

Youth Name: _____

We believe that treatment is most successful when the parent or guardian is willing to create a partnership with their child's Treatment Team. This reflects a commitment to positive change and responsible action.

As a client of Youth Dynamics, you can expect the following from us:

- Clients or families will not be refused services on the basis of race, color, creed, sex, national origin, political affiliation, or mental or physical disability. A person can be considered a client if he / she is under the age is eighteen (18) or is over eighteen and still in school. Our services are provided to clients who meet clinical and financial eligibility requirements as set forth by the State of Montana; and other payers.
- All clients and families have the right to be treated with respect and dignity. Youth Dynamics is committed to providing services that reflect that right. You will be provided services in a manner that complies with the Client's Rights.
- As a demonstration of our commitment to protecting your rights, we will provide you with a Grievance Procedure to utilize if you feel your rights have been violated. The Grievance Procedure is included in the intake packet.
- Youth Dynamics offers a variety of therapeutic services across the state. As guardian, we may recommend to you that you approve a referral to additional Youth Dynamics programs as determined by your treatment team. Similar services may be offered by other community providers, and as the guardian, it is your right to choose which service provider you prefer to be referred to. Youth Dynamics is dedicated to assisting guardians with referrals and transition to any service, regardless of the provider. You have the right to apply for Youth Case Management services with the AMDD contracted provider in your area. Youth Dynamics will provide you with agency information upon request.
- All services shall be provided in a manner that protects personal privacy and confidentiality. You will be asked to sign releases of information that allow your Youth Dynamics case worker and other appropriate program staff to speak about treatment issues with others who are involved in the client's mental health treatment. This communication may be verbal or written and is restricted to issues that involve providing the most effective, appropriate, and timely treatment available. You may revoke these releases at any time by signing the revocation area of the release form.

There are legal exceptions to the requirements of signed consent to release information. As mental health professionals practicing under state and federal laws, we are expected to break confidentiality under the following circumstances:

1. *Duty to Report:* The applicable section of the Montana code states that when a professional person knows, or has reasonable cause to suspect, that a child known to them in a professional or official capacity is abused or neglected, they shall report the matter promptly to the appropriate legal authority.
2. *Duty to Warn:* In accordance with Montana State Code and consistent with the ethics of mental health professionals, client confidentiality may be broken when the client presents in imminent danger to self or others.

An appropriate Program Supervisor will review cases before breaking confidentiality in these circumstances.

- There are situations in which we may consider suspension or termination of services. The situations may include but not be limited to the following:
 - The individual / family subjects a Youth Dynamics staff member to hostility or violence.
 - The individual / family appear unlikely or unwilling to benefit from services.
 - The individual / family cannot be contacted with reasonable effort.
 - The individual / family require more restrictive services.
 - The individual / family fail to keep scheduled appointments.
 - The individual / family can be served with less intensive services.
 - The individual / family have met their goals.
 - The individual/family no show or do not provide 24 hours' notice (no later than 3PM) to their local

office of needing to cancel Medication Management Appointments.

- You may also voluntarily choose to terminate services. We would only ask that you discuss this decision with your caseworker and document your request on a Service Termination Notification. If you choose another provider, we will refer you and help you make that transition. A Youth Dynamics staff member may also refer you to another program if he / she feels it is in the best interest of the client. Our goal is to advocate for the care that is most suitable and appropriate for the client and family.
- Our business hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. However, your appointments and meetings can be arranged with you outside of those hours as needed and defined in your child's Treatment Plan. You will also develop a plan for dealing with crisis and emergencies as part of the Treatment Plan. If you have an emergency, please call the numbers given to you in your crisis plan. Youth Dynamics staff are available to you during regular hours and through our on-call system to offer support and to help you problem solve situations.
- If you need assistance in addition to that provided by Youth Dynamics feel free to contact the Montana Managed Care Mental Health Ombudsman at (406) 444-9699 or the Montana Citizen's Advocate Office at (406) 444-3468.

Partnership Agreement

- In order to provide quality services, we have many forms for you to read and sign. It is important that you understand and complete the forms as they help protect your rights and hold us to ethical and legal standards of treatment. Please be patient with the paperwork, as it provides a solid foundation for your services.
- We are counting on you to be an informed and active part of the Treatment Team. Please ask questions to help you understand your role in your child's treatment. Please participate in the development of treatment plan, working toward discharge plan, reaching established goals, securing aftercare programs and maintaining appropriate contact with youth. During a youth's stay at Youth Dynamics, it is important to understand the role of technology, such as tablets and cell phones, in the group home. Upon arrival into the home it is preferred the guardian keep any cell phones or tablets the youth may have on their inventory and take them back home. However, if the tablet or cell phone is in the group home Youth Dynamics is not liable for a tablet or cell phone being stolen, broken, or lost.
- While there is not a specific focus on the treatment of substance use disorders, Youth Dynamics does have policies and procedures concerning mood-altering chemicals that apply to all clients. The use of mood-altering substances by youth is not permissible by law or program rules. Similarly, any use of medications by someone other than the person for whom they are prescribed is a violation of program rules. If it is suspected that a client might have a problem with drugs and/or alcohol, an assessment will be suggested and/or carried out to determine the extent of the problem and the appropriate, clinical course of action to be taken, which could include discharge to the appropriate level of treatment.
- Residents of any Youth Dynamics home are subject to Youth Dynamics' Search policy, which states that the police will be notified regarding any resident who brings any tobacco/mood-altering substances into the home or is found to have them in their possession. Any resident suspected of being under the influence of mood-altering chemicals may be immediately taken to the Emergency Department for medical assessment.
- Residents of any Youth Dynamics' therapeutic group home or Day Treatment facility are subject to YDI Crisis and Emergency procedures. Procedures state that when a youth is an immediate threat of harm to themselves or others, YDI staff will initiate a physical restraint. In the Day Treatment facility, youth may also utilize a seclusion room to de-escalate.

I have read and understand the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or this child is no longer placed at this facility.

Parent / Guardian Signature:	Date:
Youth Signature:	Date:
Staff Signature:	Date:

(To be signed upon intake and annually thereafter)