Service Standards

Youth Psychosocial Services

Purpose

Youth participating in Psychosocial Services 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.

Definition

Youth Psychosocial Services (YPS) 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. 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. An organization may engage in a wraparound approach without being a wraparound program. The aim of these programs is to engage the youth, family/primary caregiver, 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.

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: *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/primary caregiver and engage them in services as well. 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 YPS 3.03 and YPS 3.04 are for Wraparound-specific programs only.*

Note: *Please see YPS Reference List for the research that informed the development of these standards.*

Note: *For information about changes made in the 2020 Edition, please see the YPS Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Youth Psychosocial Services

YPS 1: Person-Centered Logic Model

Purpose

Youth participating in Psychosocial Services 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.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

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.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

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

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3

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

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

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.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

* • Program logic model that includes a list of outcomes being measured	
• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

YPS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

YPS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Youth Psychosocial Services

YPS 2: Personnel

Purpose

Youth participating in Psychosocial Services 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.

Personnel providing youth psychosocial or wraparound services have the competency and support needed to provide services and meet the needs of the youth served.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

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; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- 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.,

- A significant number of staff (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; or
- 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; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- 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; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; 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.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

• Procedures or other documentation relevant to continuity of care and case assignment	

• List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

Site Visit Evidence

• Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

• Interviews may include:
  1. Program director
  2. Relevant personnel
• Review personnel files

YPS 2.01

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 field and minimum of one 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. two years of work experience in a supervised mental health setting.

YPS 2.02

Direct service supervisors are qualified according to services provided, program design, and regulations and 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 in the psychosocial or psychiatric rehabilitation field.

Example: *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.*

YPS 2.03

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 two 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 four years of relevant experience working with youth with a serious emotional disorder.

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

YPS 2.04

A rehabilitation specialist is employed for:

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

YPS 2.05

Direct service personnel are trained on, or demonstrate competency in:

a. partnering and engaging with families;
b. the use, management, and side effects of psychotropic medications;
c. youth psychiatric rehabilitation process and evidence based practices;
d. the needs of youth who identify as lesbian, gay, bisexual, transgender, or gender non-conforming;
e. the characteristics and treatment of emotional or behavioral problems of youth; and
f. recovery and recognizing the risk factors that increase vulnerability to relapse.

YPS 2.06

The organization maintains service continuity for youth by:

a. assigning a worker early in the contact, when appropriate; and
b. minimizing the number of workers assigned to an individual over the course of their contact with the organization.

YPS 2.07

Employee workloads support the achievement of youth outcomes and are regularly reviewed.
Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of clients.*

Youth Psychosocial Services

YPS 3: Rehabilitation Team

Purpose

Youth participating in Psychosocial Services 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.

The rehabilitation team consists of professionals 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.

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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

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.

Table of Evidence

Self Study Evidence

*

- Procedures or other documentation relevant to team coordination of care and case assignment

Site Visit Evidence

*

- List of the rehabilitation team members and their roles (including child and family/primary caregiver team members if providing Wraparound services)

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served

- Review case records

YPS 3.01

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.
Interpretation: *If the organization does not provide any of the services listed above, such as may be the case for Wraparound programs, then it must formally document 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), it should be documented that the youth was assessed for those needs and it was determined unnecessary.*

YPS 3.02

A lead worker serves as the primary point of contact for the youth and family/primary caregiver in the service planning process to:

a. perform a strengths-based assessment;
b. conduct plan-of-care meeting;
c. help to determine needs and resources;
d. arrange for provision of specific services; and
e. monitor implementation of the service plan.

Examples: *A point of contact may have a different title from organization to organization, for example wraparound programs would refer to this individual as the care coordinator.*

YPS 3.03

The wraparound care coordination team includes a care coordinator, personnel providing services from each sector, the child and family team, a mobile crisis team, and a provider network.
NA: The organization does not provide wraparound services.

Examples: *The child and family team may consist 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. Child and family teams can also 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.*

YPS 3.04

Prior to a crisis situation, youth and their primary caregivers are informed about how to access the mobile crisis team, which includes psychologists and social workers trained in crisis intervention, when the care coordinator is not available.
NA: The organization does not provide wraparound services.

Interpretation: *When permitted by state regulation, the organization may contract with a third party, such as a community crisis hotline, to provide crisis assistance.*

Examples: *A mobile crisis team may be of use when the care coordinator is not available to review a potential inpatient psychiatric hospitalization of a youth.*

YPS 3.05

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

Youth Psychosocial Services

YPS 4: Intake and Assessment

Purpose

Youth participating in Psychosocial Services 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.

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

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
- In a few rare instances, urgent needs were not prioritized; 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 and training; 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
- 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
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

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.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	
*	• Copy of assessment tool(s)	

Site Visit Evidence

*

- Written intake materials
- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served
- Review case records

YPS 4.01

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.

YPS 4.02

Youth and primary caregivers are screened and informed about:

a. how well their 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 4.03 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide placement on a waiting list or referral to appropriate resources when youth cannot be served or cannot be served promptly.

Interpretation: *When it is not possible to directly connect youth to services, documentation of the reason why should be provided in the case record, for example, when youth are moved by the state.*

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, welcomed by staff, and are treated with respect. For example, providing intake forms that allow youth to self-identify their gender as well as their first name and preferred pronouns can support that effort.*

Examples: *Organizations can 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 4.04

Youth participate in an individualized, culturally, and linguistically responsive assessment that is:

a. completed within established timeframes;
b. updated as needed based on the needs of youth; and
c. focused on information pertinent for meeting service requests and objectives.

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.*

YPS 4.05

Youth are assessed for:

a. a history and presence of emotional and behavioral problems, substance use and other health conditions;
b. educational status, including enrollment in early childhood education or school;
c. developmental history;
d. traumatic experiences and trauma-related symptomatology;
e. past or present connection to the juvenile justice system;
f. medical history, including past medication prescriptions and efficacy;
g. life skills and community support; and
h. resource needs of the family/primary caregiver.

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.*

Youth Psychosocial Services

YPS 5: Service Planning and Monitoring

Purpose

Youth participating in Psychosocial Services 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 participate in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and supports.
Examples: *Service sectors frequently accessed by youth include: specialty mental health, substance use treatment, education, child welfare, general medicine, and juvenile justice.*

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 and training; or
- In a few instances, client or staff signatures are missing and/or not dated; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; 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 several instances, client or staff signatures are missing and/or not dated; or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is clearly 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
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

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.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served

- Review case records

YPS 5.01

An assessment-based service plan is developed in a timely manner with the full participation of the youth and their family/primary caregiver, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. possibilities for maintaining and strengthening family relationships and other informal social networks;
d. procedures for expedited service planning when crisis or urgent need is identified; and
e. the youth's signature.

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.*

Interpretation: *Noting experiences with family rejection and opportunities for increasing family acceptance and support should be part of the assessment for family relationships and the service plan should include culturally appropriate education and guidance to help families with LGBTQ youth decrease family rejection and increase family support.*

YPS 5.02

The service plan addresses, as appropriate:

a. unmet service and support needs;
b. psychological and emotional needs;
c. educational goals;
d. cultural interests;
e. development of life skills, including preparation to work or continuation of schooling; and
f. improvement in the person's quality of life and necessary skills to remain within the community.

YPS 5.03 (FP)

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.

YPS 5.04

The worker and a supervisor, or a clinical, service, or peer team, review the service plan quarterly, or more frequently depending on the needs of youth, to assess:

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

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

YPS 5.05

The worker, youth, and his or her family/primary caregiver:

a. review progress toward achievement of agreed upon service goals; and
b. sign revisions to service goals and plans.

Youth Psychosocial Services

YPS 6: Psychosocial Interventions

Purpose

Youth participating in Psychosocial Services 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.

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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

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.

Table of Evidence

Self Study Evidence

*

- Program curriculum or sample daily program schedule

Site Visit Evidence

*

- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served
- Review case records
- Observe the program

YPS 6.01

The program offers at least two of the following services:

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

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.*

YPS 6.02

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

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 effective communication;
d. recreational and leisure time activities;
e. organizational skills management;
f. anger management;
g. coping skills;
h. conflict skill training;
i. management of finances, if age appropriate; and
j. vocational and/or educational development, depending on the age of the youth.

YPS 6.03

The program offers youth a variety of opportunities to achieve service goals through individual, group, and/or milieu activities focused on:

a. learning how to relate positively to others;
b. anticipating and controlling behaviors that interfere with inclusion in the community;
c. experiencing peer support and feedback;
d. developing personal awareness and boundaries;
e. engaging in positive problem solving methods;
f. building on strengths and enhancing self-reliance and productivity; and
g. celebrating competence and success.

YPS 6.04

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.

YPS 6.05

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

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

Youth Psychosocial Services

YPS 7: Social and Community Connections

Purpose

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

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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

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.

Table of Evidence

Self Study Evidence

*	• Procedures for facilitating social and community connections	
*	• Policy that prohibits exploitation of youth in employment-related training or jobs	

Site Visit Evidence

*	• Informational materials made available to families

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel

3. Youth served

- Review of case records
- Observe a variety of activities

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.

YPS 7.02

Social and community connections are encouraged by providing or sharing information about opportunities for youth and their families/primary caregiver 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.

YPS 7.03

The program provides most of its services in the community and works with youth to:

a. effectively navigate the surrounding environment;
b. identify and use natural resources and peer support to create a supportive community;
c. develop social support networks and build healthy, meaningful relationships with caring individuals of their choosing; and
d. participate in group activities where they can meet, support, and share experiences with peers.

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

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

YPS 7.04

The organization:

a. makes reasonable efforts to match training and employment opportunities to the goals and interests of youth; and
b. prohibits exploitation of youth in employment-related training or gainful employment.

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

Youth Psychosocial Services

YPS 8: Case Closing and Aftercare

Purpose

Youth participating in Psychosocial Services 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.

The organization works with youth and their family/primary caregiver to plan for case closing and, when possible, to develop aftercare plans.

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 and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation 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 frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

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.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Aftercare planning and follow-up procedures	

Site Visit Evidence

*	• Relevant portions of contract with public authority, as applicable	

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served

- Review case records

YPS 8.01

Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake; and
c. involves worker, youth, family members/primary caregiver, and others, as appropriate to the needs and wishes of the youth.

YPS 8.02

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

YPS 8.03

If the youth has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.

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

YPS 8.04

When appropriate, the organization works with the youth and their family/primary caregiver to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet need, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

YPS 8.05

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

NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.

Examples: *Reasons why follow-up may not be appropriate, include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the individual such as in cases of domestic violence.*