Officer is the subject of a grievance or unavailable, the Vice President/Chief Operating Officer is responsible for assuring compliance with these policies and procedures and for reviewing the grievance.

C. Procedure for informing clients of rights.

Upon intake into a Lighthouse Youth Services program, the intake worker or social worker assigned to the client will:

1. Give a copy of the Client Rights Statement and of the Grievance Procedure to each client and/or parent/guardian upon admission or, in the case of an emergency or crisis, at the next subsequent appointment.

2. Provide a full oral explanation of the client rights and grievance procedure to the client and/or guardian as well as an explanation of the program’s services and alternatives,
schedule, rules, policies and grounds for discharge from the program.

3. In a crisis or emergency situation, the client shall be verbally advised of at least the immediate pertinent rights, such as the right to consent to or refuse offered services or treatments and the consequences of that agreement or refusal. A written copy and full explanation of the client rights and grievance procedure may be delayed until the next subsequent session or meeting.

4. Clients or recipients of the type of mental health services specified as “community services” (information and referral service, consultation service, mental health education service, prevention service or training service), may have a copy and explanation of the client rights policy upon request.

5. The client rights and grievance procedure must be given to each client annually and to any family member, legal guardian or outside agency upon request.

6. A copy of the client rights policy and the grievance procedure must be posted in a conspicuous location in each building.

D. Statement of Client Rights. All Lighthouse Youth Services clients have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;

2. The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;

3. The right to be informed of your own condition, of proposed or current services, treatment or therapies, and of the alternatives;

4. The right to consent to or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;

5. The right to a current, written, individualized service plan that addresses your own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;

6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;

7. The right to freedom from unnecessary or excessive medication;

8. The right to freedom from unnecessary restraint or seclusion;

9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and
specific necessity which precludes and/or requires your participation in other services. This necessity shall be explained to you and written in your current service plan;

10. The right to be informed of and refuse any unusual or hazardous treatment procedures;

11. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;

12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at your own expense;

13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state and federal statutes, unless release of information is specifically authorized by you and/or your parent or legal guardian;

14. The right to have access to your own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for you for clear treatment reasons in your treatment plan. “Clear Treatment Reasons” shall be understood to mean only severe emotional damage to you such that dangerous or self-injurious behavior is an eminent risk. The person restricting the information will explain to you or your parent/guardian and other persons authorized by you the factual information about you that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by you or your parent/guardian has unrestricted access to all information. You will be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;

15. The right to be informed in advance of the reasons for discontinuance of service provision, and to be involved in planning for the consequences of that event;

16. The right to receive an explanation of the reasons for denial of service;

17. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age lifestyle (including sexual orientation), physical or mental handicap, developmental disability, or inability to pay;

18. The right to know the cost of services;

19. The right to be fully informed of all rights;

20. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;

21. The right to file a grievance;

22. The right to oral and written instructions for filing a grievance.
E. In addition to the rights listed above, clients in residential programs have the following rights:

1. The right to enjoy freedom of thought, conscience, and religion;
2. The right to reasonable enjoyment of privacy;
3. The right to have your opinions heard and be included, to the greatest extent possible, when any decisions are being made affecting your life;
4. The right to receive appropriate and reasonable adult guidance, support, and supervision;
5. The right to be free from physical abuse and inhumane treatment;
6. The right to be protected from all forms of sexual exploitation;
7. The right to receive adequate and appropriate medical care;
8. The right to receive adequate and appropriate food, clothing and housing;
9. The right to your own personal property (including money) commensurate with your developmental age and safety needs;
10. The right to live in clean, safe surroundings;
11. The right to participate in an appropriate educational setting;
12. The right to communicate with family, guardian, custodian, friends and significant others outside the facility, in accordance with your Individualized Service Plan;
13. The right to send and receive mail, subject to our rules about contraband and directives from your legal guardian;
14. The right to be taught to fulfill appropriate to yourself and to others;
15. Reasonable access to your own bedroom or sleeping area at any time, commensurate with your developmental age and safety needs.

F. Grievance Policy and Procedures

Definition: A grievance refers to a written complaint, initiated either verbally or in writing by a client or by any other person or agency on behalf of a client regarding denial or abuse of any clients’ rights.

1. Any client, parent or legal guardian, or other individual or agency has the right to express a complaint or grievance regarding program services.
2. Clients and, if applicable, parents/legal guardians will be informed, orally and in writing, of the grievance procedure at the time of entry into a Lighthouse Youth Services program.

3. Copies and explanations of the grievance policy and form will be made available to clients, parents/legal guardians, family members, outside agencies and other interested persons upon request.

4. A copy of this grievance procedure is posted in each agency building.

5. Each client has to right to exercise any and all rights, including filing grievances, without reprisal in any form including continued and uncompromised access to services.

6. There is no statute of limitations on when a grievance can be filed.

7. Upon request or if needed, Lighthouse Youth Services will provide assistance in filing the grievance, investigation of the grievance on behalf of the griever, and agency representation for the griever at a hearing, if applicable.

8. Complaints will be directed to the program Director at the program site. The Program Director is responsible for bringing grievances to the attention of the Client Rights Officer. Complaints will be forwarded to the Vice President/Chief Operating Officer if the Program Director is unavailable or is the subject of a complaint.

9. The Client Rights Officer at Lighthouse Youth Services is available from 9 a.m. to 5 p.m., Monday through Friday. The Clients Rights Officer can be reached by telephone at (513) 221-3350, in person or by mail:

   Client Rights Officer
   Lighthouse Youth Services
   401 E. McMillan
   Cincinnati OH 45206

10. The Client Rights Officer will decide if complaints need to be investigated, reported to an outside agency, or referred to someone else who can help address the concern.

11. The Client Rights Officer will respond to the grievance by the end of the first regular business day following the filing of the grievance. The response will include contact with the person filing the grievance and an initial investigation of the grievance.

12. The Client Rights Officer will impartially review, investigate and attempt to resolve the grievance within two weeks of the filing date and will provide the client and/or the person filing the complaint (with client authorization) with written notification and explanation of the resolution.

13. If the grievance is still not resolved, or if requested by the griever, a hearing with the Client Rights Officer and the Lighthouse President/CEO will be scheduled. Clients may request help or representation by staff at this hearing.
14. After the hearing, a written statement of the results will be provided to the client and other persons authorized by the client within 20 working days of the filing date of the grievance.

15. If the grievance is still not resolved, the client or the person making the complaint will be referred to one or more of the outside entities listed below. The Client Rights Officer will assist clients or grievers in contacting any outside resource upon request.

16. If the Client Rights Officer is the subject of a grievance, is unavailable, or if the client requests an appeal of the Client Rights Officer’s decision, the grievance will be forwarded to the President/CEO, who is responsible for assuring compliance with these policies and procedures and for reviewing the grievance.

17. Upon request, information about the grievance may be provided to outside entities authorized by clients and, if applicable, their legal guardians as well as to the Ohio Department of Mental Health and the Hamilton County Mental Health Board.

18. If desired, grievances can be filed with any or all of the entities listed below:

| U.S. Department of Health & Human Services | Client Advocacy Coordinator
| Civil Rights-Region V | Ohio Department of Mental Health Office for
| 105 West Adams | 30 East Broad Street, Suite 800
| Chicago IL 60603 | Columbus, Ohio 43266-0414
| (312) 886-5078 | (614) 466-2333 -phone
| | (614) 466-1571 –fax

| Client Rights Officer | Ohio Legal Rights Service
| Hamilton County Community Mental Health Board | 8 East Long Street, 5 Floor
| 801-B West 8 Street, Suite 524 | Columbus, Ohio 43215-2999
| Cincinnati, Ohio 45203 | 1-800-282-9181 –phone
| (513) 632-7149 –phone | (614) 644-0722 –fax
| (513) 632-7171 –fax | Counselor & Social Worker Board
| 77 South High St. 16 Floor | Columbus, Ohio 42366-0304
| (614) 466-0912 –phone. |
G. Implementation and Monitoring

1. The Client Rights Officer shall assure the keeping of records of grievances received, the subject matter of the grievances, and the resolution of the grievances.

2. These records shall be available for review by the Community Mental Health Board and by the Department of Mental Health upon request.

3. The Client Rights Officer shall submit an annual summary report of the number of grievances received, types of grievances, and resolution status of grievances to the Community Mental Health Board.
CHILD ABUSE & NEGLECT REPORTING

1. All Lighthouse Youth Services, Inc. staff should comply with the Ohio Revised Code (ORC § 2151.421) Duty to report child abuse or neglect law.

   a. Any Lighthouse Youth Services staff who knows or suspects that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, should immediately report that knowledge or suspicion to the public children services agency (for Hamilton County call 241-kids) or a municipal or county peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred.

   b. An incident report should always be written by the end of the day by the staff person learning about the abuse, and signed by the Program Director. A copy should be sent to the public agency initiating the investigation, if requested by them. The written report shall contain:

      i. The names and addresses of the child and the child's parents or the person or persons having custody of the child, if known;

      ii. The child's age and the nature and extent of the child's known or suspected injuries, abuse, or neglect or of the known or suspected threat of injury, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect;

      iii. Any other information that might be helpful in establishing the cause of the known or suspected injury, abuse, or neglect or of the known or suspected threat of injury, abuse, or neglect.

   c. In addition to reporting to the appropriate authorities, Lighthouse staff will notify the young person’s parents (if appropriate) and/or legal guardian of the suspected abuse or neglect.

   d. In home workers, whenever possible, should explain to the caretaker the need to report and should encourage the caretaker to report the incident in the worker’s presence. If the caretaker does not report the incident in the presence of the worker the worker should report the incident as soon as possible. When necessary, workers should consult with a supervisor before reporting the suspected abuse or neglect.

   e. For suspected abuse or neglect of minor clients in Lighthouse out-of-home care programs, the “Policy on Handling Allegations of Abuse or Neglect In Out-of-Home Care” should be followed.

Reviewed 10/11
POLICY ON HANDLING ANY CLIENT ALLEGATIONS OF ABUSE OR NEGLECT IN OUT-OF-HOME CARE

Responsibility for investigation of alleged child abuse or neglect incidents occurring in any out-of-home care setting rests with the county protective services agency within whose jurisdiction the facility or foster home is physically located.

Any allegation of suspected or alleged abuse or neglect of a client in any of our programs, facilities or foster homes should be reported to the Program Director immediately. Any allegation that a client makes should also be reported. The report should include an incident report to document type of allegation, time it occurred and circumstances that led up to it.

The Program Director or designated staff will do the following:

1. Contact the designated local child protective services agency office and report the allegation of abuse or neglect immediately;

2. Speak to the child or family directly regarding the allegation and record the information;

3. Speak to all involved staff members;

4. Contact the caseworker of the child and report the incident and procedure followed. Contact family if appropriate.

5. Inform the Vice President/Chief Operating Officer or President/Chief Executive Officer;

6. A decision regarding the child’s safety and comfort in the home or facility should be discussed with the caseworker, child and social service team including the advocate. The decision will always be made to protect the child from further risk of harm and be in the best interest of the child;

7. In a residential program, the staff may be suspended with or without pay based on the seriousness of the allegation and the discretion of the President/Chief Executive Officer, or temporarily assigned to another program during the investigation. In a foster home, the child may be removed;

8. The staff and Program Director will cooperate in the investigation by sharing all information with the investigator.

9. The Program Director will communicate with the staff member as much as possible regarding the proceedings. The investigator will be asked to complete the process as quickly as possible;
10. The Program Director will cooperate with the investigator by helping to schedule requested interviews and by permitting access to incident reports, logs, medical files, and other records which relate to the investigation of alleged abuse or neglect.

11. Pending the outcome of the investigation, corrective action may be taken. This could include more staff training, more supervision and support, a suspension, warning or termination. Criminal charges may be filed if necessary.

12. Write all pertinent information on an incident report and forward one copy to the President/Chief Executive Officer and send one copy to the Hamilton County Mental Health Board within 24 hours.

An investigation is begun when a report alleges that a staff member or foster parent is involved in any of the following:

1. Engages in sexual conduct or sexual contact with clients;

2. Does not take reasonable precautions to ensure that clients do not engage in sexual conduct with other clients.

3. Allows clients to be photographed for “obscene” purposes;

4. Administers corporal punishment;

5. Uses physical restraints on a client, other than for a temporary emergency period, without written order of a licensed physician or fails to follow agency policies in administering physical restraints;

6. Uses psychotropic medication to keep a client under control which has not been already prescribed by a licensed physician;

7. Uses other forms of unapproved physical restraint that would cause injury or harm to a client either physically or emotionally;

8. Uses any excessive method of disciplining or punishing a client which will lead to inflicting physical pain;

9. Fails to report incidents of suspected child abuse or neglect;

10. Permits clients to abuse other clients;

11. Uses staff restricted timeout or timeout rooms without provision of strict supervision of a client during the period of time the child is in staff restricted timeout;

12. Fails to meet the nutritional needs of a client or withholds food from a client as a form of punishment or discipline;
13. Fails to provide education for the client;

14. Fails to provide medical and dental treatment to a client;

15. Fails to provide a safe physical environment;

16. Fails to adequately supervise the prescription of drugs and/or report unfavorable or dangerous side effects from the use of these drugs;

17. Permits clients to engage in the harassment or abuse of another client;

18. Contributes to any delinquent acts of clients;

19. Causes a non-accidental injury to a client or an injury that is at variance with the history given.

The agency recognizes that an allegation levied by a client against a staff person can produce a great deal of anxiety and stress for the accused staff person. The agency recommends that staff members consider mental health services available through the agency’s employee assistance program.
POLICY ON HANDLING ANY CLIENT ALLEGATIONS OF SEXUAL ABUSE

Children in foster care and residential facilities are vulnerable to sexual exploitation or abuse by persons who are stronger or more powerful. Such exploitation includes any participation in sexual behavior, voluntary or involuntary. Sexual abuse ranges from voyeurism to forcible rape and not only takes its toll on the child physically, but has severe ramifications for his/her emotional health.

In addition to being alert to sexual activity within the facility, staff must also be alert to children returning from home and other outside visitation for signs of emotional distress. Children may report inappropriate behaviors directed toward them by adults. They may later retract their stories as guilt and ambivalence make them defensive of parents or caregivers. They may make false allegations due to hurt, anger, and for attention.

Any allegation of child molestation is serious. Even unfounded accusations and innuendos can ruin peoples’ reputations and destroy careers. While indicators of abuse must not be ignored, this area is so sensitive that caution and special emphasis on fairness and confidentiality are needed.

Staff members must assume responsibility to avoid any circumstances where a client might suspect an advance was being made, or where an accusation could be made by a client who the staff person could not prove innocence.

POLICY:

1. All instances of suspected or alleged sexual abuse of a client by a staff member must be recorded on an incident report by a staff member, Program Director, child advocate, or Vice President/Chief Operating Officer with all information relative to the incident documented. The client will be interviewed as will the staff member. The President/Chief Executive Officer is to be informed immediately.

2. Clients reporting sexual assault will be taken to the hospital for examination and treatment immediately after the report is received, if appropriate.

3. 241-KIDS and a designated law enforcement agency shall be notified within 24 hours in addition to the internal investigation.

4. The client’s parents/guardians and the placing agency shall be informed of the incident within 24 hours.

5. Counseling shall be given to the client and significant others to assist in the handling of anxiety and to encourage cooperation in the investigation by a professional not associated with the agency. If the client is already involved in counseling, the therapist will be informed of the situation. If the client is not involved in counseling, a referral will be made within a 24-hour period. Program staff are not to interfere in any way with the investigation.
6. Confidentiality must be maintained during the investigation as the accusation alone could affect the professional and personal future of the staff member.

7. The staff member will be informed throughout the investigation. If it is necessary to remove the staff person from the program, he/she will be suspended. Pending the agency’s inquiry and investigation regarding the allegation, a staff member may be put on a paid leave of absence or suspended without pay. The decision will be made by the Program Director, Vice President/Chief Operating Officer and/or the President/Chief Executive Officer.

8. If the staff member remains in the program during the investigation, he/she must work in a double coverage situation.

9. When in doubt about the allegation, the course of action will be in favor of protection of the child.

10. If the allegations are substantiated by the investigation, a decision on whether to retain or dismiss the employee will be made by the President/Chief Executive Officer based on the presented evidence.
POLICY ON CLINICAL RECORDS

Lighthouse Youth Services will maintain integrated clinical records on all persons served by its programs.

1. The Clinical Record for each client will include, but not be limited to, the following:

   a. A consent for treatment statement signed by the client and, if necessary, the guardian, including documentation of:
      i. Explanation of risks and benefits of each proposed treatment, of alternative treatments, and of no treatment;
      ii. Program response to the refusal or withdrawal of consent for treatment, if applicable, including reaffirmation of the person’s right to refuse treatment, efforts to develop alternative approaches collaboratively with the client that ensures that the client receives needed services, and efforts to ensure that the client understands the implications and potential consequences of refusing or withdrawing consent for treatment.
      iii. For minors 14 and older, mental health services except for the use of medication may be provided for a limited time (a maximum of six sessions) without a consent for treatment signed by the parent/guardian.

   b. Client identification and sociodemographic information

   c. A description of presenting problems and circumstances leading to admission

   d. History relevant to treatment

   e. A description of any reported or observed problems in cognitive, affective, or behavioral functioning on admission

   f. A drug use history including any known allergies or sensitivities

   g. Reports of any known psychological and/or psychiatric evaluations, consultations, referrals, and any other information relevant to the client’s treatment

   h. A diagnostic impression
i. An Individualized Service Plan (see policy on service plans)

j. Progress notes.
   i. Must be legible
   ii. Must acknowledge achievement of identified client objectives and goals
   iii. Must include descriptions of significant events or changes in client condition and needs
   iv. Must describe the delivery of services and specific interventions that support the individual plan of care
   v. Must include the client’s progress or lack of progress in response to treatment
   vi. Must identify movement to other levels of care
   vii. Each progress note must include the date, signature, and professional qualifications/credentials of the person making the entry
   viii. Are to be recorded upon each service contact, intervention, incident, or change in level of care

k. Documentation of client transfer or movement within the Lighthouse system, including:
   i. Dated signature of the staff person making the transfer
   ii. The name of the staff and/or service to which the person is being transferred
   iii. The effective date of the transfer
   iv. The reasons for the transfer including documentation that the reasons have been explained to the client and parent/guardian and that the client and parent/guardian participated in the transfer decision
   v. The client’s response to the transfer decision

l. Documentation of interagency referral, including:
   i. Name and dated signature of the staff member making the referral
   ii. Name of the individual or agency to whom referral is being made
   iii. Effective date of the referral
   iv. Signed authorization for release of information
v. Progress and/or consultation reports requested from the agency to which the client is referred

vi. The reasons for the referral including documentation that the reasons have been explained to the client and parent/guardian and that the client and parent/guardian participated in the referral decision

vii. The client’s response to the referral

viii. When a client is referred to a psychiatric hospital, a copy of the Individualized Service Plan shall be provided to the hospital treatment team with the signed consent of the client and parent/guardian.

m. A medication record, if applicable

n. A quarterly or monthly review summary, if applicable

o. A signed authorization for each specific request for release of information

p. A closing summary, including:

i. A review of all services provided from the date of admission to termination

ii. The reason(s) for the termination of services

iii. A summary of progress in treatment

iv. Documentation that efforts have been made by staff to contact persons (and their families) who have discontinued services unexpectedly

v. Admission and termination date

vi. Summary of the Individualized Service Plan, if applicable, including client outcomes

vii. Unresolved problems and/or issues

viii. A summary of the medication record

ix. Referrals made to other community resources

x. Dated signature and credentials of staff member writing the summary

xi. Supervisory staff member signature and credentials

xii. When possible, any notes that the client and/or parent/guardian wish to add as well as a summary of the response of the client/guardian to the termination
Documentation of follow-up arrangements, if indicated, made with the participation of the client and parent/guardian

1. All follow-up recommendations are given in writing to the person served

2. Information shall be given to the client regarding the recognition of symptoms which may indicate the need for further services

When a person is terminated involuntarily from a service or program, the reasons will be documented in the clinical record and reviewed as part of the agency CQI process. This documentation will include alternative services or interagency referrals that were provided prior to the involuntary termination.

2. Each page, form, report or entry in the clinical record shall contain the following information:

   a. The client’s full name or case number

   b. Appropriate signatures, credentials, and dates

3. The following deadlines for completion and placement of material in the clinical record are:

   a. Demographic, descriptive and historical information, where available, including descriptions of affective, cognitive and behavioral problems, health history information, and medication use history will be included in the clinical record as soon as possible following admission to the program, not to exceed 2 working days.

   b. Documentation of explanation of client rights and client grievance procedures will be included in the clinical record upon admission and annually thereafter.

   c. Reports of psychological, psychiatric and other relevant evaluations and consultations relevant to the client’s treatment will be included as soon as they are procured. Requests for such information, accompanied by a signed authorization for release of information, should be made within 7 working days.

   d. Diagnostic impressions and reports of diagnostic assessments, if applicable, shall be included by the 4th session or 30 days, whichever is sooner.

   e. Individualized client service plans, if applicable, shall be included by the 4th treatment session or 30 days, whichever is sooner.

   f. Progress notes shall be completed within 24 hours of the service, session, incident or event requiring documentation.

   g. Documentation of client transfer of movement within Lighthouse shall be completed within 3 working days of the transfer or movement.
h. Medication records will be completed at the time of receipt, administration and disposal of medications

i. The quarterly ISP review summary will be completed within 7 working days of the review meeting

j. A signed authorization of each specific request for release of information will be completed and placed in the clinical record prior to any release of information.

k. The closing summary will be completed and placed in the clinical record within 30 working days of termination.

4. Only such information as is needed for assessment, service plan development and implementation, discharge planning, coordination of care and as required by rules and regulations will be maintained in clinical records. This includes assessment reports, service plans, progress notes, and treatment summaries.

   a. Notes, impressions and observations which are unrelated to the determination of client need, service and discharge planning should be removed from clinical records by the responsible Social Worker or Case Manager.

      i. Where pertinent, such information, impressions and observations should be summarized in progress notes or summary reports.

   b. Upon termination of a case, or, for long-term cases, at least annually, the primary Social Worker or Case Manager should systematically review the file, removing information which is unrelated to clinical service planning, delivery and discharge planning.

5. Individual clinical records for each Lighthouse Youth Services program will be securely stored in a locked room or in locked file cabinets on the premises of each program.

   a. All records will be indexed by client name and other means (e.g., case number) to facilitate retrieval as necessary.

   b. Only authorized staff may have access to clinical records and to the area where records are kept. Clients and/or parents/guardians may have access to appropriate information in the records only with the approval of the program director.

   c. If any information is kept in an electronic or automated information system, HIPAA compliant security measures are taken to prevent unauthorized access to such information.

   d. All clinical records that have been removed from the storage location will be signed out to insure that components are kept together and can be accessed by authorized staff at all times.
1. Clinical Records for all clients will be maintained for seven (7) years after the last date of service.

2. Each program will designate a staff person to administer the records system.

3. Lighthouse Youth Services will obtain periodic consultation with a registered records administrator or accredited records technician about record structure, procedures and records systems.

e. In the event that a lawsuit, investigation or legal action occurs, all closed records, both paper and electronic, pertaining to that action will be secured by the client rights officer. Such records will be maintained beyond the seven year limit noted above until such lawsuit, investigation or legal action has been completely resolved.
Lighthouse Youth Services is committed to ensuring the well-being of clients served by the agency. Lighthouse personnel are responsible for assessing, assisting and protecting clients who are at risk of harming themselves and/or others. Staff members will recognize when clients are at risk of harming themselves and/or others and take appropriate actions.

This policy will be implemented for the safety of clients only: it is not to be used as a form of discipline. Any temporary restrictions on a client’s rights taken to ensure client safety pursuant to this policy must be documented in the file and on an incident report, approved by the program director, reported to the Client Right’s Officer, and must be consistent with the Lighthouse policy on client rights.

All Lighthouse programs have detailed procedures addressing risk assessment, seeking assistance and emergency intervention, safety planning and safety contracting. All Lighthouse residential programs also have detailed procedures addressing safety precautions.

When it is determined that a client poses a significant risk of harm to other people, the procedures outlined in the Policy on Duty to Warn will be followed. When the risk of harm to others does not rise to the level of “significant risk” but nevertheless is cause for concern, the procedures in this policy will be followed.

Lighthouse personnel will comply with all applicable local, state and federal laws and regulations pertaining to management and reporting of self-harm and harm to others, including laws pertaining to documentation, notification, and duty to protect clients and potential victims.

All incidents involving client self-harm and harm to others or risk of client self-harm/harm to others will be reported to the Program Director and Clinical Supervisor as well as the client’s guardian/custodian, and applicable regulatory bodies and will be documented on an incident report form. See Incident Reporting Procedures Policy.

The Lighthouse Safety Committee will review all serious suicide attempts and completed suicides as well as all incidents of serious client harm to others (i.e., resulting in death or serious injury requiring emergency medical care) within 30 days of the incident. This review will include a root cause analysis and the development of recommendations, if applicable, to prevent future incidents.

All Lighthouse direct service personnel will receive initial training/orientation in these procedures during their first 30 days of employment and will review these procedures annually thereafter. The training/orientation will address factors that may predispose clients to self-harm and/or harm to others, including high-risk periods, warning signs and symptoms, as well as prevention, intervention, and reporting policies and procedures.
Definitions

*Level of Risk* – Levels of risk are a convenient way of assessing the probability that a person will attempt to harm him or herself or others. Levels of risk are a tool to guide the clinician in the assessment of risk. The levels provide a continuum of risk. They are not clear cut categories. A person perceived to be at low risk may in fact be at high risk because they have hidden their actual thoughts, mood or intent; and a person may appear to be at high risk, when in fact they are at lesser risk for similar reasons. The professional making an assessment is not expected to engage in mind reading – and in fact does so at her or his own risk. The exception to this is imminent risk. The safety of a person (or the victim of a person) meeting the conditions of imminent risk *must* be addressed.

*Imminent risk* – A person is determined to be at imminent risk of harm to self or others when:

- The person states a clear intent to commit an act of harm *and*
- The person has or may have the means to cause harm,
- *Or* the person appears to be engaged in an action(s) which will likely cause harm regardless of her or his stated intent.
- This may include a client who refuses to agree to a safety contract.

A person at imminent risk of harm to self or others is at the highest level of risk. Persons at imminent risk of harm to self or others require immediate intervention, either police action (restraint) or mental health intervention (hospitalization), to ensure the safety of the person or any intended or collateral victim. The Lighthouse Youth Center at Paint Creek may moderate this immediacy by ensuring the safety of the persons at risk as long as mental health evaluation by an independently licensed clinician occurs in a timely manner.

*High Risk* – *(Includes Imminent Risk)* A person may be considered at high risk when one or more of the following conditions are present:

- Talking about wanting to be dead or to seriously harm others;
- Stated intention to harm self or others;
- Talking about or making a specific plan to harm self or others;
- Access to means to harm self or others (i.e., weapons, drugs, etc.);
- Recent attempt to harm self or others;
- Preoccupation with/talking about death, dying or suicide or about killing or harming others;
- Giving away prize possessions, saying good-bye, writing farewell letters, etc.
- Client perception that little or no resources or supports are available;
- Client refuses to engage in safety contracting;
- There may be other risk factors (see *Moderate Risk*).

*Moderate Risk* – A person may be considered at moderate risk when one or more of the following conditions are present:

- Some ideation/thinking about and/or desire to harm self or others;
- Sense of hopelessness;
Clinical depression or significantly depressed mood;
Sudden elevated mood following a period of depression;
History of significant impulsivity;
Previous but not necessarily recent suicide attempt or attempt to harm others;
May not have a plan including how, where and when.
May not have access to means to carry out plan (i.e., access to weapons, potential targets, etc.);
There may be other risk factors.

Low Risk – A person may be considered at low risk when few risk factors or warning signs are present. A person at low risk may have the following conditions present:

- No known previous serious attempts to harm self or others;
- May have some thoughts about harming self or others;
- Denies intention to harm self or others;
- No specific plan;
- May express some hopefulness about the future;
- Few other risk factors are present.

Safety Contract – A safety contract is an agreement (preferably written) with a client specifying the client will not take any action to harm him or herself or anyone else. A safety contract is of little use unless alternative behaviors have been outlined through a safety plan.

Safety Plan – A safety plan is a written, detailed list of actions for a person to take if she or he feels unsafe or at risk of harming herself/himself or someone else. Safety plans are more effective the more detailed they are, particularly when details have been rehearsed. Safety plans are generated and written by the person at risk. They are not the ideas of another person though another person may help the person at risk by making suggestions or by guiding/assisting development of the plan.

Safety Precautions – Safety Precautions are a mechanism to ensure observation of a person who may be at risk of harm to self or others. Safety Precautions may include line of sight observation or a combination of line of sight observation and short periods of non-observation that includes frequent random direct observations (for instance when the person at risk is asleep or in a restroom). How safety precautions are implemented may vary by program. The proper procedure for each program that uses safety precautions is defined by program specific procedures.

Procedure

Assessment - All Lighthouse clients are assessed for risk during the initiation of services and at any time thereafter that reassessment is appropriate.

Seeking assistance and emergency intervention – Whenever a Lighthouse client is assessed to be at imminent risk of harm the Lighthouse staff member(s) present must take immediate action to ensure the safety of the client. This may include seeking police assistance, ensuring transportation of the client to a hospital/emergency psychiatric service or instituting a safety
precaution system that includes constant line of sight observation with the capacity to safely restrain the client. *Clients assessed to be at imminent risk must not be left alone.* Lighthouse staff members involved are not free of their duty to the client at imminent risk until they have turned the client over to the responsible care of someone else, either police, medical/crisis intervention personnel or a responsible parent/guardian.

*Safety Planning* – Whenever a client is assessed to be at high or moderate risk of harm the client will be engaged in developing a safety plan.

*Safety Contract* – Whenever a client is assessed to be at high or moderate risk of harm the client will be asked to agree to a safety contract. If a client refuses to sign or agree to a safety contract, this refusal will be considered evidence that the client is at a higher level of risk and the staff member will act accordingly.

*Safety Precautions* – Any client in a Lighthouse residential program who is assessed to be at high risk of harm will be placed on safety precautions. Safety precautions do not necessarily preclude the client’s attendance at school, work or other community activities as long as the client is not assessed to be at imminent risk, the client will not be alone and the client can contract to do so safely.
RESIDENT ORIENTATION IN FACILITY PROGRAMS

Lighthouse Youth Services will take every step necessary to assure that all clients receive a complete orientation to a program so as to increase the chance of the client’s success in the program.

Basic goals of the orientation:

1. To provide clients with behavioral expectations and guidelines
2. To provide clients with a description of program rules and regulations
3. To provide clients with a description of basic program schedule
4. To provide clients with a description of rights and privileges
5. To provide clients with procedures for contacting family, caseworkers, probation officers, etc.
6. To help clients complete an intake checklist individualized for each program
7. To provide clients with relevant safety, security, health and medical information
8. To provide clients with an introduction of staff including staff roles and responsibilities
9. To provide clients with a description of program goals and services
10. To review, along with the client, his/her parents and his/her referring caseworker, the client’s personal goals and needs.
11. To inform client of procedures for receiving and requesting on-ground visits and sign outs.

For more specific information, consult the individual program manual.
In the event that a hearing or speech impaired person needs to call out to a regular telephone it will be necessary to utilize a relay service. Instead of a traditional relay, using the TTY, a computer and the internet are used instead. Open the web browser and type in the address: http://www.i711.com. This is a free service that allows both local and long-distance calling. i711.com relay is available any time, 24 hours a day, 7 days a week, 365 days a year. i711.com provides relay services to anyone who visits the site. Simply type the number to be called into the "Number to Call" box, click the "Begin Relay Call" button, and the relay call will begin.

Note, the Internet Relay may be used by anyone who has a hearing or speech disability and replaces the use of the TTY completely. For more information about internet relay using the i711.com site click here for the FAQ sheet.
Process of Care
1. It is the policy of the Lighthouse Youth Services, Inc. (LYS) to not discriminate on the basis of a disability or impairment or to exclude persons with a disability or impairment from full and equal participation in any program or activity, unless accommodating such disabilities would pose an undue burden on the agency or would require modifications that would fundamentally alter the nature of the services or benefits of service.

   a. Disability or impairment is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment.

   b. Undue burden means significant difficulty or expense. In determining whether an action would result in an undue burden, LYS may consider include the nature and cost of accommodations, the overall financial resources of the program, the effect on program expenses and resources, legitimate safety needs, and the impact of the accommodation on the operation of the program.

2. LYS will not impose or apply eligibility criteria that screen out persons with disabilities from fully and equally enjoying any services, advantages, or accommodations, unless such criteria can be shown to be necessary for the provision of the services being offered.

   a. LYS programs may apply eligibility criteria regarding cognitive/mental disabilities when the nature of the person’s disability would prevent them from benefiting from the service. Examples may include mental disabilities that would prevent meaningful participation in cognitive and other individual and group interventions.

   b. LYS may impose legitimate safety requirements that are necessary for safe operation. Safety requirements must be based on actual risks and not on mere speculation, stereotypes, or generalizations about individuals with disabilities.

3. LYS will make reasonable modifications in policies, practices, or procedures, when the modifications are necessary to provide services, advantages, or accommodations to persons with disabilities, unless making the modifications would fundamentally alter the nature of the services, advantages, or accommodations.
a. Where barrier removal is not readily achievable, LYS will make its services available through alternative methods, if those methods are readily achievable and do not pose an undue burden. Examples of alternatives to barrier removal include, but are not limited to, providing services in the community or alternative settings.

4. LYS will take those reasonable steps that may be necessary to ensure that no person with a disability is excluded, denied services, segregated or otherwise treated differently than other persons served because of the absence of auxiliary aids and services, unless taking those steps would fundamentally alter the nature of the services advantages, or accommodations being offered or would result in an undue burden, i.e., significant difficulty or expense or would place other LYS clients at risk.

a. The term “auxiliary aids and services” includes qualified interpreters/translators, written materials, telephone handset amplifiers, telecommunications devices for deaf persons (TDD’s), or other similar, effective methods.

b. LYS will offer clients the opportunity to make outgoing telephone calls, upon request, a TTY or internet relay for the use of an individual who has impaired hearing or a communication disorder.

5. Requests or inquiries for access to programs, services or facilities can be made to Lighthouse by calling programs directly. In the event that a request for access to programs, services or facilities cannot be resolved with the assistance of the Program Director, parties may call the Chief Operating Officer at 513-221-3350, or via internet Relay Service at www.i711.com. The Lighthouse Grievance procedures should be used if anyone wishes to file a complaint.

6. LYS will conduct an annual review of accessibility issues and will develop an annual plan for removing barriers to accessibility as part of the agency Continuous Quality Improvement (CQI) process. In deciding on priorities for barrier removal, LYS may consider the nature and cost of accommodations, the overall financial resources of the program, the effect on program expenses and resources, legitimate safety needs, the impact of the accommodation on the operation of the program and stakeholder preferences.
ACCESSIBILITY, AVAILABILITY, Appropriateness and Acceptability of Services

Lighthouse Youth Services, Inc. services and programs must be accessible and available to persons served as well as appropriate to their needs and acceptable to clients. Lighthouse will ensure that the following criteria are met to assure this.

1. Lighthouse Youth Services, Inc. programs and services will be accessible to persons served.
   a. Residential program services are available 24 hours per day, 7 days per week.
   b. Non-residential programs will ensure the availability of evening and/or weekend services and staff.
   c. Lighthouse will provide 24-hour accessible staff coverage through an on-call system to assure accessibility for persons served in the event of a crisis.
   d. Lighthouse will comply with all relevant federal and state regulations regarding accessibility of services and facilities, including requirements of ADA.
   e. Lighthouse provides services in the community and, when appropriate, in the homes and schools of persons served to ensure geographical access to services.

2. Lighthouse Youth Services, Inc. programs and services will be available to persons served.
   a. Services under a contract or sub-contract with the Community Mental Health Board will be available for persons served regardless of ability to pay.
   b. Lighthouse staff will coordinate discharge planning and mental health services with referral sources for persons referred from public and private inpatient psychiatric settings.
   c. When persons are referred to Lighthouse programs from inpatient psychiatric settings, Lighthouse will assure continuity of care by consulting with the person served, their families/significant others and referral sources to identify and provide necessary mental health services upon discharge, if possible, but no later than two weeks post discharge.
   d. Lighthouse will provide assistance, at no additional cost, to persons requesting or receiving services and their families/significant others, who speak a language other than English, or who have a communication disorder, speech disorder or hearing impairment. Assistance shall apply to all forms of communication.
      i. Lighthouse uses i711 services from the internet.
ii. When possible, Lighthouse will ensure that services are provided by a professional who is able to communicate in the same vernacular language as the person served. When necessary, Lighthouse will ensure the availability of interpreters fluent in the first vernacular language of the person served and with demonstrated ability and/or certification. See policy on “Interpreters for Clients.”

e. Lighthouse will ensure that service planning and service delivery are culturally sensitive and responsive.

f. Lighthouse will ensure that services provided address the needs of the community as identified by the Mental Health Board in their Mutual Systems Performance Agreements (replaces Community Plan). See Agency Service Plan.

3. Lighthouse Youth Services, Inc. programs and services will be acceptable to persons served.

a. Lighthouse will ensure that staff are sensitive to ethnic and cultural differences among people.

i. Lighthouse staff will receive annual training in cultural diversity and sensitivity.

ii. Lighthouse will survey clients about their perception of staff sensitivity and will use the results as part of the Continuous Quality Improvement process.

b. Lighthouse will promote freedom of choice among therapeutic alternatives for persons receiving services through the process of obtaining informed consent, by clearly explaining alternatives and their risks and benefits. See policy on “Consent for Treatment.”

c. Lighthouse shall not deny access to any service based on refusal to accept other services by persons served.

4. Lighthouse Youth Services, Inc. programs and services will be appropriate to the needs of persons served.

a. Lighthouse will ensure that services are provided in the most appropriate least restrictive setting.

b. Whenever possible and appropriate, Lighthouse will deliver services in the natural environment (e.g., home, school and community) of persons served.

c. Whenever possible, Lighthouse will attempt to ensure the continuity of therapeutic relationships of persons served. When a change in providers is required, Lighthouse staff will inform the persons served of the change and the
need for change and will document the reaction of the person served to the change.

d. Lighthouse will ensure that the perceived needs of persons served are taken into account in service planning and delivery. See policy on “Individualized Service Planning.”

e. Lighthouse will ensure that cultural assessments are completed on persons served and that the results are incorporated into service planning and delivery as appropriate. See policy on Diagnostic Assessment.

5. Appropriateness of services for persons with severe mental disability/severe emotional disturbance shall include assessment of needs and advocacy with other systems or organizations to meet those needs when Lighthouse does not provide such services. Such needs shall include as appropriate, but are not limited to:

   a. Mental health service needs;
   b. Housing;
   c. Employment and/or Education status;
   d. Health;
   e. Income;
   f. Recreation;
   g. Cultural characteristics;
   h. Spiritual needs; and
   i. Family.

6. Lighthouse will annually review the effectiveness of efforts to ensure accessibility, availability, appropriateness and acceptability of services. This review will be incorporated in the service evaluation and Continuous Quality Improvement/Quality Assurance activities.
CONSENT FOR TREATMENT POLICY

In a voluntary agency such as Lighthouse, it is essential that we document that our services are provided with the Informed Consent of the client, and when appropriate, the client’s parent or guardian.

In seeking the client’s consent to provide services, the client must be informed of any risks and/or benefits of our proposed intervention, other intervention options which may be available, as well as the risks and benefits if no service is provided.

In the event that a client refuses our services or chooses to withdraw his or her consent for our services, we must do the following:

1. We must reaffirm to the client that he or she has the right to refuse our services and that we are obliged to explain the consequences of that decision;

2. We should develop alternative approaches with that person to ensure that the client receives needed services elsewhere.

For minors 14 years of age or older, mental health services, except for the use of medication, may be provided for six visits without a “Consent for Treatment” form signed by the minor’s parent or guardian.

We must document the consent, refusal to consent, or withdrawal of consent in the client’s case file.
CONTENTS OF LOGS

Keeping a daily record is an important tool in a residential facility. The log is a legal document of the occurrences in the residential facility. Logs have been subpoenaed into courts in the past and therefore should only record information about clients or the program. Comments regarding staff issues should not be addressed in the log. Logging in a facility where staff works as a team and report on a shift basis is essential for effective services. It alerts and records for staff members and the Program Director:

- All logs should have date, time, staff member’s full name recorded in each entry
- Problems with particular residents that day
- Residents’ strengths and needs
- Resident activities that were positive or negative
- Facility maintenance problems and repairs
- Volunteer and visitor activities
- House issues that need to be addressed

Each facility must provide specific written instructions for staff regarding how the daily log is to be completed.
CRISIS INTERVENTION SERVICES

A. Lighthouse Youth Services programs providing Crisis Intervention Services shall ensure that all services:

1. Are provided face-to-face or by telephone

2. Are available to persons served, their family and significant others and other community providers 24 hours a day, 7 days a week.

3. Are available for immediate interventions for emergencies and for timely interventions for crisis situations.

4. Are provided by qualified staff per ODMH Rule 5122-23

5. Include consideration of the choices of the person served and use of the natural support system of the person served if the person so desires.

B. Programs providing Crisis Intervention Services shall:

1. Ensure that backup support for staff who need assistance is always available.

2. Ensure that consultation with a psychiatrist is available 24 hours a day, 7 days a week.

3. Ensure that all staff have current training and/or certification in CPR, first aid, and techniques for intervention and de-escalation of disruptive or aggressive acts, persons or situations

4. Provide or assist the persons served to obtain all services necessary to stabilize the crisis including services delivered in the person’s natural environment, obtaining consultation, locating other services and resources, and providing written and oral information to assist the person obtain follow-up services.

5. Function as part of an integrated, comprehensive system of health;

6. Ensure that the ability to use and work with case management systems and pre-hospitalization screening services on a priority basis (e.g., written agreement?)

7. Coordinate with the community’s emergency service systems, such as hospital, fire, police, ambulance, etc.

8. Maintain a current listing of available residential or housing placements that can be accessed quickly when emergency housing is needed in conjunction with a crisis intervention service
C. The Individual Service Plans for persons receiving crisis intervention services shall include:

1. Documentation of the level of support needed and provided.

2. Documentation of each staff person’s responsibility to help support the person served, and how the staff will communicate with each other in order to provide support in a consistent and planned manner.

D. All Crisis Intervention Services shall be provided in a way that promotes the dignity and privacy of the person served and is not unduly disruptive of the services provided to others in the facility.

E. The Crisis Intervention Services shall ensure the ability to adjust staffing levels according to the number and intensity of need of the persons being served at any given point in time.
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (CPST)

Lighthouse Youth Services community psychiatric supportive treatment (CPST) services are designed to improve client access to services and to provide interventions to restore our clients to the best possible functional level.

A. Lighthouse Youth Services community psychiatric supportive treatment (CPST) services are identified on client Individualized Service Plans (ISPs) and will include:

1. Performance of necessary evaluations and assessments, by appropriately licensed professionals, in order to identify barriers that impede the development of skills necessary for independent functioning in the community. LYS staff will work with clients, parents and/or guardians and other involved agencies and service providers in order to gain access to and coordinate necessary evaluations and assessments (including diagnostic assessments and behavioral health assessments). Coordination of services may include consultation with essential others, scheduling appointments and ensuring transportation needs for evaluation appointments.

2. Participation in the development of the client’s Individualized Service Plan. LYS staff maintains responsibility for coordinating the provision of services identified in the ISP, including case management program services. Coordination of services may include consultation with essential others, scheduling appointments and ensuring transportation needs for appointments.

3. Provision of assistance and support in crisis situations to clients served.

4. Provision of support, including education and consultation, to family members and/or significant others in order to maximize the well-being of our clients and to facilitate independent living in the community.

5. Provision of individual interventions in order to help our clients develop interpersonal and community coping skills, including adapting to home, school and work environments.

6. Assist clients and their families/significant others in symptom monitoring and provide interventions designed to improve their ability to self-monitor and independently manage symptoms which interfere with their daily living, financial management, personal development and school and work performance. These services may include counseling and psychotherapy, life space interviewing, behavioral monitoring and anticipatory guidance.

7. Assist clients and their families/significant others in increasing social support skills and networks in order to help ameliorate client stresses resulting from or exacerbating their disabilities and to enable and maintain their independent living. If necessary, staff will accompany clients served to activity sites and provide assistance in daily living activities. This assistance will include services to help clients
and their families/significant others gain access to basic resources, including housing.

8. **Conduct necessary monitoring of clients**, including follow-up activities, to determine whether the services accessed by clients have adequately met the clients’ needs and to determine needed follow-up activity.

B. **Lighthouse Youth Services community psychiatric supportive treatment (CPST)** services may be provided in a group setting as long as the following conditions are met:

1. The group services are not for the exclusive purpose of social or recreational activity, but are provided for a clear therapeutic objective specifically identified in the client’s ISP; and

2. The group activities are consistent with the treatment objectives stated in the ISP for each person served, and are reflected in the client progress notes for each client participating in the group activity.

C. Each child or adolescent client identified as having a “severe emotional disturbance” (SED) is eligible for Lighthouse Youth Services community psychiatric supportive treatment (CPST) unless:

1. The client’s guardian refuses the services; or

2. It is determined that other mental health services are more clinically appropriate and adequate or that the coordination and support functions are already being adequately provided through another service system by written agreement with the Community Mental Health Board. This must be documented in the clients ISP.

D. Each Lighthouse Youth Services community support program staff person will maintain relevant documentation and statistical reporting data on clients served. If services are provided to clients more than one time a week, activity notes including date, time, type of activity and name of the provider will be made to document each service contact. Progress notes will be written for each service provided. Program Directors will determine the frequency of written progress notes for their program.

E. **Lighthouse Youth Services community psychiatric supportive treatment (CPST)** services will be accessible and available for all youth with serious emotional disturbances (SED), and all other children and adolescents determined by the Hamilton County Community Mental Health Board to be at greatest risk. Lighthouse Youth Services will work cooperatively with other agencies and the Board to ensure the most appropriate point of entry to the system.

1. Lighthouse Youth Services community psychiatric supportive treatment services provided to children and youth will include coordination with family and significant others as well as other components of the system of care including education, juvenile justice, retardation/developmental disabilities, and Children’s Protective services when appropriate to treatment needs.
2. Children and youth with serious emotional disturbances (SED) located in out-of-home placements will be considered a priority for community psychiatric supportive treatment (CPST) services, with the goals of returning the child or youth to the community and, where appropriate, family reunification.

3. Special attention will be given to locating and serving persons with SED who are homeless or at risk of homelessness as well as others at risk who are not already clients of the Mental Health system.

F. Each person receiving Lighthouse Youth Services community psychiatric supportive treatment (CPST) services will be assigned a “Primary” LYS staff person. The Primary LYS staff person is responsible for the client’s treatment (CPST) and may designate other qualified providers, within or external to the agency, to provide community support program service interventions in accordance with section A of this policy. The Primary LYS staff person will be identified on the client’s ISP. Primary LYS community support program staff person responsibilities include:

1. Primary responsibility for building and maintaining a therapeutic relationship with the client, as evidenced by progress notes in the clinical record.

2. Provision for ensuring the provision of all necessary community psychiatric supportive treatment (CPST) should be identified on the ISP. This includes responsibility for convening treatment team meetings and designating responsibility for services.

3. Maintaining knowledge of and document information about assessments made, medical history, strengths of the client, treatment needs, individual support system, housing and financial needs and other information required by Lighthouse Youth Services clinical records policies.

4. Accountability to the client for achievement of treatment outcomes, whether provided by the LYS staff person or other designated providers. The client or client guardian must be informed that the Primary LYS staff person holds the major responsibility for services.

5. The foregoing responsibilities and activities of the Primary LYS staff person may be provided by an employee of another agency or system through a written agreement between the agency and/or the Community Mental Health Board and the external entity. The ISP must indicate the external entities and specific staff persons providing services.

6. The Primary LYS staff person may designate the provision of services to qualified providers in external agencies or systems. Lighthouse Youth Services may include the costs of these support services in our billing rates under the following conditions:

   a. There is a written agreement between LYS and the external entity that defines the service expectations, qualifications of staff, program and
financial accountability, health and safety requirements, and required
documentation.

b. LYS is responsible for ensuring that support services in such written
agreements are in compliance with this policy, ODMH rule 5122-29-17, and
with the provider qualifications of ODMH rule 5122-23-14. However, the
external agency is not required to be an ODMH certified agency.

c. External agencies not certified for community psychiatric supportive
treatment (CPST) may only seek reimbursement for such services through a
certified agency and with a written agreement as described above.

G. Each Primary Lighthouse Youth Services staff person will be employed by Lighthouse Youth
Services at least 20 hours per week.

H. Lighthouse Youth Services will ensure that all community psychiatric supportive treatment
(CPST) services are provided by staff qualified per ODMH rule 5122-23-17.

1. Lighthouse Youth Service community psychiatric supportive treatment (CPST) may
be provided by staff organized as a team which is responsible for an assigned group
of clients served, or by staff who are individually responsible for assigned clients.

2. Lighthouse Youth Services community psychiatric supportive treatment (CPST) are
not site specific. Therefore, when a client is enrolled in a residential treatment or
residential support facility, LYS services must be provided by staff that are organized
as distinct and separate from the residential service as evidenced by staff job
descriptions, time allocation or schedules, and development of service rates.

3. Lighthouse Youth Services provides both community support services and residential
services. Consultation between staff of these services without the client present is
acceptable as long as the community support program staff and services are
organized as distinct and the Lighthouse community psychiatric supportive
treatment (CPST) are not time-limited or site specific.

I. All individuals who deliver community psychiatric supportive treatment (CPST) must:

1. Demonstrate the skills and ability to communicate and work with persons
receiving services as well as other service providers;

2. Manifest a commitment to community support program philosophy and
standards, and foster an environment that supports recovery for clients;

3. Possess a working knowledge of community resources;

4. Manifest an understanding of family dynamics and a commitment to family
preservation principles. Providers will, when working with children, youth and
families, coordinate appropriate and timely collateral contact with family,
parent or guardian and/or other agencies or individuals providing services to
that child or family.

5. Be sensitive and responsive to the needs of persons and families from varied
cultural and ethnic backgrounds and persons with disabling conditions and their
families.

J. Lighthouse Youth Services community support program staff composition and training will
be sensitive to the cultural needs and characteristics of our clients in the context of the local
service area. All staff providing community psychiatric supportive treatment (CPST) will
have the ability to provide services in various environments including jails, homeless
shelters, juvenile detention centers, street locations, work places, and residential treatment
facilities.

K. Lighthouse Youth Services requires that all Lighthouse Youth Service staff persons and
supervisors receive orientation (minimum 24 hours in first 90 days) and training (minimum
30 hours per year) to ensure familiarity with agency policy and Community Support Program
standards and functions.

1. Orientation and training for Lighthouse Youth Services Community Support Program
staff will include:

   a. Psychiatric symptoms;
   b. Emergency/Crisis services;
   c. Client benefits/entitlement;
   d. Delivery of Community support services in the county;
   e. Recovery potential and approaches to promoting recovery;
   f. Expected and expressed client outcomes;
   g. The role and responsibility of LYS staff under the Community Mental Health
      Board agreement;
   h. Characteristics and description of current population of persons receiving
      services;
   i. Involvement of and direct communication with persons receiving services,
      their families and significant others, and natural support systems; and
   j. Lighthouse Youth Services Client Rights policy and client grievance
      procedure.

2. Orientation and training for Lighthouse Youth Services community support program
staff will emphasize the staff person’s role regarding the clients’ medication
regimens, including but not limited to recognition of side effects and adverse
reactions, and referrals to qualified medication/somatic services as described by
ODMH rule 522-23-04 and Lighthouse Policy.

3. In-service education and training, particularly concerning knowledge about major
service systems in the community, will include but not be limited to:
a. Information regarding the justice, human service, health, mental health, educational, vocational, and housing resources and organizations that may form or be part of the natural support system of persons served;
b. Information regarding ethnic and cultural characteristics of the service area;
c. Information regarding the latest available treatment, rehabilitative, recovery and support technologies for persons with SED; and
d. Information regarding advocacy and client rights organizations.

4. Continuing education and training including, but not limited to, information and skills concerning the treatment, support, recovery and rehabilitation of persons with SED.

L. In addition to the orientation, in-service and continuing education training described above, each Lighthouse Youth Services community support program staff person will received a minimum of 1 hour per week supervision (individual and / or small group supervision) by an LISW, LPCC, or psychologist qualified to provide such supervision according to ODMH rule 5122-23-14. Supervisors will comply with applicable regulations and Lighthouse policy regarding supervision.
DIAGNOSTIC ASSESSMENT SERVICE

A. Lighthouse Youth Services Programs providing diagnostic assessment services shall ensure that the services are:

1. Provided on a face-to-face basis
2. Provided by staff qualified per ODMH Rule 5122-23
3. Sensitive and responsive to the needs of persons from varied cultural and ethnic backgrounds and persons with disabling conditions.
4. Conducted, for children and youth, with appropriate and timely collateral contact with family, parent or guardian and/or other agencies or individuals providing services to that child or family.
5. Diagnostic assessment services for persons with hearing impairments, communication disorders or who speak a different language shall be performed by person proficient in ASL or through a qualified and experienced interpreter.

B. Persons receiving Diagnostic Assessment Services shall be:

1. Informed about any fees at the time of the initial assessment.
2. Informed, orally and in writing, of their rights (per client rights statement attached) as well as the availability of a client rights officer.
3. Informed of the client grievance procedure, in writing and orally, at the time of the diagnostic assessment.

C. Identification and sociodemographic information shall be collected and shall include (Please use Diagnostic Assessment Form attached):

1. Full name (first, middle or maiden, and last)
2. Home address and telephone number
3. County of residence
4. Name and phone number of individual to notify in case of an emergency
5. Name of third party payer(s), if any, or name of individual or entity responsible for payment
6. Source of referral
7. Name of primary physician or health provider
8. Name of employer and/or school
9. Current occupation, if any
10. Major sources of income
11. Date of admission
12. Date of birth
13. Sex
14. Race or ethnic group
15. Parent/guardian
16. Highest level of education
17. Family or significant others and their importance in maintaining support for the person served.
18. Name and address of case manager, if applicable
19. Legal status

D. Assessment information, as appropriate, shall include:

1. A statement by the person seeking services about service needs and preferences

2. A social history, as applicable, that may affect treatment including:
   a. Family background and relationships with significant others, including collateral family information as appropriate
   b. Employment and school history including employer and position, grade, vocational training, job skills, etc.
   c. Community involvements, interests and supports
   d. History of involvement with the legal system, including such things as custody and protective services involvement
   e. Military status of person served or parent/guardian
f. Role of religious practices in the person’s life

g. Description of current living arrangements including each individual who lives in the home and his/her relationship to the person served, the families’ means of financial support and family leisure activities

h. Ethnic and cultural influences

i. Developmental history including developmental milestones and history of mother’s pregnancy

3. A description of the person’s cognitive and behavioral functioning at the time of admission, including Mental Status Exam (MSE) if appropriate.

4. A description of the strengths and capabilities of the person being assessed.

5. Other considerations, as applicable, including

   a. Need, if any, for diagnostic exams (psychiatric, psychological, neurological, educational, vocational, visual, auditory, etc.)

   b. Needs related to conditions such as hearing or sensory impairment, including, if applicable, documentation of preferred method of communication

   c. For children, assessment of academic, social and peer group functioning

6. Health history information for the purpose of identifying any physical disorder or condition that is potentially relevant to the management of services provided or understanding of the person served. Please refer to the policy on Health Assessments for additional requirements. The health information to be documented includes:

   a. History or present physical symptoms or illnesses including current medications

   b. Past medical history including past medications

   c. Health behaviors such as smoking, exercise, diet and sexual functioning

   d. History of physical or sexual abuse including incest

   e. Physical or developmental disabilities

   f. History of abuse of prescription, over-the-counter, or illicit drugs or alcohol

   g. History of past or present pregnancies
h. Pertinent family health history

7. A summary of assessment information that includes:
   a. A diagnostic impression or DMS IV diagnosis
   b. The names, signatures, and credentials of those individuals who have conducted the assessment.
HEALTH ASSESSMENTS

A. Lighthouse Youth Services programs providing diagnostic assessment, crisis intervention or residential services will conduct physical health assessments of the persons served including the following requirements:

1. If the person is involved with the program for less than 3 sessions or 30 days, the following information must be collected and placed in the Individual Client Record (ICR) using the attached Health History Inventory:
   a. History or present physical symptoms or illnesses including current medications
   b. Past medical history including past medications and allergies
   c. Health behaviors such as smoking, exercise, diet and sexual functioning
   d. History of physical or sexual abuse including incest
   e. Physical or developmental disabilities
   f. History of abuse of prescription, over-the-counter, or illicit drugs or alcohol
   g. History of past or present pregnancies
   h. Pertinent family health history

2. If the person is involved with the program for more than 3 sessions or 30 days, either
   a. Documentation of health status must be obtained from the client’s physician or health care provider, or
   b. The client must be referred to a health care provider for examination and documentation of health status, or
   c. An assessment through a paper and pencil health status inventory which has been approved by an RN or MD must be accomplished and completed forms must be reviewed by an RN or MD.
3. Documentation of health status will include:

   a. Consideration of factors, such as the person’s age, physical abilities, functional abilities, communication patterns, race or ethnic origin, and cognitive and intellectual capabilities (e.g., the person must be able to understand and complete the self-report inventory).

   b. History or present physical symptoms or illnesses including current medications

   c. Past medical history including past medications

   d. Health behaviors such as smoking, exercise, diet, and sexual functioning

   e. History of physical or sexual abuse including incest

   f. Physical or developmental disabilities

   g. History of abuse of prescription, over-the-counter, or illicit drugs or alcohol

   h. History of past or present pregnancies

   i. Pertinent family health history

   j. Review of major body systems

   k. Contain a diagnostic impression and/or recommendation

   l. Contain the signature of the staff person conducting and/or reviewing the health assessment (RN or MD signature required).

4. The physical health assessment information shall be kept in the Individual Client Record (ICR). Refusal to consent or provide information shall also be kept in the ICR and inability to obtain physical health information from clients will be reviewed as part of the agency QA activities.

5. Each program will establish linkages with health care providers to improve access to health and medical services for clients including providing assistance to clients to make contact with health care providers, making appointments for clients for services, and obtaining resources needed for services.

6. The Individual Service Plans will reflect the presence of any health conditions and a periodic review of the ISP will include efforts to obtain necessary health services.

7. When a person is referred for health services, Release of Information authorization obtained or refusal of client or parent/guardian to sign release will be documented in the ICR.
8. If the person served has a case manager, health information is communicated to the case manager.

9. Programs will assist persons served to obtain physical examinations under the following conditions:
   
a. When services to persons include prescription medications
   
b. If the person complains of or shows signs of physical abuse or neglect
   
c. If the person complains or if review of the physical health assessment indicates signs or symptoms or physical illness requiring a physical exam
   
d. If the person served requests such an exam
   
e. If a person served by the program is pregnant, the program will make efforts to obtain prenatal support for the person. Documentation of such efforts in the ICR shall include:
      
      1) Name of physician, provider or agency that will provide prenatal services if the client is referred
      
      2) Documentation that the pregnant client was referred for or offered prenatal services and her response to this offer.
INDIVIDUALIZED SERVICE PLANS

A. A written Individualized Service Plan (ISP) will be developed for each client served by Lighthouse Youth Services programs who receives 4 or more treatment sessions or is served more than 30 days, whichever is soonest.

1. The Individual Service Plan will be maintained in the Individual Client Record (ICR) for each client and will include:
   a. A description of the specific need of the person served based on diagnostic assessment and referral information.
   b. A description of strengths and assets of the client and how they will be utilized in achieving treatment goals.
   c. A list of treatment goals and intermediate steps toward those goals, described in measurable terms.
   d. Target dates or timeframes for achievement of goals and intermediate steps.
   e. The specific services provided and the frequency of service delivery.
   f. The names and credentials of agency staff members responsible for providing services.
   g. The names of other agencies or systems providing services to the person, including description of services provided, name and title of staff of those agencies or systems providing the services, and evidence of interagency service coordination.
   h. The signatures of staff members responsible for developing the ISP and the date on which it was developed.
   i. Documented evidence of clinical supervision of staff completing the review.
   j. Evidence that the client and family as appropriate was involved in development of the ISP as documented by their signatures and progress notes reflecting their participation in and response to the plan.
   k. Evidence of ISP review and approval by qualified providers and qualified supervisors.
   l. The names and credentials of all staff providing services who were involved in the development of the Service Plan with the client’s consent.
m. Evidence that other appropriate agencies or organizations providing services to the client were invited to participate.

n. Anticipated treatment outcomes based on the needs of the client as identified and applicable.

2. Individual Service Plans will be developed within the first four (4) treatment sessions or first 30 days, whichever is sooner.

3. Individual Service Plans for minor clients will reflect attention to the special needs of children including consideration of developmental, family, school (including an IEP if applicable, and documentation of communication and coordination with school personnel), and social-recreation needs as well as documentation of interagency coordination.

4. For persons with multiple service needs, including children or those with severe emotional disturbance, the Service Plan reflects consideration of the entire range of issues related to the person’s life circumstances that affect ability to respond to treatment.

5. For clients who are reimbursed under mandated insurance per Sections 1737.28, 3923.28 and 3923.30 of the Ohio Revised Code, the Service Plan shall be reviewed and signed by a psychologist or physician. This review will include the need for services as expressed by the client, diagnostic assessment information, a proposed service plan including frequency and duration of services, and the qualifications of service providers.

6. Each Individual Service Plan will be reviewed to reflect progress and updated at least every 90 days. This review will be documented in each client’s record.

Ref. ODMH 5122-27-05
CASE FILE OUTLINE POLICY

All case files at Lighthouse Youth Services will follow the outline below. Programs may make temporary local arrangements to enhance the client care process. For instance, a residential program may place all client daily medication sheets in a separate notebook to simplify the medication administration process, but this placement is temporary and the forms are placed in the case file in the appropriate order on a regular basis (perhaps weekly).

Files may be temporarily partially archived on site. That is, in situations where an excessive number of progress notes make the file unwieldy, the oldest notes may be placed in a separate folder or binder. When this occurs a full page note is placed at the beginning of the section in the original case file stating that information has been archived, the dates of that material and the location of the material. Historical data of limited use, for instance DAF’s from previous providers or old service plans, may also be archived in a similar manner. Upon notification of an audit the archived material is placed back into the file when practical. When that is not practical (it simply won’t fit), then clear full page statements are evident in the file directing the reviewer to the archived material.

No material from the case file of clients actively being served is archived off site.

1. Intake/Admissions Information
   a. Referrals
   b. Demographic Information
   c. MIS
   d. Face Sheet
   e. History
      i. Medical
         1. Health History Questionnaire
      ii. Psychiatric
   f. Release of information forms
   g. Consent for treatment
   h. Client Rights/Grievance Statement
   i. Client Orientation Check list
   j. Birth Certificate
   k. Social Security Card
   l. Picture ID
   m. Copy of Insurance Card
   n. Medicaid Information
      i. Required Medicaid forms
         1. Fee Agreement
         2. Authorization to Use and Disclose Protected Health Information
         3. Notice of Privacy Practices w/Signature
   o. Authorizations
      i. JFS Authorizations
      ii. MACSIS Enrollments
      iii. Level Requests
2. Assessments
   a. DAF
   b. Narrative Summary
   c. Psychological Assessments
   d. Ohio Scales
   e. Ansell Casey
   f. Psychological/Psychiatric Evaluations
3. Individualized Service Plans
4. Safety Plans
5. Progress Notes – All documents in this section are interwoven regardless of particular form with the oldest documents on top so that the section can be read as if it were a book.
   a. Case Contacts
   b. Service Tickets
   c. Monthly/Midterm Notes/Summary
   d. Psychopharmacology Management Notes
      i. Progress Notes from staff Psychiatrist
      ii. Progress Notes from Nurse
      iii. Medication Change/Update Forms
      iv. Current Medications
6. Medical Information
   a. Physical
   b. Dental
7. Education
   a. School Information
   b. Attendance reports
   c. Report Cards
   d. Individual Education Plan
8. Income Verification
   a. Pay Stubs
9. Housing, if applicable
10. Legal, if applicable
   a. Court Orders
   b. Court Reports
   c. Court documents
   d. Police Reports
11. Discharge/Termination
    a. Discharge summary
    b. Transition Information
12. Miscellaneous
    a. Correspondence
    b. Incident Reports
13. Program Specific
POLICY ON CASE FILES FOR CLIENTS SERVED BY MULTIPLE PROGRAMS AND PROGRAM TRANSFER

Policy

Lighthouse Youth Services often provides services to individual clients through more than one program at a time. Each time a client is enrolled in a program, the receiving program should do a search of Total Record to determine if the client is currently being served by another Lighthouse program.

When clients are served by multiple programs, one program serves as the primary program for the client. The primary program is also responsible for developing, transitioning or updating the Individualized Service Plan.

Clients served by multiple programs have a single case file comprised of the appropriate elements of a case file defined in the agency policy on case files. The primary program maintains physical custody of the case file. It is the responsibility of the primary program to ensure that all case file elements are contained in the case file and kept up to date. It is the responsibility of any non-primary program working with the client to ensure that correct and relevant documentation of its services are forwarded to the primary program for inclusion in the case file, or uploaded to Total Record in a timely and effective manner. The following documents are required to be uploaded to Total Record by all programs with scanning capability:

- Most recent DAF and all subsequent DAF updates
- Most recent ISP update
- Universal intake forms
- Narrative Summary
- Discharge/Transition Summary
- Medicaid enrollment form and screen shot (for Mental Health Levy contracts)
- MITS Eligibility Form with diagnosis (for Medicaid clients)
- All currently relevant medical information
- All currently relevant education information
- All currently relevant legal documentation
- All information regarding the client’s vital statistics such as birth verification, copy of social security card, work permits, etc.
- All other information that is relevant to the client’s current situation.

Universal intake forms can be found on Lightworks and include:

- Consent to Treat
- Notice of Privacy Practices
- Health Information Questionnaire and Summary Form
- Orientation Checklist
- Fee Agreement
When clients are served by more than one program, the ISP is updated to include separate goals for each program. Each goal includes a list of measurable objectives and target dates as well as a specific description of the services to be provided by the program, the frequency and duration of service and the name and credentials of the agency provider. This process is coordinated by the clinician responsible for the ISP. However, all other agency providers are responsible for providing pertinent, timely and up to date information to the coordinating clinician as needed. Program Directors will ensure that this communication occurs.

All LYS programs providing services to the client participate in the development of the plan and are signatories to the plan. As a practical matter, physical participation at team meetings may not always be possible. Nevertheless, full input from all members of the agency wide team will be shared through alternative mechanisms which ensure a logical, cohesive and comprehensive plan for the client.

Each goal is written by the program responsible for the actual service. For example, Goal (1) may be written by a TFC worker, while Goal (2) is written by a FOP worker. The TFC worker and the FOP worker collaborate with the client, each other and other team members (JFS workers, GAL’s, etc.) to ensure that goals appropriately address the needs of the clients, can be clearly distinguished from each other, and make apparent the distinct roles of the separate programs. The primary program is typically defined as the residential program serving the youth. In most instances, this will be TFC, a group home (NB or YDC), ILP or TLP. Youth in these programs may also be served by FOP, WAY, Wrap Around, SAS, etc. In these cases, the ISP will be managed as outlined above.

Exceptions to this may occur such as:

- When a youth is in the Community Management Program and ILP, Community Management will serve as the primary program.
- When a Journey youth is in ACT and ILP is providing housing, ACT will serve as the primary program.

In the case of such exceptions, it is the responsibility of each Program Director involved to ensure that clinical staff assigned to the treatment team communicate and agree on the responsibility for ISP components. Ohio Youth Scales will be completed by the primary program. In the event that a client transfers from one primary provider in the agency to another, the ISP is updated by the receiving program to reflect the transfer. This initial ISP update occurs within 30 days of admission to the receiving program. Goals on the update are either discontinued or remain in place as is consistent with the program transfer. New goals may also be added at this point. For all JFS clients, updated information on new and discontinued goals should be shared with the Accounting Department so that the goals can also be updated in MCP. A transition meeting should occur between all program staff involved with a youth 30 days prior to discharge or transition.

Incident reports that involve youth in multiple programs should be forwarded to all programs serving the youth.

Revised 7/23/12
LIGHTEHOUSE YOUTH SERVICES
POLICY ON CHILD, YOUTH AND FAMILY CENTERED CARE

Lighthouse Youth Services is committed to care that is child, youth and family centered in all of its programs. Child, youth and family centered care:

- Is intended to give choice and control to the child, youth and family served.
- Focuses first on the child, youth and family; giving them the power to use Lighthouse resources in ways that makes sense to them.
- Is intended to empower children, youth and families to develop their own goals, to identify the services and support they want and to determine who will provide them.
- Recognizes that, when possible, family is the constant in the life of the child or youth, while the agency and its services is only a momentary context for that life.
- Facilitates collaboration between children, youths and parents (guardians) and the professionals involved at all levels of care by the agency.
- Ensures that complete and unbiased information regarding any child, youth or family is shared in an appropriate and supportive manner.
- Ensures that all agency programs are comprehensive and provide the support necessary to meet the needs of the child, youth and family involved.
- Recognizes the strengths and individuality of each child, youth and family and respects their different manners of coping.
- Understands that children, youths and families have different developmental needs and incorporates those differences in the agency’s services.
- Ensures that the design of the various service delivery systems of the agency are flexible, accessible and responsive to the needs of children, youths and families.

To this end children, youths and families will be included in the assessment; planning; coordination of care; implementation, modification and discontinuation of services; and referral for appropriate services based on the identified needs and preferences of the child, youth and family in all Lighthouse programs.

In some instances, contact with families (or parents) is not allowed by court order, for instance, in some protective service cases. When this is the case, legally appointed guardians or custodians will be asked to participate in all aspects of care and to represent the legitimate interests of parents. In other cases, contact with family is not allowed, either by choice of an adolescent or young adult who may legally make that choice by circumstance and by age, or because there is no family to identify. In such cases, youth and young adults will be encouraged to consider the legitimate values and concerns of family as they know them and to develop appropriate community resources and relationships that may take the place of family.

Reviewed 10/11
POLICY ON INTERAGENCY REFERRALS

When a client of Lighthouse Youth Services, Inc., is referred to another agency or service provider, documentation in the client’s record will include:

1. The name and dated signature of the staff member making the referral.
2. The name of the individual or agency to whom the referral is being made.
3. The effective date of the referral.
4. A signed Authorization for Release of Information
5. Progress and/or consultation reports requested by the agency to which the client is referred.
6. The reasons for the referral including documentation that the reason(s) have been explained to the client and parent/guardian and that the client and parent/guardian participated in the referral decision.
7. The client’s response to the referral.
8. When a client is referred to a psychiatric hospital, a copy of the ISP shall be provided to the hospital treatment team with the signed consent of the client and/or parent/guardian.
POLICY ON SERVICES FOR PREGNANT CLIENTS

Some pregnant clients in our programs may want to receive counseling about their pregnancy. Clients should receive support and information from social workers about counseling and medical services that are available to them. Lighthouse does not subscribe to any one solution to a problem pregnancy. The clients’ rights to confidentiality and self-determination should be respected at all times. However, clients should be encouraged to discuss their concerns with family/guardian and/or case managers.

Some of the services clients may be referred to include: Adolescent Clinic at Children’s Hospital, Adoption Option, Planned Parenthood, and Jewish Family Services/Adoption Connection.
Direct Service Planning
ALCOHOL & CHEMICAL ABUSE

Whatever the living arrangement for clients under our care, each program has rules and services available for client chemical abuse and alcohol abuse.

Interventions should occur immediately to protect the safety of the client and other clients in the program if chemicals are being consumed or stored where they are staying.

Other interventions may include:

- Drug screening at the time of admission into a program.
- Periodic drug screening
- Use of program “Checklist for Suspicion of Chemical Use”
- Physical and/or Room Search (see policy manual)
- Consequences issued for use of chemicals or alcohol
- Contracts for change in behavior
- Individual Alcoholism and Chemical Abuse counseling
- Mandatory AA and NA meetings
- Referral for inpatient treatment
- Termination from the program

See program policy manual for further information.
ALLOWANCE AND CLIENT’S MONEY

Every residential program shall permit and encourage youth to possess their own money by providing an opportunity to earn a weekly allowance.

Money which is earned, received as a gift from family or friends, or as allowance belongs to that youth. Limitations may be placed by the program on the amount of money a youth may have on their person. In those programs where a mandatory savings account is present, the youth will receive the balance of his savings upon discharge from the program.

Youth are not normally asked to assume expenses for their care or treatment in any programs. An older youth may be asked to pay for some personal items if that is part of preparation for Independent Living and a part of the treatment plan.

Programs may deduct reasonable amounts from a client’s allowance or paycheck as restitution for damages done by the youth to others’ property. A restitution plan will be discussed with the youth and amounts will be recorded when paid. No money will ever be held back for any type of payment without the client’s knowledge and consent.
CLIENT HOLIDAYS

Holidays can be a very stressful time for clients who are living in residential programs and away from their families.

Residential program staff should make every effort to allow clients to visit with their families on the major holidays. Plans should be worked out as far in advance as possible to allow the client and family to prepare for the visit.

Each program should plan traditional and very special activities for clients who will be spending the holidays away from home in a residential facility or foster care program. The Program Director should assess coverage needs and equitably staff for the holidays. Arrangements may be made for clients of different residential programs to share the holiday together by planning activities in one facility. Should this occur, each facility will provide proper staff coverage or the residents of their program attending the event.
CLOTHING

Each program should ensure that every client has adequate clothing.

In programs that provide emergency services, some clothing should be available in the program for clients who are in need of a change of clothing.

In programs that provide long-term care, clothing should be purchased as needed by the clothing inventory checklist. Clients should be permitted to choose clothing with staff supervision. Clothing should be appropriate to the client’s age, sex, individual needs, and appropriate for the climate. The client is responsible for the care and maintenance of his clothing.

All clothing must be inventoried and marked at time of purchase. Clients are not permitted to borrow or lend clothing and will be responsible for losses if that occurs.
EDUCATION

Regular school attendance is compulsory. It is believed that every client has a right to be educated through community schools or special classes according to his/her needs and goals. Lighthouse staff will act as an advocate to ensure that the client is enrolled in the appropriate classes. Staff will also be involved in monitoring attendance and maintaining contact with school personnel.

During the school year, study time is provided daily, along with tutoring by staff and/or volunteers.

Any exceptions to this would be reflected in the client's individual service plan.
ETHICAL GUIDELINES AROUND RELIGIOUS ACTIVITIES

When staff or volunteers interact with clients around religious faith issues, clients may afford these staff more trust, power and influence than they would otherwise. They may also come to want or expect special closeness and attention. This places a burden on those in the helping professions to be particularly sensitive and clear about establishing and maintaining clear and safe professional relationships with clients. Boundary violations around religious issues may have the unintended consequence of contributing to a client’s distrust or negative views about religion or religious persons.

- Every child has the right to enjoy freedom of thought, conscience, and religion. Lighthouse staff and foster parents will demonstrate consideration for, and sensitivity to, the religious background of clients and families receiving agency services.

- Lighthouse staff and volunteers will permit clients to practice the chosen religious faith/practices of the client or client’s parents, and will not subject clients to any form of religious coercion. Coercion may include, but is not limited to:

  - Being required or pressured to accompany staff or other clients to religious services, lectures, discussions or presentations, even if allowed to sit outside the area where the service actually occurs.
  - Being given extra chores, assignments or tasks while others attend religious services or events.
  - Being given differential privileges, consequences, evaluations, goals and objectives, services, or in any other way being treated differently than clients who participate in religious activities.

- Lighthouse staff and volunteers will not engage in or involve clients in any religious activity, procedures or influences (including service attendance/participation, lecturing, religious instruction, or distribution of printed, oral, video or audio religious material) without the express consent of the client and/or the client’s guardian and the Program Director to that specific activity, procedure or influence.

- Lighthouse clients will not be required to receive non-emergency medical treatment which conflicts with the religious tenets or practices of the client or parent without the explicit written consent of the parent, guardian or custodian.

- When a child in an out-of-home care setting requires emergency medical treatment and such treatment conflicts with the religious tenets or practices of the child and/or parent/guardian, the out-of-home care setting will immediately transport or arrange transportation of the child to a medical facility and contact the custodial agency or individual which placed the child.

Reviewed 10/11
MAIL

Each child has a right to send and receive mail, without censorship by staff. Each child will have access to writing materials and a minimum of two stamps per week. If there is evidence that personal mail contains contraband, the child will be asked to open the mail in the presence of staff. Each program has developed its own system, which designates a time and place for receipt of resident mail.
CLIENT TELEPHONE POLICY

Every program has a telephone available for the client’s use with written procedures for clients concerning rights and responsibilities for phone usage.

A youth will not be restricted from contacting the placing agency or legal guardian. The youth may be asked to refrain from calling if he/she is out of control and in danger of harming him/herself or others.

When a client is restricted from phone usage, he/she will be informed as to how long and the reason(s) why. There will be a telephone monitoring process to allow each youth to have the opportunity to use the telephone.
RECREATION

Recreation in each program should be based on the individual interests and needs of the clients in the program. Recreational resources in the community should be utilized whenever possible and transportation and supervision should be provided by the program.

Residential facilities should:

- Ensure that opportunities are provided for all residents to develop in their interest areas;
- Allow time for independent leisure time activities;
- Allow residents to plan and carry out some recreational activities;
- Include recreational or leisure time goals in the treatment plan when appropriate.
VISITATION AND COMMUNICATION

The child has a right to communicate with others, including family, friends, and significant others.

A contact list will be completed at the time of admission into the program. The list will reflect those individuals who are not approved to have contact with the child. The contact list may be updated as often as needed, but changed only when the referring agency worker and program staff are in agreement.

The Lighthouse Youth Services social worker will make arrangements with residents and family or adult friends for visitation which is not in conflict with the placing agency’s prior authorization to visit. Visitations will be supervised in accordance with the placing agency authorization and the service plan of the individual.

A sign-in and sign-out sheet will be required for all residents to sign when away from the facility. This shall include sign-out time, destination, duration of the visit, expected return, and staff initials upon leaving and returning to the facility. All visits in-house or away from the house will be documented on the sign-out sheet in the log.

All residents will be allowed to send or receive mail. If there is reasonable suspicion that contraband is contained in any letter or parcel, the article will be opened by staff in the presence of the resident.

Lighthouse Youth Services will provide a resident telephone which will permit residents to make and receive calls at designated times daily. Residents are permitted to call or meet their caseworker, attorney or guardian ad litem at any time in private.

Lighthouse Youth Services shall allow visitation on the first floor of the facility and in the recreation room when necessary, in order to provide reasonable conditions of privacy. Off-grounds visitation will be arranged with permission of placing agency.

Private discussion and counseling takes place in staff offices.

There will be reasonable privacy for clients for both visitation and telephone calls.

All residents will be allowed Absent With Leave (sign-out) privileges for visitations with peers that are not in conflict with the placing agency’s prior authorization. Lighthouse Youth Services will use their discretion to determine the appropriateness of the peer and destination.
**WORK & EMPLOYMENT**

In an effort to teach and promote good work habits, and a sense of responsibility, clients placed in Lighthouse programs are assigned daily chores. Each youth is responsible for cleaning his sleeping area and an assigned area of the house. A chore involves light cleaning, and requires 10-20 minutes to complete. A monetary reward may be earned for completing assigned chores.

Work assignments may be given as a consequence for inappropriate behavior. They should be given in accordance with the ability of the youth. It should be a constructive experience for the youth and not as an unpaid substitution for adult staff. The agency will comply with all child labor laws and regulations in making work assignments.

Outside employment for youth will be evaluated on an individual basis. Those youth who could benefit from employment are permitted to work as long as it doesn’t conflict with the goals of their treatment plan or any educational program they are enrolled in while at the program.
Behavior Management
BEHAVIOR INTERVENTION POLICY

Lighthouse Youth Services believes that management of behavior problems in youth is best accomplished through positive interventions and the teaching of coping skills, including relaxation and other self-soothing skills. When other interventions are necessary, Lighthouse Youth Services emphasizes approaches which are the least intrusive and least disruptive to the child.

1. All children shall be treated with kindness, consistency and respect at all times. All behavioral intervention techniques will comply with the Lighthouse Youth Services policy on Client Rights and the Lighthouse policy on “Discipline, Control and Treatment of Children.” Only staff members of programs with training in behavioral interventions may administer negative consequences (e.g., punishments).

2. Behavioral interventions are to be based on sound behavioral principles that have been empirically shown to be effective. These include contingency management and extinction strategies.

3. Licensed clinicians with a minimum of a Bachelor’s Degree and LSW or LPC will be responsible for designing, implementing and monitoring all behavioral intervention techniques. The implementation of behavioral intervention plans will be supervised by the clinical supervisor for each program, who will be independently licensed to provide services (CCDC III, LISW, LPCC or Psychologist).

   a. Monitoring of behavioral intervention plans will include attention to the relationship between target behaviors and the behavioral interventions and outcomes attained.

4. All behavioral intervention plans will include the written consent for the plan from the client and/or parent/guardian.

5. Behavioral intervention plans will include behavioral assessments of all clients including history of aggressive and disruptive and dangerous behavior, previous and current diagnoses, medications, and the responses of the client to past treatment. This information may be summarized in diagnostic assessment forms or other documents in the ICR.

6. All behavioral intervention plans will be designed to meet the needs of clients with disabilities, as documented in assessments and the Individualized Service Plan.

   a. Physical restraint and/or seclusion may be contra-indicated in individuals with physical disabilities, medical conditions or certain emotional difficulties.
   b. Staff will ensure that rules, consequences, and alternative behaviors are carefully communicated to clients with cognitive, learning or sensory disabilities. During interventions, requests, prompts, warnings and other interventions will be delivered in language that is understandable to the client.
7. Lighthouse Youth Services will emphasize positive intervention approaches. Positive behavioral interventions include reinforcement, extinction with differential reinforcement of desired behaviors, de-escalation strategies including prompted relaxation, skill building, and environmental/milieu management strategies.

a. **Reinforcement**: Reinforcement refers to strategies that increase adaptive and desired behaviors through the contingent presentation of rewards or withdrawal of negative events. Positive reinforcement occurs when a person is rewarded for appropriate behavior. Reinforcements/rewards utilized in Lighthouse Youth Services programs include:

   i. Social Reinforcements (i.e., labeled verbal praise, differential attention for desired behaviors);
   ii. Material Reinforcements (i.e., prizes, treats);
   iii. Activity Reinforcements (i.e., increased privileges, outings); and
   iv. Token Reinforcements (i.e., points, levels).

b. **Extinction** occurs when a behavior gradually decreases and/or is eliminated because the reinforcements have been removed. Since attention is a very powerful reinforcement, ignoring inappropriate behavior is usually the quickest method of extinguishing it. This is most effective when staff differently reinforce alternative, desired behaviors.

c. **De-escalation Strategies**: De-escalation strategies are designed to prevent escalation of negative or dangerous behavior. Lighthouse Youth Services emphasizes prevention approaches, including teaching clients self-soothing and coping strategies that include relaxation strategies (including rehearsal of prompts to initiate relaxation), cognitive self-talk strategies, and other skills including assertive communication and problem solving. When clients do begin to escalate into angry/aggressive or anxious states, intervention strategies are targeted to the specific level of arousal:

   i. Respond to anxiety/agitated behaviors with supportive responses (i.e., empathy, reflective statements, problem solving, defusing techniques, prompted relaxation).
   ii. Respond to verbal aggression with directive responses (e.g., effective requests and warnings, review of consequences, validation of feelings).
   iii. Respond to physical aggression with physical interventions (see policy on physical restraint: Only use approved holds; only use to prevent harm to self and others).
   iv. Respond to signs of cooling down with therapeutic interventions (e.g., problem solving, rehearsing coping and relaxation strategies).
   v. The use of time out, not to exceed 30 minutes, may be used in order to reduce stimulation and allow clients to de-escalate when it is part of a behavioral intervention plan specified in the Individualized Service Plan. Closed door seclusion will not be used in any circumstances.
d. **Milieu management:** Lighthouse Youth Services programs provide a therapeutic milieu designed to minimize behavior problems and facilitate client growth and development. A therapeutic milieu is characterized by: a consistent, structured daily schedule; opportunities for positive relationship development; opportunities for fun and recreation; consistent consequences for behavior with a focus on reinforcement of desired behavior; and opportunities for successful client self-management through skill development and staff prompting.

8. When a client is noncompliant with appropriate staff requests or violates program rules, the use of restrictive and/or aversive behavior management techniques may be appropriate. In all circumstances, Lighthouse Youth Services programs uses the least restrictive and/or aversive technique required for the situation.

   a. **Noncompliance:** Noncompliance occurs when the client refuses to obey an appropriate request, followed by an appropriate warning.

      i. Give the request
      ii. Wait 5-10 seconds. If the client obeys, praise him or her.
      iii. If the client does not obey, give an “IF-THEN” warning: “If you do not _____ then [describe the consequence].” Only warn with consequences that you are willing and able to follow through on. Try to have specific, consistent consequences in mind for common areas of noncompliance.
      iv. If the client complies after the warning, praise her or him. If she or he does not, implement the consequence.
      v. For some incidents of noncompliance, the consequence should be given until the client complies (such as no phone use until chore is completed).

   b. **Rule Violation:** This occurs when the client fails to obey an established rule. It is assumed that the client has been informed of the rule and of the consequences for rule violation beforehand. When a rule is broken, there is no warning before consequences are given. Once you become aware that a rule has been broken, give the consequence as soon as possible. After the client is calm and well-controlled, rehearse the rule by asking the following questions. This rehearsal is the warning for the next time.

      i. What is the rule?
      ii. Why is it important to obey the rule?
      iii. What happens if you break the rule again?
      iv. What should you do instead?

   c. Consequences for noncompliance and/or minor rule violations may include:

      i. Deduction of points or “scoring.”
      ii. Brief work chores or therapeutic assignments (Note: see list of prohibited consequences below).
      iii. Loss of privileges (Note: see list of prohibited consequences below).
      iv. Loss of Level/Phase for repeated infractions.
d. In addition to the consequences above, consequences for major rule violations may include:

   i. Loss of Level/Phase.
   ii. For criminal or delinquent behavior, filing of charges with law enforcement or reporting to Parole/Probation officers.
   iii. Consistent with the Service Plan and in consultation with referring agent and other providers, clients may be transferred to other settings for major or repeated infractions.
DISCIPLINE, CONTROL AND TREATMENT OF CHILDREN

Lighthouse Youth Services will not discriminate in providing care and supervision to children on the basis of age, race, sex, religion or cultural heritage.

All children shall be treated with kindness, consistency and respect at all times. Discipline may only be administered by staff members of the program.

Disciplinary actions must be consistent with the Lighthouse Behavior Intervention Policy and normally shall not place restrictions on client rights unless absolutely necessary. During times of crisis and when a client’s behavior poses a significant risk of harm to self or others, a brief restriction of one or more client’s rights may occur. When this occurs, staff will notify the Program Director of the restriction and make every effort to restore the client’s rights as soon as possible. Whenever a client’s rights are restricted for more than 2 hours, staff shall:

1. Inform the client of the reason for the restriction and of the circumstances or behaviors necessary for resumption of the right;
2. Clearly document, on an incident report form, the reason for the restriction and the steps taken by staff to restore the right to the client.

Lighthouse Youth Services embraces the philosophy that discipline is to be both constructive and educational in nature. Our discipline policies shall prohibit all cruel and unusual punishments including but not limited to:

1. Any type of threat of physical punishment inflicted in any manner upon the body such as spanking, physical hitting, pinching, punching, paddling, shaking, biting, hair-pulling, or roughly handling a child;
2. The assignment of physically strenuous work or exercise when used solely as a means of punishment;
3. Requiring or forcing a child to maintain an uncomfortable position, such as squatting or bending, or requiring a child to continuously repeat physical movements when used solely as a means of punishment;
4. Group punishment for the behavior or an individual;
5. Verbal abuse, swearing at the child or derogatory remarks about a child, his/her family, race, religion or cultural background;
6. Instigating or inciting child violence or rule violation by teasing, daring, taunting or threatening;
7. Denial of social or recreational activities for more than seven (7) days without the written approval of the program director;
8. The denial of social, mental health, or caseworker services, medical treatment, educational service or access to the guardian ad litem or attorney;

9. The deprivation of meals, although scheduled meals may be provided individually;

10. The use of psychotropic medication as a punishment;

11. The denial of visitation or communication rights with a child’s family, solely as a means of punishment;

12. The denial of sleep;

13. The denial of shelter, clothing, bedding or restroom facilities;

14. Excessive, inappropriate or intentionally painful physical restraint or restraint as a means of punishment;

15. Organized social ostracism such as codes of silence;

16. The use of chemical restraint;

17. The use of mechanical restraint;

18. Isolation in a locked room as punishment; and

19. The use or denial of medication as a punishment
Lighthouse Youth Services programs emphasize positive disciplinary approaches focusing on prevention, encouragement, skill development, positive reinforcement, and effective therapeutic interventions. In keeping with our Mission and Values, we believe that the provision of a physically and psychologically safe therapeutic environment is a basic for optimal development and effective treatment. Creating calm surroundings and establishing positive, trusting relationships are essential to facilitating our clients’ progress and well-being. Our goal is to prevent, reduce and minimize the use of punitive, adverse, coercive and intrusive behavioral interventions and safety measures.

On rare crisis or emergency occasions when necessary to control dangerous and potentially harmful behaviors and to preserve safety and security, emergency interventions including physical restraint by trained and qualified employees using authorized holds and in accordance with the following policy may become necessary.

Physical restraint involves the use of specific, safe physical techniques to temporarily control a client when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a client, without undue force, for the purpose of comforting him or her to prevent self-injurious behavior, or holding a client’s hand or arm to safely escort him or her from one area to another is not a restraint.

When physical restraint is used, the following rules and procedures will be followed.

1. Trained employees may utilize physical restraint as an emergency intervention designed to maintain safety and de-escalate dangerous situations as quickly as possible. Physical restraint may be used as an emergency intervention only until such time as the threat of harm has been minimized or law enforcement or other emergency mental health or medical personnel arrive at the program site.

2. The Lighthouse Youth Center-Paint Creek, as a correctional program, may use physical restraint including mechanical restraint as well as staff-restricted time out to assure program and community safety and to prevent escape in accordance with the requirements of the Ohio Department of Youth Services (see below).

3. Physical restraint may only be used when there is an eminent risk of harm to self or others. Physical restraint may never be used as a consequence, punishment, retaliation, or means of coercing or controlling clients in the absence of dangerous behavior. Use of physical restraint in violation of this policy will result in disciplinary action with involved employees.

4. Physical restraint as an emergency intervention is limited in duration until the risk of harm is minimized or to the time it takes emergency personnel to arrive, whichever is earlier, not to exceed 30 minutes.
5. The decision to contact law enforcement and/or other emergency personnel should be made whenever it is determined that a client’s behavior poses a significant, eminent risk of harm to self or others and when non-physical crisis intervention and de-escalation strategies have been unsuccessful or are not possible.

a) The decision to contact emergency personnel must be approved by the senior staff person on-site, as applicable, in descending order: Program Director, Assistant Program Director, Senior clinical employee, Youth Worker Supervisor, Senior Youth Worker.

b) The program director, if not on site, must be notified immediately whenever emergency personnel are contacted. If the program director is unavailable or cannot be reached, the division director should be notified. If the division director is not available, the Vice President and Chief Operating Officer should be notified.

6. Clients and their legal guardians will be informed during their initial orientation whether the program to which they are being admitted utilizes physical restraint and/or seclusion, including the circumstances which may result in restraint and/or seclusion.

7. Prior to implementing physical restraint and/or seclusion, clients must be assessed for potential medical and psychological contraindications to these interventions.

(a) Contraindications for the restraint or seclusion may include physical or medical conditions such as seizure disorders, cardiac illness, pregnancy, etc. and/or psychological reasons such as physical or sexual trauma, etc. These conditions may not, by themselves, contraindicate restraint or seclusion. Licensed medical professionals (for physical/medication conditions) and licensed clinical employees (for psychological conditions) should assess the client to determine whether client conditions constitute a contraindication.

8. For residential clients a behavior intervention plan developed with the consent of the client and legal guardian will be included in the individualized service plan (ISP), and will indicate whether physical restraint and/or seclusion may be used (see Behavioral Intervention Policy). In developing this plan, clients and their legal guardians will be consulted regarding the preferred alternative de-escalation strategies to be attempted prior to the physical restraint.

9. Only those employees who have received training in safe and humane physical holds as well as non-physical crisis intervention and de-escalation techniques for intervention with disruptive and aggressive behavior, reviewed and updated at least annually, are permitted to physically restrain a client.

a) Training must be provided by trainers who are certified to train staff in the applicable techniques.
b) All employees involved in the direct administration of seclusion or restraint will receive initial and ongoing competency-based training from certified trainers in the following:

(1) The contributing factors or causes of threatening, dangerous and aggressive behavior, including environmental, interpersonal, historical, psychological and medical conditions which may contribute to the behavior.

(2) How employee behavior and interactions may impact the behaviors of the persons served.

(3) The use of alternative interventions as described in the Behavioral Intervention policy, including prevention of dangerous, threatening and aggressive behavior, environmental modification, positive reinforcement techniques, appropriate supervision and direction, and effective de-escalation techniques.

(4) Recognizing signs of physical and psychological distress, including trauma reactions, in clients who are being restrained.

(5) Processes for re-establishing effective communication with clients after a restraint and for processing/de-briefing the client.

(6) When and how to restrain or seclude safely.

(7) How to monitor and continually assess clients for signs of cooling to allow the earliest safe release.

(8) The practice of intervention done by a team.

c) The practice of intervention done by an individual. All employees using restraint must be currently certified in CPR and have current certification or training in First Aid. This must be documented in employee personnel files.

d) Documentation of training in non-physical de-escalation techniques and physical holds for disruptive and aggressive persons must be present in personnel files and must include the types of holds employees are trained to use.

e) Training in de-escalation techniques and physical restraint will include the trainee being placed in the restraint holds.

f) A list of employees authorized to use physical restraint and/or seclusion as well as how to reach them will be maintained at each program site and will be available to employees and volunteers.

10. Physical restraint will allow the greatest possible comfort to clients and will be done in such a way as to preserve the human dignity of clients.

11. Any time a client is injured or believes that he or she has been injured the client must be provided the opportunity to seek medical assistance.
12. While in restraint or staff restricted time out, clients will be observed by at least 1 person not involved in the restraint and assessed at least every 15 minutes to evaluate the need for continued restraint or seclusion and to attend to needs regarding meals, fluid intake, hygiene, toileting, ambulation and other needs, as necessary. Where necessary, employees take appropriate actions to meet these needs. If medical personnel are available, vital signs including as indicated temperature, pulse, respiration and blood pressure should be assessed at least every 15 minutes.

13. The use of physical restraint will not include the use of “prn” or standing orders.

14. Minimum staffing levels for safety in the use of physical restraint will be 2 persons with the availability of additional employees.

15. The following is a list of authorized physical restraint holds. Unless otherwise specified, the techniques listed may be used with adolescents and adults. Only those techniques identified as appropriate for a “small child” may be used with children under age 12 and older adolescents of small stature:

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16. When team techniques are used, a coordinated approach with clearly defined roles is essential. The following guidelines should be used to define team leadership and assign team duties and coordinate the intervention:

a) Team leadership should be decided as soon as it is evident that a client is escalating to the point of dangerousness. The following factors may be used when making this decision:

   (1) First employee on the scene;

   (2) Employee most directly involved with the client at the time of the incident;

   (3) The employee with the strongest rapport with the client; and/or

   (4) The employee with the most training, experience and/or confidence at the time of the incident.
b) The team leader is responsible for coordinating the intervention with other team members, to include:

(1) Assessment of the situation;

(2) Planning the intervention;

(3) Ensuring that only approved techniques are utilized and that client and staff safety is assured; and

(4) Directing other team members, as necessary, to contact law enforcement/emergency personnel, remove other clients, remove furniture/objects which may pose a safety hazard, observe the intervention for safety, monitor the client for signs of distress, and/or assist directly with the restraint.

c) Supporting team members will accept direction from the team leader.

d) When situations arise that require a change in leaders, this change should be explained to the client and other staff.

17. All restraints and staff restricted time outs will be documented on an Incident Report Form and a Seclusion & Restraint Form. Copies of both forms will be placed in the clinical record of the client involved and will be forwarded to the Lighthouse Clinical Director for review and signature.

a) This documentation will include description of prior attempts to use less restrictive interventions as well as the response of the person served to these prior attempts and to the physical restraint or seclusion.

b) Documentation will include justification for the restraint in accordance with this policy, assurance that all less restrictive techniques were attempted prior to the restraint, that a minimum of 2 employees were present when the restraint/seclusion was used and that additional employees were available if needed.

c) Documentation will reflect that the following occurs whenever physical restraint and/or staff restricted time out is implemented:

(1) Employees provide an explanation to the client of the reason for the intervention and a description of the client behavior required to demonstrate sufficient self-control to end the intervention.

(2) Employees assess the reason for the intervention, prior attempts to use less restrictive interventions, review of all current medications and review of any contraindications for the use of seclusion and/or physical restraint.

(3) When the intervention is concluded, employees perform and document a debriefing with the client and her/his legal guardian to explain the reason for
the intervention and to describe the behavior required to prevent further such interventions.

(4) Documentation in the clinical record will include signatures and qualifications of all employees involved.

18. The total hours of restraint for any client will be limited to no more than 2 hours in any seven day period.

19. All physical restraints and staff restricted time out interventions will be reviewed and monitored for safety and effectiveness using the agency CQI process, and reviewed by the CQI Safety Committee.

(1) All occurrences will be reported daily to the Program Director (who is also the head of the program’s clinical employees) or her/his designee for a review of compliance with this policy.

(2) All programs using physical restraint will maintain a log of the number and type of incidents, number of persons restrained or secluded, total number of hours of seclusion and/or restraint, and the qualifications of employees implementing restraints.

(3) These logs and incident reports will be forwarded to the agency Safety Committee for review that includes, but is not limited to:

   (a) Patterns of use, including frequency.

   (b) History of use by specific personnel

   (c) Environmental and programmatic contributing factors

   (d) Corrective actions taken to improve the safety and effectiveness of restraint/seclusion and to reduce utilization of these interventions as well as the effectiveness of the corrective action.

   (e) Compliance with this policy, to include:

      (i) Employee qualifications and staffing patterns at the time of the restraint/seclusion.

      (ii) Interventions tried or considered prior to the restraint/seclusion including prior intervention effectiveness and documented responses of the client to prior interventions.

20. Clients served at Lighthouse Youth Center-Paint Creek have been deemed a risk to the community and removed from the community by a court of law. It is therefore the responsibility of Lighthouse employees to ensure the safety of the community until the appropriate public entity (e.g. ODYS Release Authority, Juvenile Court Judge) authorizes their release.
21. The Lighthouse Youth Center-Paint Creek, as a correctional program, may use physical restraint including mechanical restraint as well as seclusion (“time out”) to assure program and community safety and to prevent escape in accordance with the requirements of the Ohio Department of Youth Services. The use of Seclusion (staff restricted time out) and mechanical restraint is restricted to Lighthouse Youth Center-Paint Creek to assure program and community safety and to prevent escape. These techniques must comply with the following guidelines.

a) Mechanical Restraint

(1) The use of mechanical restraint is limited to transportation of clients when there is considerable risk of escape.

(2) The employee transporting a client, in collaboration with the shift leader and the dormitory team who work with the client share the responsibility for deciding whether or not mechanical restraints are necessary when transporting a client. The following factors may be considered when making this decision:

(a) Program level the youth has attained;

(b) Current and historical client threats and/or attempts to escape;

(c) Transportation of clients into areas that increase the risk of escape;

(d) Client behavioral and emotional stability the day of the transportation; and

(e) Presence of other risk factors which may increase the risk of escape.

b) Seclusion

(1) Lighthouse Youth Center-Paint Creek clients, the use of short term seclusion for the purposes of time out may be permitted for up to 1 hour in duration provided the following conditions are met:

(a) The client is known to and involved in the program services;

(b) A current (within the past year) health assessment with health history and results of a physical examination are present in the clinical record; and

(c) Staff restricted time out is listed as a planned intervention on the ISP and is part of the approved behavior intervention plan.

(2) Staff restricted time out may only be employed in rooms which:

(a) Have appropriate temperature control, lighting, and ventilation;

(b) Allow for emergency exit of the client;
(c) Allow for client access to restrooms;

(d) Are void of unsafe wall or ceiling fixtures and sharp edges;

(e) Allow for unrestricted observation of all areas of the room from employees outside the room; and

(f) Have furniture, if any, which is removable or securely fixed for safety reasons.

Replaces Physical Restraint & Seclusion Policy

References:
ODJFS Rule 5101:2-7-09: Care, supervision and discipline
ODMH Standard 5122-26-16: Special Treatment and Safety Measures
CARF General Program Standard F. (BH) and Seclusion and Restraint

Related LYS Policies:
Behavioral Intervention Policy
Discipline, Control and Treatment of Children
Policy on Client Rights
Lighthouse Staff Ethical Code

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GROUP DISCIPLINE

Group consequences are used in residential facilities only when a serious infraction has occurred to another resident, staff member, community member or their property and no resident or residents will admit to the infraction.

Group consequences should be appropriate to the infraction and should never last more than 24 hours.

It may include some type of group restriction of a privilege such as TV, radio, or a special recreational activity. It may also include up to 24 hours of restricting freedom outside of the facility. Any residents who were not present during the time the infraction occurred should be excluded from the consequences. If any group consequences need to be extended beyond 24 hours (i.e., phone, sign-out privileges) the Program Director should advise the Director of Program Services of reasons for extension.

It should never include a change in scheduled meal times, change in menu or withholding food as a means of consequences.
SEARCH POLICY

The Agency is committed to protecting the safety and well being of all of the clients that it serves. If a staff member has reason to believe that a client has contraband, a search may be conducted of the client’s belongings. The search should be thorough, but should not result in unnecessary disarray of the belongings of a client.

A client may be searched if there is reason to believe he may have contraband. Contraband includes, drugs, stolen property, weapons or any other illegal paraphernalia or medications. A client at the Youth Crisis Center may be asked to leave if he/she does not wish to comply with this request. A staff member of the same sex as the client, and if at all possible with a staff member as a witness must always do physical searches. There must be no unnecessary embarrassment or indignity to the client being searched. At no time will a Lighthouse staff member conduct a complete body search. An incident report should be filed if a client had to be searched.
Community Interaction
LIGHOUSE YOUTH SERVICES
AUDIO OR VIDEO RECORDING OF CLIENTS

Audio or video recording of clients of Lighthouse Youth Services by Lighthouse personnel for diagnostic, therapeutic, or training purposes is prohibited unless the following conditions are met:

1. Written consent is obtained from the client and when the client is under eighteen years of age, from the parent or legal guardian of the client.

2. The written consent must detail the purpose and future use of the recorded data.

3. The recording is considered part of the client’s Lighthouse Individualized Service Record and will be treated with the same regard for custody, storage and client confidentiality as any other part of the record.

4. Recordings made for training purposes or oversight by an outside institution, such as implementation of an evidence based program, which may be sent through the mail, email or by courier or otherwise leave a Lighthouse facility must be recorded in a digital format and encrypted to a level that is HIPAA compliant. No non-encrypted recording of a Lighthouse client will leave Lighthouse property regardless of the consents obtained.

Interns and students doing research or placements at Lighthouse will not make recordings of Lighthouse clients without consent of the Lighthouse Clinical Director. Generally this permission will not be granted unless: it is well understood what role this recording will have in the education of the student, research project or training process; there is a signed business associate’s agreement with the student’s educational institution; there is a written agreement with the student that the recording will be returned to the Program Director having oversight for destruction of the recording; and the student can demonstrate she or he possesses the capacity and equipment to digitally encrypt the recording to the level required. Such student or intern recordings are not considered part of the client’s Individualized Service Record.
CONFIDENTIALITY/CONSULTATIONS & PUBLICATIONS POLICY

Confidentiality Statement Policy

Confidentiality of client information is protected by federal law and regulations. These regulations require prior written consent from the client and his or her legal guardian if the client is under the age of 18 before any information may be released to any individual or agency (See Policy on Client Confidentiality in Agency Operations Manual).

Confidentiality also applies to certain information about the agency and its employees. Confidential agency information includes but is not limited to information about agency processes; practices; agency cost structure; pricing of services; program design and development; forms; computer software and computer applications; treatment protocols; contacts with clients, referring agencies and placement agencies; employment applications and other application forms; grant applications; personnel manuals; program policy manuals; demographic statistics and treatment results; confidential communications; program policies and procedures; personnel training and development programs; financial results; strategic plans; customer lists; and donor lists and donor history information.

Confidential employee information includes personnel files; employee addresses and phone numbers; and any other information about employees or their families.

If any employee of Lighthouse should have questions about what constitutes confidential information, the employee is encouraged to seek advice from his or her supervisor or program director.

No employee or agent of the agency is permitted to disclose confidential information to anyone outside the agency.

Consultations and Publications Policy

Employees of Lighthouse Youth Services are encouraged to share our beliefs and values with others from the professional community and general public. Advocacy on behalf of our mission requires us to speak honestly and openly about the issues facing youth and the families we serve.

To the extent that agency employees gain personal recognition and personal validation for your work, the agency and our mission benefit. Likewise, to the extent Lighthouse Youth Services is publicly recognized and validated for its work, all of our employees benefit.

There are times when employees may be asked to provide information about agency program practices, and other agency material which may involve compensation to the employee or agency from others.

In these instances, the President/Chief Executive Officer must provide approval prior to the consultation, speaking engagement or publication of material. Under no circumstances may an employee provide information or consultation to someone outside of Lighthouse regarding
information which is deemed confidential without prior written approval from the President/Chief Executive Officer.

If the proposed consultation, conference, or publication is about agency information and if compensation is offered, the agency retains the right to all proceeds derived. With prior permission from the President/Chief Executive Officer, however, the employee may be granted approval to retain all or a portion of all proceeds from the activity or product for his or her own personal use.
LIGHTHOUSE POLICY OF STAFF CONTACT WITH THE MEDIA

The nature of our services provided through the agency are numerous and complex. What may seem to be an innocuous comment to the media may, in fact, be totally misunderstood and could very easily cause severe repercussions to the agency.

1. Any communications received by any staff member of Lighthouse Youth Services from members of the Media should be directed to the President/Chief Executive Officer. This includes telephone calls requesting information as well as requests to visit any facility.

2. Under no circumstances shall staff members contact members of the media for any purpose whatsoever without the permission of the President/Chief Executive Officer.

3. Any requests for Media coverage for any agency sponsored event or program must be directed to the President/Chief Executive Officer.
When Lighthouse Youth Services, Inc. or one of its programs conducts, participates in, or is the site of research activities involving human participants, the following rules apply.

1. Any information that can be used to identify an individual shall be kept strictly confidential unless the participant consents to release this information. All information will be securely stored and disposed of in a timely manner (e.g., identifying information destroyed as soon as it is no longer needed for completion of the research).

2. Participants in research shall be fully informed, prior to the start of the research, both orally and in writing. The informed consent must be obtained in writing except when the research involves the collection of existing available data or when paper and pencil questionnaires involving the solicitation of non-threatening data are used and when the independent variable is an already existing part of the Lighthouse program structure and/or exposure to the independent variable is determined by existing Lighthouse practices. The oral and written consent shall include:

   a. A statement that the study involves research, an explanation of the purposes of the research, the expected duration of the participation, a description of the procedures to be followed, and identification of any procedures which are experimental

   b. A statement concerning all other data sources that will be consulted concerning the participant including other persons, agency records, or other service systems

   c. A description of any foreseeable side effects, risks or discomforts to the participant

   d. A description of any benefits to the participant or to others that may reasonably be expected from the research

   e. A disclosure of appropriate alternative procedures or courses of treatment, if any, that may be advantageous to the participant

   f. A statement describing the extent to which confidentiality of records identifying the participant will be maintained

   g. For research involving more than minimal risk, an explanation as to whether any compensation is available and an explanation as to where further information may be obtained.

   h. An explanation of whom to contact for answers to pertinent questions about the research and participants rights and whom to contact in the event of a research-related injury or discomfort
i. A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled, and that the participant may discontinue participation at any time without penalty or loss of benefits.

3. Consent shall be obtained from the parent, guardian, or legal custodian and the child, according to the child’s age or developmental level for individuals under 18 years of age and individuals for whom a legal guardian has been assigned due to incompetence. If there is more than “minimal risk” to the participant, the consent of both parents, if applicable, must be obtained. Both the parent/guardian and the minor shall give voluntary consent.

4. An overt refusal by either the parent/guardian or the child is to be taken as final.

5. Lighthouse Youth Services is interested in and benefits from legitimate evaluation of its programs by independent outside institutions. Requests to participate in research either through the provision of data, through program descriptions or through active design participation or implementation by outside institutions or individual researchers will be considered by the agency. The decision to participate will be made by the Chief Executive Officer upon recommendation by the Research Review Committee.

6. Research conducted by Lighthouse Youth Services, Inc. shall assure research attention to the needs and characteristics of minority and disability status by ensuring that the research is conducted so as to provide such individuals with the opportunity to participate at least in proportion to their representation in the population being studied. All such research shall include a qualitative examination of potential differences in findings for minority and disability status. Data analysis shall include tests of differences in findings and interactions pertaining to minority and disability status.

7. Research activity shall be reviewed and approved by a multi-disciplinary review committee.
   a. A majority of the committee shall not be directly involved with the research activity. The committee shall be composed of at least three members including:
      i. The agency Clinical Director
      ii. The agency Client Rights Officer
      iii. Individuals who are experienced in programmatic aspects of the research and individuals with methodological expertise that is relevant to the research.
   b. The research committee may be either permanent or ad hoc.
   c. Prior to the start of the research, the review committee shall conduct a detailed review and authorization to consider compliance with these rules, confidentiality and written informed consent, and adherence to all applicable state and federal laws and regulations. The review committee shall consider the following factors:
i. Adequacy of the research design and compliance with methodological standards
ii. Relevance to existing scientific theory
iii. Potential to yield new knowledge
iv. Qualifications of the individuals conducting the research
v. Benefits and risks to the participants and to the agency
vi. Possible disruptive effects on normal routine operations of services of the agency and program
vii. Costs to the agency.

8. Masters and bachelor level students performing field placements at Lighthouse Youth Services who wish to conduct research projects and whose projects do not require client consent (see 2. above) will file a Student Intern Request to Conduct Research form. This form must be approved by the Program Director of the program whose program data and or clients are involved and the agency Clinical Director prior to any active research. The Clinical Director may approve the request or forward the request to the agency Research Review Committee.
Development
Lighthouse Youth Services Development Policies and Procedures

Lighthouse Youth Services accepts and operates under the ethical standards of fundraising endorsed by the Association of Fundraising Professionals and the National Council on Planned Giving. All Development personnel will operate under these guidelines.

Appeals for Funds and Approaches to Donors

The Development Director, in consultation with the President/CEO, is responsible for the coordination of all fundraising activity where it pertains to individual donors, businesses, foundations, and other.

The Development Director will utilize the proper tools to achieve goals established annually with the President/CEO, with suggestions from the board of directors and the chairperson of the Lighthouse Beacon for Youth Foundation. The Development Director reports development activity to the chair of this committee as well as to the President/CEO.

Lighthouse development activities operate on the highest ethical standards in accordance with the agency’s mission and value statements. Major “asks” take place with the approval of the President/CEO.

The Development team disseminates accurate information about fundraising activities, as contained in the agency’s annual report, to any party requesting such information. Funds are allocated according to donor intent where specified.

In the absence of the President/CEO, the Development Director may seek advice and direction from the VP/Chief Operating Officer or the VP/Chief Financial Officer.

At the end of each fiscal year, the Development department analyzes fundraising activity to evaluate the effectiveness from the previous year’s fundraising efforts. This information is then used to determine future steps.

Fundraising Plan

The Development Department is responsible for establishing and maintaining an annual fundraising plan that incorporates the schedule of all fundraising solicitations. The plan may include:

- Initiatives for the Lighthouse Beacon for Youth Foundation, which may include campaigns and planned gifts
- Appeals for capital improvements, program start-up costs, and/or endowment campaigns
- Requests from private foundations
- Projects that require raising funds in the private sector, i.e. from individuals, businesses, and foundations
• Special events, such as the Beacon of Light Dinner and the Fall Event
• Public relations initiatives, such as “Walk the Walk,” which also involve fundraising
• Special drives, such as Happy Holidays
• Projects whereby Lighthouse is the fiscal agent, such as “Creative Tots”
• Special events, proposed by a third party and approved by the CEO, where Lighthouse is the beneficiary
• Appeals, as in newsletters and special letters, which include remit envelopes

Solicitation Policy

In conjunction with the President/CEO, the Development Director will design solicitation policies to be used throughout the agency. In order to be aware of initiatives and to provide assistance, the Development Director should be notified of all asks in advance of their taking place.

Anonymity of Donors

Lighthouse Development Department honors any donor’s wish that his gift remain anonymous. Any breech of this policy will be taken seriously.

Preparation and Mailing of Fundraising Literature

In an effort to keep the most accurate information related to a fundraising initiative, any marketing materials, including brochures, booklets, and newsletters, used to attract private funds should be coordinated through the Development Director and the President/CEO.

Report of Private Philanthropy

It is the responsibility of the Development Director to compile official records on all private gifts. The Development team and, where relevant, the Accounting Department will prepare all public statements concerning gifts to Lighthouse Youth Services or its programs or projects. At a donor’s request, he/she will be consulted prior to the release of information.

Public Relations/Marketing Activity

It is the responsibility of the Development Director to oversee all marketing material pertaining to Lighthouse. This includes newsletters, annual reports, program brochures, and any media involvement with programs and projects throughout the agency. It also includes setting the standard for branding, including the use of the Lighthouse logo.

The Development Director also oversees the volunteer activities of Lighthouse and ensures that the agency maintains excellent relationships with volunteers and corporate and other not-for-profit groups.
Involvement of Volunteers

Whenever volunteers are to be involved in fundraising efforts, it is the responsibility of the Development Director to ensure that they are kept current with the status of their project, are added to our mailing lists, and are properly acknowledged for their contributions. Volunteers who may be privy to confidential information must have background checks and be informed of the Department policy and expectations.

Gift Acceptance Procedures (see below for the “Life Cycle of a Financial Gift”)

Gift Acknowledgement

Development is responsible for acknowledging receipt of gifts from donors in the form of letters and any other receipts as requested by the donor. Letters of gift acknowledgement are prepared and forwarded to the President/CEO for his signature. In the absence of the President/CEO, a signature stamp may be employed in an effort to produce timely acknowledgements and/or receipts to donors; in the alternative, if the President/CEO is absent for an extended time, the Director of Development may acknowledge under his/her signature.

Once the signature is in place, letters are processed and mailed by the President/CEO’s assistant or by a member of the Development team.

Gifts Received for Particular Use or Under Certain Circumstances

Often a restricted gift is received at Lighthouse Youth Services, Inc. The donor will have stipulated that the gift is to be utilized for a specific project, capital expense, or special program. When Development receives such a gift, the department will notify the program and accounting will post the gift accordingly.

Program Knowledge of a Pending Gift

Lighthouse employees may have knowledge that a specific gift is being made to benefit their programs or projects. When this occurs, the employee is asked to notify the Development Department.

Receiving a Gift of Deed or Property

The Director of Development will receive the gift and forward it to the VP/Chief Financial Officer for safekeeping. In the absence of the Director of Development, the deed will be given directly to the VP/Chief Financial Officer.

Life Cycle of a Financial Gift:

Lighthouse Youth Services receives a gift in the form of check, cash, credit card, etc. The gift is forwarded to the Development Department.
If the gift is sent directly to a program, it must still come to the Development Department. The Development Department maintains records on all donors so they may receive information about Lighthouse in the future. The Department also needs to accurately track all funds, and most importantly, thank the donor.

Development codes the gift. Coding is dependent on where the donor intended his/her gift to be applied (Youth Crisis Center, fundraising event, unrestricted, etc.).

Checks: Development files the original, or in some cases, a copy.

Stock gifts: Follow the same procedure as for any other check, but the Development Director is provided with a copy of the check and all correspondence. A special letter must be generated.

Credit cards: Development takes the information and locks it in a secure safe until it can be processed. The Department then processes the credit card transaction on the credit card machine. The Department requires the donation amount, card type (Visa, AmEx, etc.), expiration date, name on card, address, and zip code. Once the transaction has been processed, Development prints a copy of the receipt for the Accounting Department. The credit card information is then destroyed.

Cash: Development places the gift in an envelope that has the donor name and purpose code labeled clearly on the front, and Development has record of the gift on file as well.

Development must enter all gifts in our fundraising software. Once a gift has been entered in the database, Development will mark the check/donor information with an “Entered date” stamp and file it appropriately. This allows us to cross-reference any gift easily.

Once a gift is entered, development is able 1) to generate a spreadsheet for Accounting and 2) to mail merge acknowledgement letters. The purpose of the acknowledgement letter is to confirm that we received the gift, thank the donor, and provide the donor with a receipt for tax purposes.

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