



RSC Service Description Training



Kids First
Family Safety
Integrity Honesty
Diversity Enthusiasm
Leadership
Excellence Loyalty
Dedication
Creativity
Goal Orientation
Respect

Presented by:

AMKids Regional Service Coordination Team

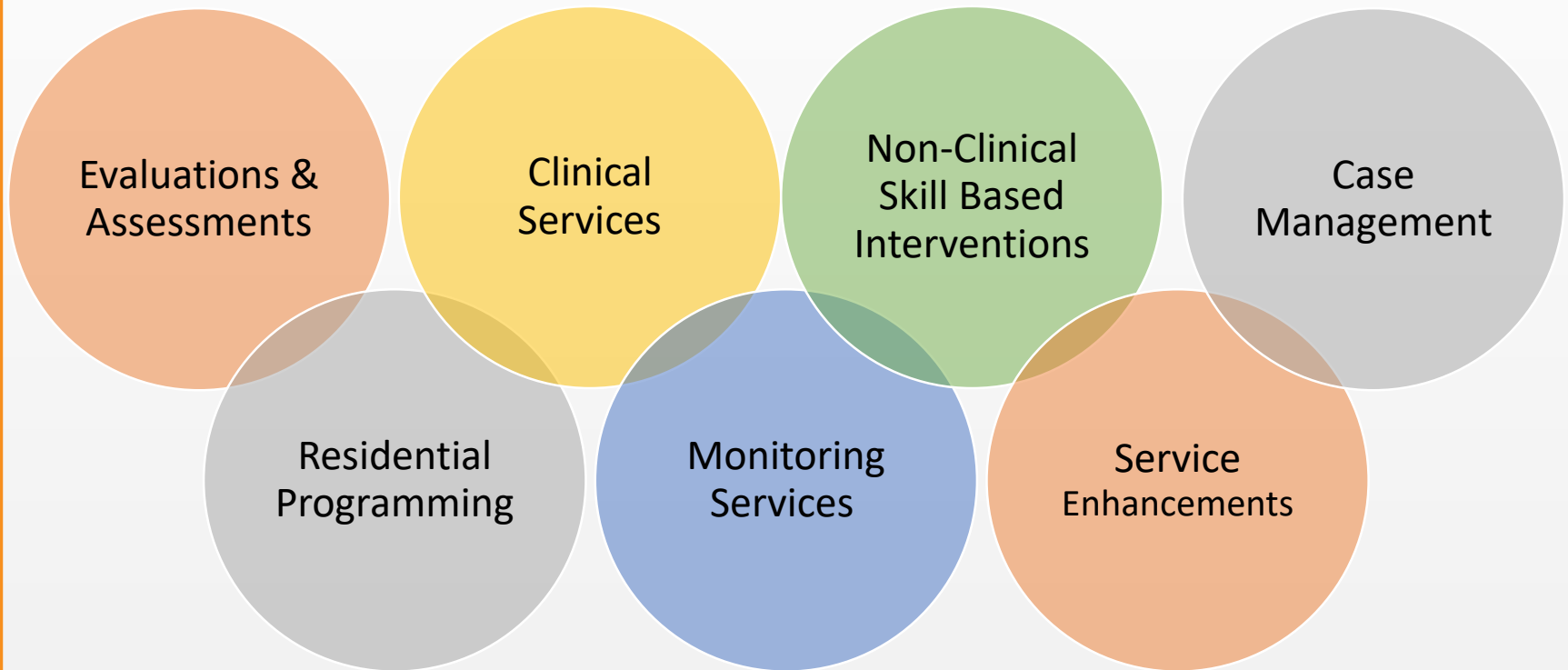
Date:



Services

AM/Kids®

Types of Programs



Types of Evaluations



Psychological

- By LMHP or PhD



Mental Health Eval

- By LMHP



Pyscho-Sexual

- By LMHP or PhD



Substance Abuse Eval

- By CSAC or PhD

Mental Health Evaluation- LMHP

Completed by a LMHP to identify strengths and needs of youth using a **bio-psycho-social** perspective. Evaluation will include a full clinical interview, which covers an accurate description of symptoms, mental status screening, drug and alcohol use, self-harm history, functioning, adaptive behaviors, family/social relationships and diagnostic impression. Evaluation will utilize clinical interview and collateral contacts in assessment process. Final report will include a summary of clinical evaluation, working **diagnosis**, answers to specifically requested referral questions/areas of assessment and clinical recommendations. Evaluations can focus on various needs including trauma, exploitation, and/or mental health. (Approx. 2-4 hours, written report 5-8 pages)



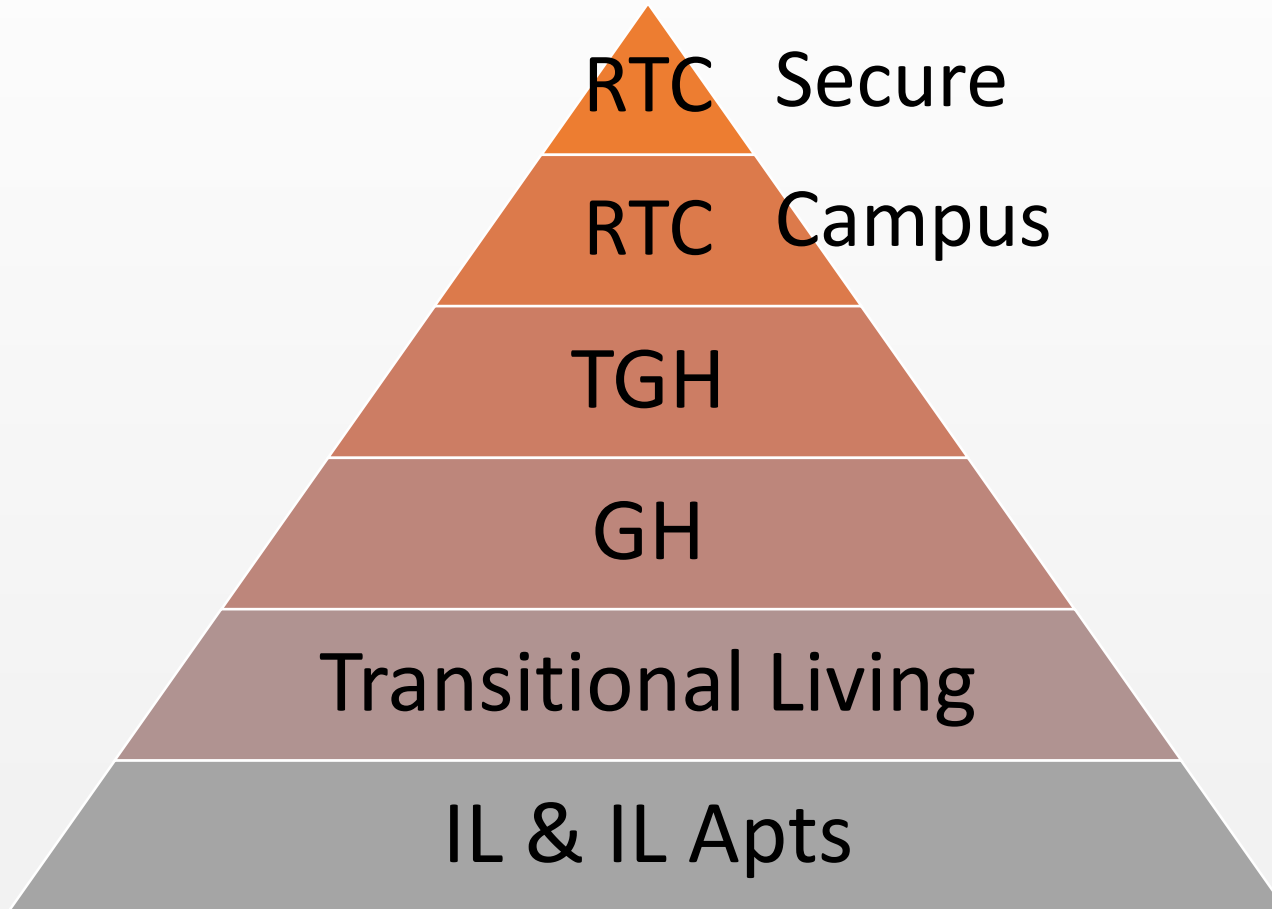
Psychological Evaluation Blended -

LIMITED

Performed by a LMHP. Evaluation includes a review of records including youth's mental health, behavioral health, substance use, cognitive functioning, and trauma history; interview youth and family; phone calls to collateral contacts; psychological testing and scoring to include: inventories/questionnaires to assess mental health symptoms and personality features, **cognitive/intellectual abilities, academic achievement, memory and processing speed**. Includes an analysis of components of the youth's life such as development, behavior, education, medical history, and relationships. Written report will summarize the variety of **psychological tests**, collaterals and clinical interviews to address referral questions or requested areas of assessment and provide recommendations for treatment, as appropriate. Completed by blended staffing, interview and collaterals completed by LMHP, with a **PhD completing the testing and scoring**. (Approx. 4-6 hours, written report 6 to 9 pages).



Residential Comparison



Residential Options



POPLAR SPRINGS
Hospital



PICE
Training Institute



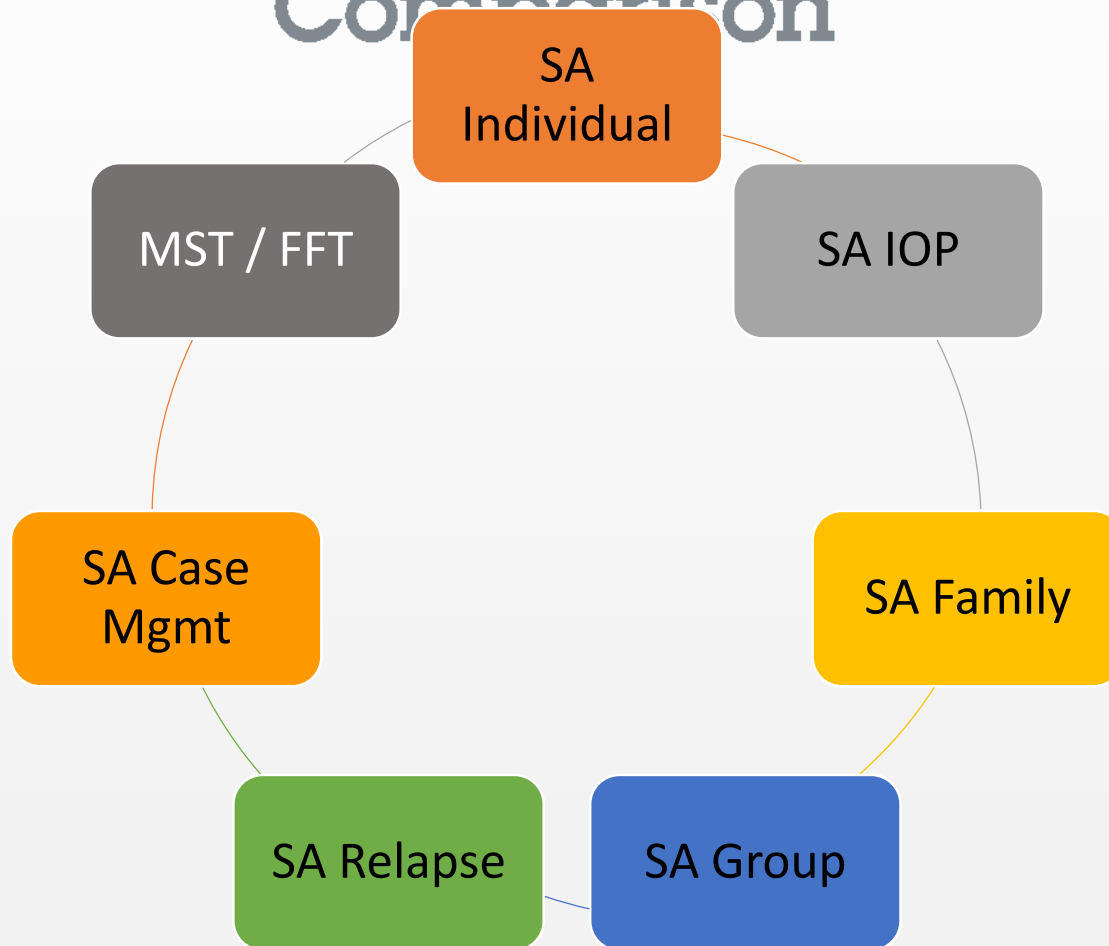
VIRGINIA
HOME FOR BOYS AND GIRLS



Paramount
Youth Services



Substance Abuse Service Comparison

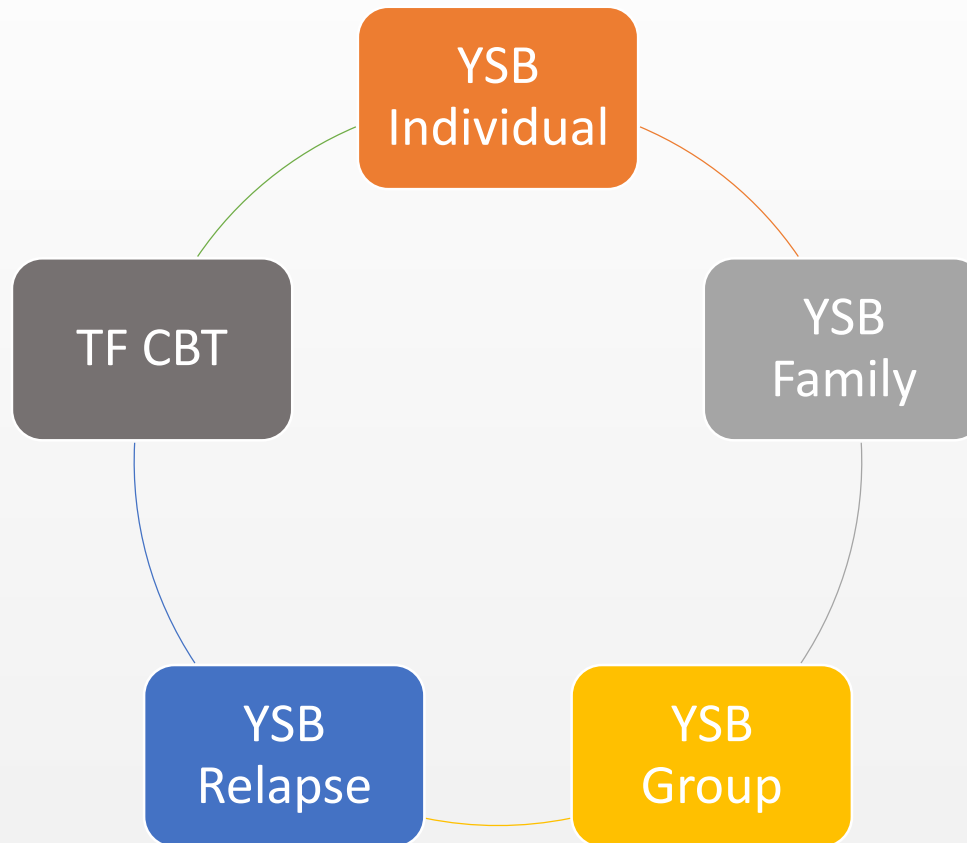


SA Intensive Outpatient

A structured service model including individual, family, and group based activities to assist youth with a history of substance use, abuse and addiction. Assists youth in learning skills for recovery and maintenance including case management, life skills, counseling, drug screens, crisis contingency planning, and relapse prevention. Delivered in **three hour intervals three to five days a week**. Youth must be present minimum of three hours a day to get credit for participation. Delivered by a CSAC or a LMHP with documented SA experience and training.



YSB Service Comparison



MST and FFT

MST

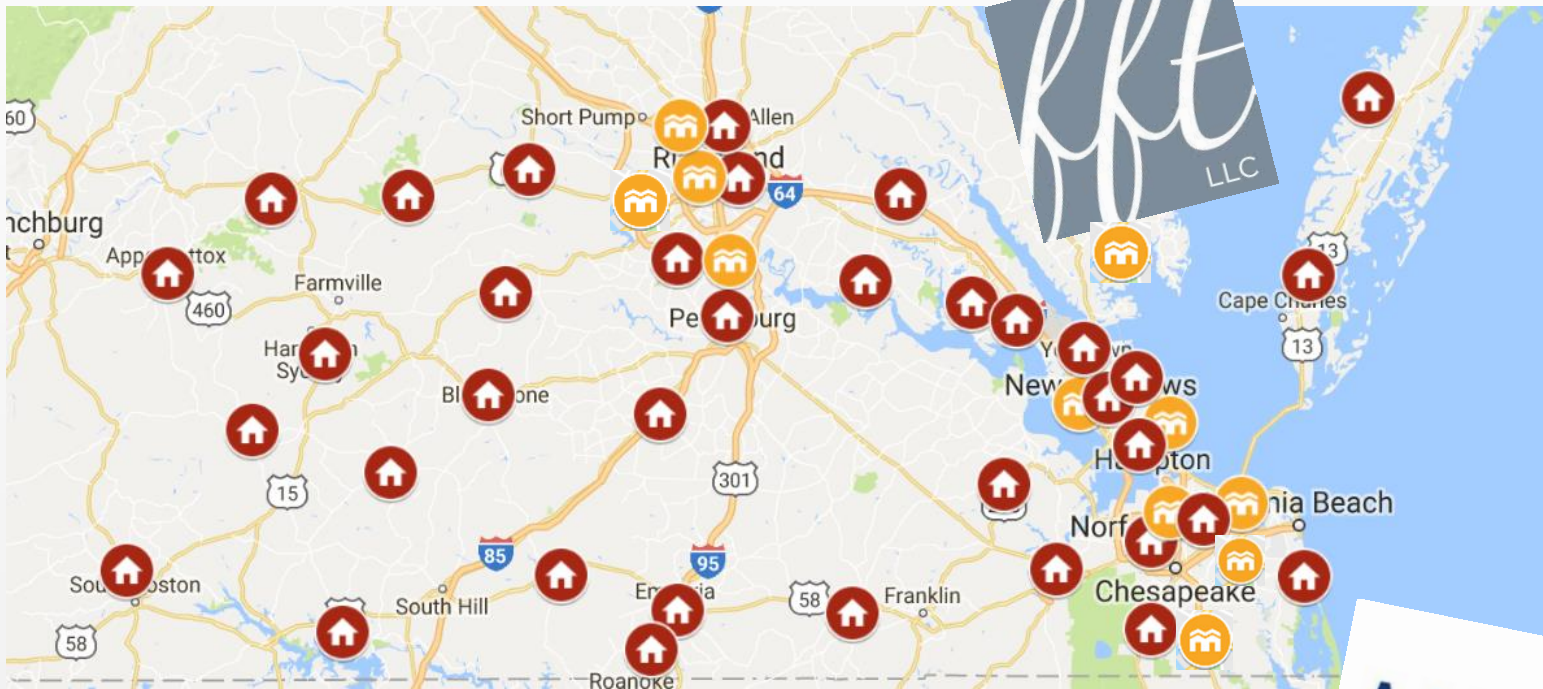
- 1-4 /week
- 12-17 yo
- Parent focused
- Caseload 4-6
- Includes CM
- High risk youth

FFT

- 1-2 /week
- 10-18 yo
- Family focused
- Caseload 8-12
- CM only phase 3
- Mod-high risk

FFT & MST Roll Out

 **FFT – 2 teams with capacity to serve 70 youth and families across 42 localities**



 **MST – 4 teams with capacity to serve 70 youth and families across 9 localities plus CSU 9**

Other Evidence-Based Models

❖ Family Centered Treatment

Home based. Family preservation program. Phase based model. Multiple sessions a week. average of 6 months.



FAMILY
CENTERED
TREATMENT®

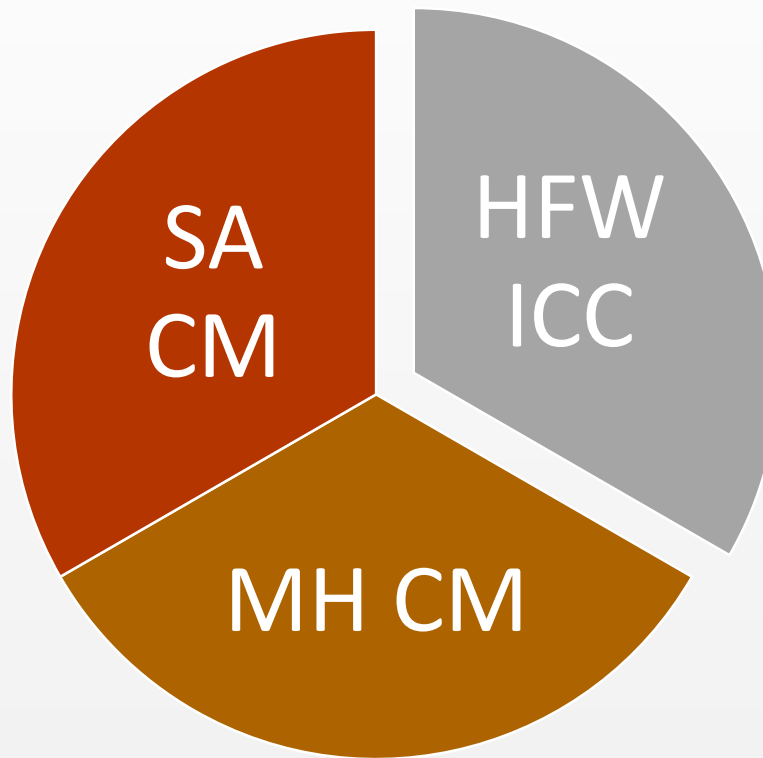


❖ Aggression Replacement Training.

Group Therapy Model

30 sessions, approx. 10 weeks

Case Management Comparison

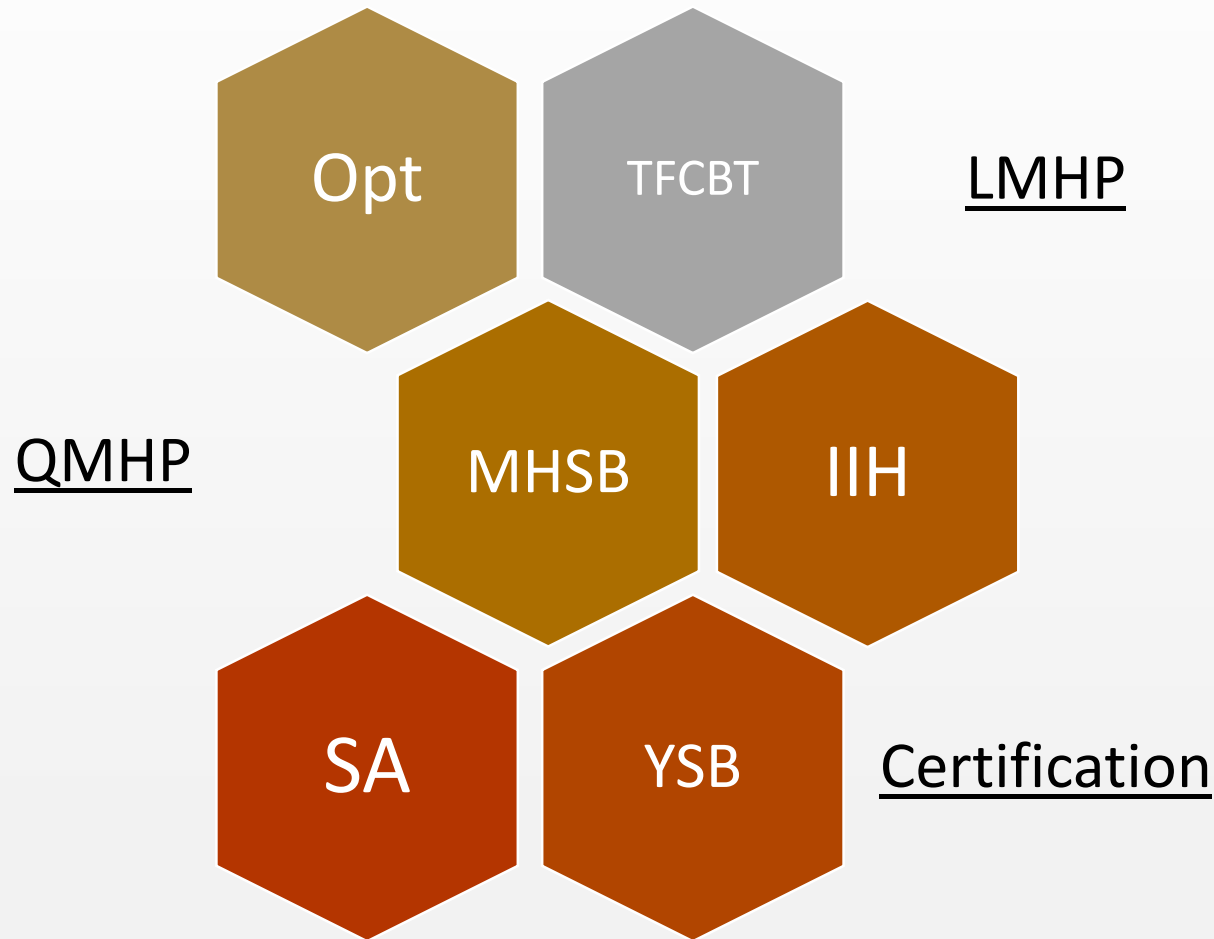


High Fidelity Wrap Intensive Care Coordination

Services conducted for court involved youth who are at risk of placement out of the home or already placed out of the home. Services extend beyond the regular case management and include: identifying the strengths and needs of the youth/family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the youth and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the youth/family. Must hold certification in HFW ICC and receive weekly clinical supervision



Provider Requirements



Service Enhancements

- ❖ **Language** - Interpreter and/or Translation Materials
- ❖ **Transportation** – Mileage, Time or Service
- ❖ **Feedback Sessions** – phone or in person for evaluations





Service Documentation

AM Kids®

Using YASI

- ❖ YASI for Treatment Planning Training
- ❖ Ensure individualized goals are tied to YASI domains and documented on monthly summary.
- ❖ Ensure Services have Logic Model which also address YASI domains

Service Planning

Overall Progress

Goal	YASI Risk Factor Addressed	Comments / Progress
Type info	Type info	Type info
Type info	Type info	Type info
Type info	Type info	Type info
Type info	Type info	Type info
Type info	Type info	Type info

Provider Invoices

Services billed as a daily rate:

- Residential Programs
- Residential Education (school days)
- MST (up to 3 days past final session, up to 10 days if detained, no more than 30 if no session)
- FFT (up to 3 days past final session, up to 10 days if detained, no more than 30 if no session)
- Case Management
- HFW-ICC
- GPS Electronic Monitoring



A black and white photograph of a young boy with short, light-colored hair, smiling and speaking into a microphone. He is wearing a white collared shirt, a dark tie, and a grey V-neck sweater. A name tag is pinned to his sweater. The background shows a room with large columns and other people seated at tables. An orange rectangular overlay is positioned on the right side of the image, containing the text 'Group Activity!'.

Group Activity!

AMKids®

Case Presentation

Review the referral packet to determine best service for youth. Don't forget to take into account YASI risk factors!

See handout



Case Presentation

Summary of Legal History and Interventions

████ first became involved in the juvenile justice system at the age of 13. His legal history includes five intake contacts (trespassing, attempted breaking and entering, grand larceny, and possession of marijuana) and one probation violation. █████ has had an intake contact for a felony offense. None of the intake contacts were for felony offenses against another person. He has been placed outside of the home once (current placement at █████ Group Home). He has had no history of escape. He has had three juvenile detention confinements at █████ Detention Home. █████ has not had any contacts with any other courts within the state of Virginia. He has not had any contacts with any courts in any other courts. █████ initially had a poor adjustment on probation supervision. Due to his inability to use good decision making skills, he incurred multiple charges within the first six months of being placed on supervised probation. One of the incurred charges was a probation violation that was a result of his noncompliance with the probation rules. █████ behaviors began to stabilize for a short period after his brother was removed from the home. Within the last sixty days, he has been non-compliant with probation supervision and services offered.

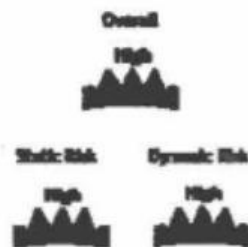
Case Presentation

CaseWorks YASI Full Assessment

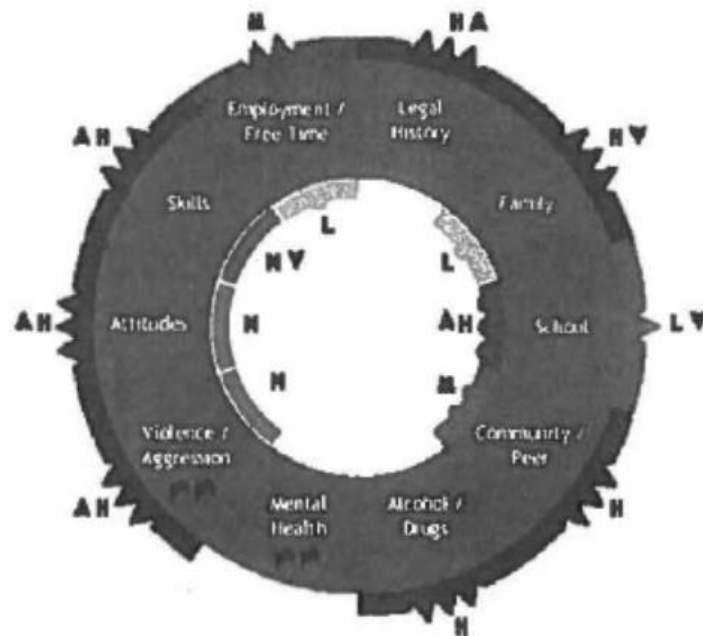
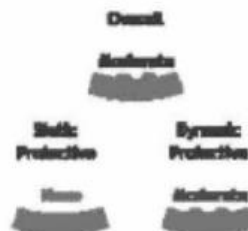
Client: [REDACTED] (YASI)
Assessment: Reassessment

DOB: [REDACTED] /2003
Administered: 5/17/2018

Full Assessment Risk



Full Assessment Protective





Questions



Thank you!

