



# Youth Psychosocial Services

## DEFINITION

Youth Psychosocial Services provide an interdisciplinary, psychoeducational, and therapeutic program to engage youth in a variety of cognitive, physical, and social activities appropriate to their needs, interests, and abilities in order to promote healthy development.

Many youth who benefit from youth psychosocial services have complex needs, requiring service planning with multiple service sectors. In order to meet these needs many programs use the wraparound approach of service planning to provide intensive, individualized care with the goal of maintaining the youth in the home and the community, or the appropriate least restrictive setting. An organization may engage in a wraparound approach without being a wraparound program, however there are standards that speak to those specific programs (specifically 5.03, 5.04, 5.05). The aim of these programs is to engage the youth, family, and all service providers to develop and implement a plan with shared goals and outcomes. The main effort of these programs may not be to provide direct service, but they still fall under the umbrella of youth psychosocial programs and benefit from these standards. For programs that offer solely wraparound services, documentation of the other services to which youth are connected will suffice.

**Research Note:** *A trauma-informed approach is one that involves recognizing signs and symptoms of trauma, and responding by emphasizing/considering the following during service-delivery:*

- safety;
- trustworthiness and transparency;
- peer support;
- collaboration and mutuality;
- empowerment, voice, and choice; and
- cultural, historical, and gender issues.

**Research Note:** *Best practices for Wraparound services emphasize utilization of the Wraparound Fidelity Index for quality assurance and fidelity monitoring.*

**Note:** *The term 'youth' refers to individuals between the ages of 3 and 21 whose developmental needs can be met through engagement in a psychosocial rehabilitation program and who have a primary caregiver.*

**Note:** *The phrase 'voice and choice' is used throughout this section and refers to the youth's ability to be given decision making power over their*

## Purpose

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



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treatment.

**Note:** While addressing the needs of the youth is the primary goal of youth psychosocial rehabilitation programs, oftentimes it is essential to provide support for the family and engage them in services as well. Each youth defines "family" differently, whether it be blood relatives, primary caregivers, resource families, adoptive families, extended family members, significant others, peer groups or other family-like relationships. Organizations should work with the youth to understand their definition of "family" in order for youth to develop and sustain permanent, lifelong connections.

**Note:** Standards 5.04, 5.05, and 5.06 are for Wraparound-specific programs only.

**Note:** Please see [YPS Reference List](#) for a list of resources that informed the development of these standards.

## Table of Evidence

### Self-Study Evidence

- Provide an individual overview of each program being accredited under this section. The overview should describe:
  - a. the program's approach to delivering services;
  - b. eligibility criteria;
  - c. any unique or special services provided to specific populations; and
  - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated, service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of the youth served by the programs being reviewed under this service section with percentages representing the following:
  - a. racial and ethnic characteristics;
  - b. gender/gender identity;
  - c. age;
  - d. presence of mental health and emotional/behavioral conditions;
  - e. medical conditions;

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- f. major religious groups; and
- g. major language groups.
- As applicable, a list of groups or classes, including for each group or class:
  - a. the type of activity/group;
  - b. whether the activity/group is short-term or ongoing;
  - c. how often the activity/group is offered;
  - d. the average number of participants per session of the activity/group, in the last month; and
  - e. the total number of participants in the activity/group, in the last month.
- A list of any programs that were opened, merged with other programs or services, or closed.
- A list of program outcomes and outputs being measured.

### **On-Site Evidence**

No On-Site Evidence

### **On-Site Activities**

No On-Site Activities

### **Purpose**

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## YPS 1: Service Philosophy, Modalities, and Interventions

The service philosophy:

- a. sets forth a logical approach for how program activities and interventions will meet the needs of youth;
- b. ensures that services are youth-guided, family-driven, culturally and linguistically competent, and trauma-informed;
- c. guides the implementation and development of program activities and services based on the best available evidence of effectiveness; and
- d. outlines the service modalities and interventions that personnel may employ.

**Interpretation:** *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measurable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

**Research Note:** *Regarding element (b), organizations that are family-driven empower, educate, engage, and promote voice and choice of families. Offering youth decision-making power in their treatment leads to greater feelings of involvement and investment in their treatment.*

**Research Note:** *The literature supports building healthy relationships between youth and adults in their life, which is associated with resiliency and modifying the negative impact of future adversity.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Written service philosophy needs improvement or clarification; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or
  - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR

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6.02) and training (TS 2.03); or

- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Service philosophy
- Procedures for the use of therapeutic interventions
- Policies for prohibited interventions

### **Purpose**

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## On-Site Evidence

- Documentation of training and/or certification related to therapeutic interventions

## On-Site Activities

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

## YPS 1.01

The program is guided by a philosophy that provides a logical basis for the services and support to be delivered to youth in a trauma-informed and culturally and linguistically competent manner, based on program goals and the best available evidence of service effectiveness.

## (FP) YPS 1.02

Prior to providing any therapeutic interventions, the organization:

- a. explains any benefits, risks, side effects, and alternatives to the youth or a primary caregiver;
- b. obtains the written, informed consent of the individual and his/her primary caregiver;
- c. ensures that personnel receive sufficient training, and/or certification when it is available; and
- d. monitors the use and effectiveness of such interventions.

**Interpretation:** *Organizations that choose to engage in modalities or interventions that do not have an established evidence base should ensure that practices do not cause physical or psychological harm by demonstrating in their procedures that they have acknowledged the potential risks of implementing such methods and subsequently taken appropriate measures to minimize risks.*

## (FP) YPS 1.03

Organization policy prohibits:

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- a. corporal punishment;
- b. the use of aversive stimuli;
- c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
- d. the use of demeaning, shaming, or degrading language or activities;
- e. forced physical exercise to eliminate behaviors;
- f. unwarranted use of invasive procedures or activities as a disciplinary action;
- g. punitive work assignments;
- h. punishment by peers; and
- i. group punishment or discipline for individual behavior.

### **(FP) YPS 1.04**

An intervention is discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

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## YPS 2: Screening and Intake

The organization's screening and intake practices ensure that applicants receive prompt and responsive access to appropriate services.

**Note:** *Organizations should review state Medicaid plans or other third party reimbursement requirements to ensure they are meeting required timeframes for conducting assessments.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or
  - Referrals procedures need strengthening; or
  - For the most part, established timeframes are met;
  - Active client participation occurs to a considerable extent.
  - In a few rare instances urgent needs were not prioritized.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
  - Procedures and/or case record documentation need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
  - Urgent needs are often not prioritized, or
  - Services are frequently not initiated in a timely manner; or
  - Applicants are not receiving referrals, as appropriate; or
  - A number of client records are missing important information or
  - Client participation is inconsistent; or
  - Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
  - One of the Fundamental Practice Standards received a rating of 3 or 4.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

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e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Screening and intake procedures

#### **On-Site Evidence**

- List of community-based providers/referral sources

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

### **YPS 2.01**

Youth and primary caregivers are screened and informed about:

- a. how well the individual's request matches the organization's services; and
- b. what services will be available and when.

**NA** Another organization is responsible for screening, as defined in a contract.

### **YPS 2.02**

The organization provides or recommends the most appropriate and least restrictive or intrusive service alternative for the youth.

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### YPS 2.03

Prompt, responsive intake practices:

- a. are culturally responsive;
- b. are trauma-informed;
- c. ensure equitable treatment;
- d. give priority to urgent needs and emergency situations;
- e. support timely initiation of services; and
- f. provide for placement on a waiting list, if applicable.

**Interpretation:** *Vulnerable populations, such as youth that are lesbian, gay, bisexual, transgender, and questioning (LGBTQ), are at high risk of violence and harassment. The organization should ensure these youth are safe and welcomed by staff. To ensure that transgender youth are treated with respect and feel safe, intake forms and procedures should allow individuals to self-identify their gender as well as their first name and preferred pronouns.*

### YPS 2.04

Youth who cannot be served, or cannot be served promptly, are referred and connected to appropriate resources.

**Interpretation:** *When it is not possible to directly connect youth to services, documentation of such and the reason why is provided in the case record, including why the organization is unable to connect them to services (for example, this may occur when youth are moved by the state).*

**NA** *The organization accepts all clients.*

### YPS 2.05

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. developmental history;
- c. health status and mental status, including emergency health needs;
- d. educational status, including enrollment in early childhood education or school; and
- e. safety concerns, including imminent danger or risk of future harm.

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**Interpretation:** *Organizations may respond to identified suicide risk by connecting youth to more intensive services; facilitating the development of a safety and/or crisis plan; or contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.*

### **YPS 2.06**

The organization defines in writing:

- a. eligibility criteria, including age, developmental stage, and custodial status;
- b. scope of services and supports, special areas of expertise and range of behavioral/emotional concerns addressed;
- c. opportunities for active family participation and support; and
- d. opportunities for active participation in community activities.

**Research Note:** *The literature indicates the more information youth and their families receive during screening and intake, the more likely it is they will remain engaged in the services.*

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### YPS 3: Assessment

Youth participate in a comprehensive, individualized, strengths-based, family-focused, culturally responsive assessment that evaluates their cognitive, language, motor, behavioral, and social-emotional development.

**Interpretation:** *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

**Interpretation:** *Youth who have been the victims of human-trafficking will oftentimes have severe deficiencies in their educational, emotional, and physical development in addition to any serious emotional disturbance or behavioral issues they may be struggling with. If at any time during the assessment it becomes apparent that the youth has been a victim of human trafficking, particular attention should be placed in those areas.*

**Research Note:** *Personnel that conduct initial and comprehensive assessment should be aware of the indicators of a potential victim of human trafficking. Several tools are available to help identify a potential victim and determine next steps toward an appropriate course of treatment. Examples of these tools include, but are not limited to, the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.*

**Research Note:** *For an assessment to be trauma-informed, it assumes that every individual has likely been exposed to experiences that are traumatic, including abuse (physical, psychological, or sexual), neglect, out-of-home placements, exposure to community or familial violence, or persistent stress. Adopting this assumption in all levels of treatment ensures the organization actively avoids instances that traumatize the youth.*

**Research Note:** *All youth and families have areas of strength and resilience. Staff should engage youth and their families in an open and safe dialogue about their strengths, struggles, fears, and experiences during the assessment process to ensure that youth and their families are the focus of treatment efforts. Comprehensive assessment that guides effective service planning will be best achieved when families are engaged as partners in identifying their strengths and needs.*

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## Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing;

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- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Assessment and reassessment procedures
- List of standardized assessment tools used

#### **On-Site Evidence**

- Copies of any standardized tools used
- List of identified referral sources

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

### YPS 3.01

Personnel who conduct assessments are qualified by training, skill, and experience and able to recognize youth and families with special needs.

### YPS 3.02

The information gathered for assessments is strengths-based, comprehensive, directed at concerns identified in the initial screening by the youth and primary caregiver, and limited to material for meeting service requests and objectives.

**Research Note:** *Literature suggests that involving the youth in the assessment process increases ownership of the assessment. To facilitate such involvement personnel should be familiar with skills such as orienting, giving instructions, requesting information, demonstrating understanding, and the ability to develop a trusting relationship.*

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### YPS 3.03

Individuals are assessed for:

- a. a history and presence of emotional and behavioral problems, substance use and other health conditions;
- b. educational history;
- c. traumatic experiences and trauma-related symptomatology;
- d. past or present connection to the juvenile justice system;
- e. medical history, including past medication prescription and efficacy;
- f. life skills and community support; and
- g. resource needs of the family.

**Interpretation:** *The assessment includes use of standardized diagnostic tools such as the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, the International Statistical Classification of Diseases and Related Health Problems (ICD), or another comparable standardized diagnostic tool. Assessments are completed within timeframes established by the organization and updated periodically.*

**Research Note:** *Researchers suggest that focusing on a youth and their family's strengths, learning about the family culture, and building on natural supports is a more effective approach than focusing on the youth and family's deficits.*

**Research Note:** *The literature on promoting resiliency in youth emphasizes the importance of building healthy relationships with adults within their community, often times being cited as a "turning point" that helps them to develop resilience.*

### YPS 3.04

Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals.

**Interpretation:** *Culturally responsive assessments can include attention to geographic location, language of choice, the person's religious, racial, ethnic, and cultural background, age, sexual orientation, gender identity, gender expression, and developmental level.*

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## YPS 4: Service Plan

Youth participate in the development and ongoing review of a service plan that supports:

- a. the attainment of agreed upon goals;
- b. improvement in the person's quality of life and ability to manage within the community; and
- c. development of desired skills.

**Interpretation:** *If the person is receiving services from any programs from within the organization or outside organizations, the service plan may be part of the overall service plan.*

**Interpretation:** *The six general service sectors accessed by youth are: specialty mental health, substance use treatment, education, child welfare, general medicine, and juvenile justice. Besides the services being provided by the program, there should be documentation of any other service sectors that are being accessed by the youth.*

**Interpretation:** *The wraparound approach is a service planning philosophy for youth in need of psychosocial rehabilitation, collaborating with all service providers that touch the youth's life (educational, justice, family services, etc.) to create a single plan that works with youth and their family to promote positive outcomes. While it is not necessary to use Wraparound services when providing psychosocial rehabilitation to youth, the research supports that participation in Wraparound services sustains youths' ongoing participation in services.*

**Research Note:** *The literature on service planning for youth supports the efficacy of a singular plan as promoted by the Wraparound approach.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or

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- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Service planning and monitoring procedures, including strategies for

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



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- active family participation when appropriate
- Crisis and safety planning procedures

### On-Site Evidence

- Documentation of case review
- Youth's signature on the service plan

### On-Site Activities

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

### YPS 4.01

The service plan is:

- a. based on the strengths and needs identified in the assessment;
- b. developed in a timely manner with the full participation of the youth and their family/primary caregiver; and
- c. expedited when crisis or urgent need is identified.

**Interpretation:** *Service planning is conducted so that the youth retains as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices receive help with making or learning to make decisions.*

**Interpretation:** *Family members should always be included in the service planning when appropriate, as determined by the youth and primary caregiver. If the youth and primary caregiver agree that it is not appropriate, it should be documented as such.*

**Interpretation:** *If the youth has been identified as a victim of human trafficking, the organization should work with the youth and their primary caregiver to develop a safety plan that focuses on increasing physical safety by securing needed documents, property, and services and linking efficiently to law enforcement, if needed.*

**Research Note:** *The literature supports that the more 'choice and voice' the youth feels they have in their service plan, the more likely that they will feel engaged in their treatment resulting in positive outcomes.*

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### YPS 4.02

The youth, family members, and personnel collaboratively develop a written, individualized service plan that is based on the assessment and supports:

- a. attainment of short- and long-term service goals;
- b. improvement in the person's quality of life and ability to remain within the community; and
- c. development of desired skills.

### YPS 4.03

The service plan, includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. the youth's signature.

**Research Note:** *The resiliency framework suggests that when looking at outcomes and treatment goals, it is important to look at not only emotional or behavioral disturbances, but to also examine strengths and when the youth has used them to protect against adversity. For example, this is used through the Personal Model of Resilience where therapists and youth identify assets in the individual's life (such as being good at sports, making friends easily, etc.) and then look at situations in which the strength has been used to overcome an obstacle.*

### YPS 4.04

During service planning the organization explains:

- a. available options; and
- b. the benefits, alternatives, and consequences of planned services.

### YPS 4.05

The service plan addresses, as appropriate:

- a. services provided by other programs and/or providers;
- b. unmet service and support needs;
- c. psychological and emotional needs;

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- d. educational goals;
- e. cultural interests;
- f. possibilities for maintaining and strengthening family relationships;
- g. development of life skills, including preparation to work or continuation of schooling; and
- h. the need for support of the youth's informal social network.

**Interpretation:** *Experiences with family rejection and capacity for increasing family acceptance and support are a part of the assessment for family relationships. It also includes culturally appropriate education and guidance to help families with LGBTQ youth decrease family rejection and increase family support.*

**Research Notes:** *Youth engagement with positive social and cultural interests through community-based programs is important in the promotion of healthy physical, intellectual, and psychological development.*

### YPS 4.06

The worker and a supervisor, or a clinical, service, or peer team, review the service plan at least quarterly, or as frequently as deemed necessary by the service provider and supervisor, to assess:

- a. service plan implementation;
- b. progress toward achieving service goals and desired outcomes; and
- c. the continuing appropriateness of the service goals.

**Interpretation:** *Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.*

**Interpretation:** *Timeframes for service plan reviews should be adjusted depending upon: issues and needs of the youth; changes in the youth's life situations or psychological conditions; and frequency and intensity of services provided.*

### YPS 4.07

The worker, primary caregiver, and youth regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

### **YPS 4.08**

Family members, as appropriate, are advised of ongoing progress and invited to participate in case conferences.

**Interpretation:** *The organization facilitates the participation of family and encourages their role in the service plan when appropriate.*

**Research Note:** *The literature on youth resiliency suggests that service plans that include all adults and family members who play a positive role in youth's life have a higher likelihood of leading to positive outcomes, reducing familial stress, and decreasing the need for a restrictive setting.*

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



# Youth Psychosocial Services

## YPS 5: Rehabilitation Team

The rehabilitation team consists of personnel that represent each sector providing services to the youth as well as the youth themselves, the primary caregiver, and any appropriate family members or natural supports.

**Interpretation:** *Wraparound services are a holistic form of service planning that includes all individuals relevant to the well-being of the youth (family members, primary caregivers, other natural supports, service providers, etc.) working collaboratively. Wraparound programs may not always provide direct services, but act as a coordinator between all of the various other providers.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully designated roles and responsibilities are noted, however, these do not significantly impact service quality; or
  - Job description need strengthening; or
  - With few exceptions roles and responsibilities are understood by staff; or
  - For the most part, established timeframes are met; or
  - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
  - In a few instances client or staff signatures are missing and/or not dated; or
  - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
  - Procedures and/or case record documentation need significant strengthening; or
  - Role designation not well-understood or used appropriately; or
  - Timeframes are often missed; or
  - In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
  - Quarterly reviews are not being done consistently; or

### Purpose

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- A description of service
- Documentation of provider network

#### **On-Site Evidence**

- Job description and resume of qualified care providers
- List of members of the rehabilitation team and their roles (including child and family team members if providing Wraparound services)

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

### YPS 5.01

The rehabilitation team, with input from the youth and primary caregiver, coordinates services with specialty mental health, substance use treatment, education, child welfare, primary health care, and juvenile justice, as appropriate.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

**Research Note:** *The research shows that the creation of one plan among multiple service providers with related goals leads to a higher likelihood of more successful outcomes (e.g., decreased placement in more restrictive environments).*

**Note:** *If the organization does not provide any of the services listed above, such as may be the case for Wraparound programs, then it is formally documented how those youth's needs are being met. If the services are not necessary for the youth (e.g., they are not involved with juvenile justice at all), there is documentation that the youth was assessed for those needs and it was determined unnecessary.*

### **YPS 5.02**

A lead worker will serve as the primary point of contact for the youth and family in the service planning process, ensuring to include:

- a. performing a strengths-based assessment;
- b. conducting plan-of-care meeting;
- c. helping to determine needs and resources;
- d. arranging for provision of specific services; and
- e. monitoring implementation of the Service Plan.

**Interpretation:** *A point of contact may have a different title from organization to organization; Wraparound programs would refer to this individual as the care coordinator.*

### **YPS 5.03**

The wraparound care coordination team includes a care coordinator, personnel providing services from each sector, the youth, the child and family team, a mobile crisis team, and a provider network.

**NA** *The organization does not provide wraparound services.*

**Note:** *If the organization does not provide the service, it should be noted which organization does provide it and the name of the primary contact from that organization. If the youth does not need support in that service sector, it should be noted that the youth was evaluated and the service was deemed unnecessary.*

### **YPS 5.04**

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.





## Youth Psychosocial Services

The child and family team consists of the youth and, in addition to the primary caregiver, all adults and family members that play a positive role in the youth's life as well as provide natural community support.

**Interpretation:** *Child and family teams often include a family support partner (also referred to as a family support specialist) who is a parent who has had similar experiences with their own family and as a result has an understanding of the various systems and is able to provide support to the other adults to help them find their voice.*

**NA** *The organization does not provide wraparound services.*

### YPS 5.05

A mobile crisis team that includes psychologists and social workers trained in crisis intervention is available to meet the needs of youth and families in the absence of the lead worker.

**Interpretation:** *If a mobile crisis team is not readily available from the organization's resources, a third party (such as a crisis hotline) - as permitted by state regulation -- can be contracted to provide assistance during a crisis. Youth and their primary caregivers are made aware of how to utilize the resource prior to a crisis situation.*

**NA** *The organization does not provide wraparound services.*

**Note:** *An example of when a mobile crisis team may be of use is when reviewing a potential inpatient psychiatric hospitalization of a youth and the care coordinator is not available.*

### YPS 5.06

The organization creates a provider network by cultivating a relationship with an array of service providers to help support the youth and family's needs.

**Research Note:** *The research on Wraparound programs shows positive outcomes with a diverse array of service providers within the organization's network. It increases the choices families have when selecting providers and the services they wish to receive.*

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



# Youth Psychosocial Services

## YPS 6: Psychosocial Interventions

The program encourages youth to achieve their highest level of functioning by addressing specific emotional or behavioral needs and helping them to enhance coping skills.

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or
  - For the most part, established timeframes are met; or
  - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
  - In a few instances client or staff signatures are missing and/or not dated; or
  - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
  - Procedures and/or case record documentation need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
  - Timeframes are often missed; or
  - In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
  - Quarterly reviews are not being done consistently; or
  - Level of care for some clients is inappropriate; or
  - Service planning is often done without full client participation; or
  - Appropriate family and/or community involvement is not documented; or
  - Documentation is routinely incomplete and/or missing; or
  - Assessments are done by referral source and no documentation and/or

### Purpose

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

- summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- A description of services, including strategies for identifying and engaging other community-based providers and resources, as appropriate

#### **On-Site Evidence**

- Program description
- Copies of agreements with cooperating service providers and/or an up-to-date referral list of identified community-based providers, as applicable

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

### YPS 6.01

The program offers at least two of the following services:

- a. counseling or supportive therapy;
- b. peer support;
- c. case management;
- d. community-based activities; and
- e. recreational activities.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

**Interpretation:** *If the organization primarily acts as a coordinator rather than as a provider, as might be the case for Wraparound services, then they should document which of the services are provided by the partnering organizations.*

**Interpretation:** *Counseling or supportive therapies include, but are not limited to:*

- a. *individual supportive therapy;*
- b. *group therapy; and*
- c. *family therapy.*

**Note:** *Youth Psychosocial Rehabilitation Programs may provide any combination of at least two of these services.*

**Note:** *Organizations should consult local regulations in regards to services licensure before identifying which services they choose to use.*

### **YPS 6.02**

The program works with youth to identify and use natural resources and peer support to create a supportive community.

**Research Note:** *The research indicates that strength focused interventions make an inventory of both internal resources (e.g., self-efficacy) and external resources (e.g., social support) as assets to be utilized in treatment. Using strengths and resources is a key factor when building resilience in youth.*

### **YPS 6.03**

Core service components focus on helping youth improve and manage the quality of their lives through:

- a. development of self-care and activities of daily living skills, such as personal hygiene and nutrition;
- b. medication compliance and an understanding of how to manage their illness/condition;
- c. socialization and use of leisure time;
- d. organizational skills management;
- e. anger management;
- f. coping skills;
- g. conflict skill training; and

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

- h. vocational and/or educational development, depending on the age of the youth.

**Research Note:** *Research has suggested that psychoeducation and skills training lead to acquisition of targeted skills, and are associated with reduced relapse, improved social functioning, decreased family stress and reduced placements for youth in the child welfare system.*

### YPS 6.04

The program offers youth a variety of opportunities to achieve service goals through individual, group, and/or milieu activities within a culturally sensitive framework that allows each individual to:

- a. learn how to relate positively to others;
- b. anticipate and control behaviors that interfere with inclusion in the community;
- c. experience peer support and feedback;
- d. develop personal awareness and boundaries;
- e. engage in positive problem solving methods;
- f. build on strengths and enhance self-reliance and productivity; and
- g. celebrate competence and success.

### (FP) YPS 6.05

The organization directly provides, coordinates, or formally arranges for:

- a. 24-hour crisis intervention;
- b. crisis residential and other emergency services;
- c. inpatient and outpatient psychiatric services;
- d. medical and dental services;
- e. medication management;
- f. integrated mental health and substance use education and services;
- g. education-related services and assistance;
- h. employment and life skills training; and
- i. legal advocacy and representation.

**Research Note:** *Collaboration between agencies and settings can help improve the community functioning of youth with emotional disturbances and behavioral problems and lead to more successful outcomes, including needing less restrictive environments.*

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

### **(FP) YPS 6.06**

Youth and their primary caregivers work with the service provider to create a crisis or safety management plan that addresses ways to prevent escalation of youth's behavior and identify steps to take in the event of a crisis.

**Interpretation:** *By identifying and addressing crisis situations that may arise, the youth and their care providers can work together to be proactive in handling escalating problem behaviors and promote the youth's strengths in their service planning.*

### **YPS 6.07**

The families or primary caregivers of youth are offered or referred to services, including:

- a. family psychoeducation;
- b. emotional support and therapy;
- c. linkage to community services;
- d. self-help referrals; and
- e. care coordination, as needed.

**Research Note:** *Studies of psychoeducation services provided to families consistently show positive outcomes for the youth, including reduced relapse, decreased psychiatric symptoms, and increased self-efficacy.*

### **YPS 6.08**

The organization provides most of its services in the community.

**Research Note:** *Literature points to the importance of providing services in the community regardless of the program approach, including skills building, peer support, vocational services, and consumer community resource development.*

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



# Youth Psychosocial Services

## YPS 7: Social and Community Connections

Youth cultivate and sustain connections with their community and social support network to promote positive well-being.

**Research Notes:** *Youth engagement with positive social and cultural interests through community-based programs is important in the promotion of healthy physical, intellectual, and psychological development.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures for communicating/updating information on community events need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Information on social and community connections not routinely updated; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Procedures for facilitating social and community connections
- Policy that prohibits exploitation of individuals in employment-related training or gainful employment

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

### YPS 7.01

The organization facilitates the youth's ability to access all available services and successfully reintegrate into their community by:

- a. remaining knowledgeable about local, regional, and state resources, including networking and leadership opportunities; and
- b. identifying and developing opportunities for youth to develop positive ties to the community based on mutual interests and abilities.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.





## Youth Psychosocial Services

### YPS 7.02

Social and community connections are encouraged by providing youth opportunities to participate in:

- a. social, recreational, educational, or vocational activities in their community;
- b. religious observances in the faith group or spirituality of choice; and
- c. family and neighborhood activities consistent with the youth's ethnic and cultural heritage and tribal affiliation.

**Interpretation:** *If the program does not directly facilitate participation in these social and community connections, then they make these events known to the youth and their families.*

**Research Note:** *The research suggests that engaging youth in community-based activities promotes resiliency and healthy development through the creation of prosocial peer support groups.*

### YPS 7.03

Youth are helped to develop social support networks and build healthy, meaningful relationships with caring individuals of their choosing.

**Interpretation:** *"Caring individuals" may include mentors, community members, friends, classmates, peers, siblings, cousins, grandparents, former resource families, and extended family members.*

**Research Note:** *Research shows that healthy relationships with caring individuals is a protective factor and promotes resiliency.*

### YPS 7.04

Youth have opportunities to participate in group activities where they can meet, support, and share experiences with peers.

**Interpretation:** *Opportunities to participate in culturally and developmentally appropriate social, cultural, recreational, and religious or spiritual activities should be designed to expand the range of life experiences.*

**Research Note:** *Developing positive peer relationships can help sustain the positive changes in behavior psychosocial rehabilitation programs aim to create and act as a protective measure against future substance abuse and*

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

*other dysfunctional behaviors.*

### **YPS 7.05**

The organization encourages social and community integration through the development of life skills necessary to:

- a. navigate the surrounding environment;
- b. pursue educational and occupational opportunities;
- c. manage finances, if age appropriate;
- d. communicate effectively and resolve conflicts; and
- e. participate in recreational activities and/or hobbies.

**Interpretation:** *Organizations should tailor life skills training to meet the age and developmental level of the youth being served.*

### **YPS 7.06**

Policy prohibits exploitation of youth in employment-related training or gainful employment.

**Interpretation:** *The organization should make reasonable efforts to match training and employment opportunities to the goals and interests of individuals.*

**NA** *The organization does not provide employment-related training or jobs to youth.*

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



# Youth Psychosocial Services

## YPS 8: Case Closing

Case closing is a planned, orderly process.

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



# Youth Psychosocial Services

used; or

- Documentation is routinely incomplete and/or missing;
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

## **Table of Evidence**

### **Self-Study Evidence**

- Case closing procedures
- Procedures for determination of responsibility when third-party payments or benefits end

### **On-Site Evidence**

- Review contract with public authority, as applicable

### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

## **YPS 8.01**

Planning for case closing:

- a. is clearly defined and includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves youth, family members or a primary caregiver, and others, as appropriate.

## **YPS 8.02**

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

## **YPS 8.03**

## **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

When a youth's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person to identify other service options.

**Interpretation:** *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations.*

**NA** *The organization does not receive third-party benefits or payments for service.*

### YPS 8.04

If a youth is asked to leave the program, the organization makes every effort to link the individual with appropriate services.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



# Youth Psychosocial Services

## YPS 9: Aftercare and Follow-Up

The organization and youth work together to develop an aftercare plan. Follow-up occurs whenever possible and appropriate.

**Interpretation:** *While the decision to develop an aftercare plan is based on the wishes of the youth and their primary caregiver unless aftercare is mandated, the organization is expected to be strongly proactive with respect to aftercare planning.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Aftercare and follow-up procedures

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review Case Records

### **YPS 9.01**

The aftercare plan is developed sufficiently in advance of case closing to ensure an orderly transition.

### **YPS 9.02**

Aftercare plans identify services needed or desired by the youth and their primary caregiver and specify steps for obtaining these services.

### **YPS 9.03**

The organization takes the initiative to explore suitable resources and contact service providers when appropriate.

### **YPS 9.04**

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of the youth and primary caregiver.

**Interpretation:** *Reasons why follow-up may not be appropriate include, but are not limited to, cases where the person's participation is involuntary.*

### Purpose

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.





# Youth Psychosocial Services

## YPS 10: Personnel

Personnel providing youth psychosocial or wraparound services are supervised by qualified professionals and receive training on an on-going basis.

**Note:** *The individual referred to throughout the standards as a rehabilitation specialist may also be known as a program manager, clinical director, etc.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
    - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
    - Most staff who do not meet educational requirements are seeking to obtain them.
  - With some exceptions staff have received required training, including applicable specialized training.
    - Training curricula are not fully developed or lack depth.
    - A few personnel have not yet received required training.
    - Training documentation is consistently maintained and kept up-to-date with some exceptions.
  - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
    - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
  - With a few exceptions caseload sizes are consistently maintained as required by the standards.
  - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
    - Procedures need strengthening.
    - With few exceptions procedures are understood by staff and are being used.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

- With a few exceptions specialized staff are retained as required and possess the required qualifications.
- Specialized services are obtained as required by the standards.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
  - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
  - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
  - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.
  - procedures need significant strengthening; or
  - procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Purpose

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



# Youth Psychosocial Services

## Table of Evidence

### Self-Study Evidence

- Program staffing chart that includes lines of supervision
- Job descriptions
- List of program personnel that includes:
  - a. name;
  - b. title;
  - c. degree held and/or other credentials;
  - d. FTE or volunteer;
  - e. length of service at the organization;
  - f. time in current position
- Table of contents of training curricula

### On-Site Evidence

- Documentation of training
- Information and/or data describing staff turnover

### On-Site Activities

- Interview:
  - a. Supervisors
  - b. Personnel
- Review personnel files
- Verify employment or contract with psychiatrist, psychologist, and other professionals

### YPS 10.01

The program is under the direction of a rehabilitation specialist who is qualified by:

- a. an advanced degree in a human services field and a minimum of 2 years relevant experience working with youth with a serious emotional disorder; or
- b. a bachelor's degree in social work or a comparable human service field and at least an additional 4 years of relevant experience working with youth with a serious emotional disorder.

**Interpretation:** *Some states require those in a supervisory role have certification or licensure by the designated authority in their state, such as the Psychiatric Rehabilitation Association Children's Psychiatric Rehabilitation Certificate. Organizations should consult state and local laws and regulations to ensure compliance.*

### Purpose

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## Youth Psychosocial Services

### **YPS 10.02**

Rehabilitation specialist is employed for:

- a. at least 20 hours per week when the program serves less than 30 individuals; or
- b. at least 40 hours per week when the program serves 30 individuals or more.

### **YPS 10.03**

Direct services supervisors are qualified by one or more of the following:

- a. an advanced degree in a human services field and a minimum of two years professional experience;
- b. substantial experience in the psychosocial rehabilitation field which, based on the organization's decision, substitutes for specific educational requirements; and/or
- c. national or state certification, licensing, or registration requirements in the psychosocial or psychiatric rehabilitation field.

**Interpretation:** *Supervisor qualifications will vary depending on the services provided and program design, as well as local regulations.*

**Interpretation:** *Rehabilitation specialists may have a dual role of supervisor and program director, if their workload permits it.*

### **(FP) YPS 10.04**

Direct service personnel receive training on the following topics:

- a. engagement with youth, including building trust and establishing rapport;
- b. partnering and engaging with families;
- c. accessing culturally-relevant community services;
- d. recognizing trauma and coping mechanisms, and providing trauma-informed care;
- e. the use, management, and side effects of psychotropic medications;
- f. individuals who identify as lesbian, gay, bisexual, transgender, or gender non-conforming;
- g. the characteristics and treatment of emotional or behavioral problems of youth; and
- h. recognizing the risk factors that increase vulnerability to relapse.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.



## Youth Psychosocial Services

**Research Note:** *Training regarding youth psychiatric rehabilitation services should address evidence based practices, recovery, the psychiatric rehabilitation process, the consumer movement, and cultural issues.*

### **YPS 10.05**

Direct service personnel workloads support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume, accounting for assessed level of needs of new and current clients and referrals.

### **YPS 10.06**

Personnel providing direct services are qualified by:

- a. a bachelor's degree in a health-related field;
- b. an associate's degree in a health-related and minimum 1 year of experience;
- c. 30 hours, or their equivalent, of college credit toward a bachelor's degree in a health-related field and 1 year of experience; or
- d. 2 years of work experience in a supervised mental health setting.

### **Purpose**

Youth participating in Psychosocial Services (YPS) receive community based services that facilitate childhood development and resiliency using a holistic approach that improves family functioning and increases child well-being and safety.