FY27 PROGRAM DESCRIPTION

HAMHDS PROGRAM: YOUTH AND FAMILY CASE MANAGEMENT
CARF PROGRAM: CASE MANAGEMENT/SERVICES COORDINATION

PHILOSOPHY OF PROGRAM

KEEPING FAMILIES AND CHILDREN TOGETHER

The Youth and Family Services Program works with children between the ages of 3 and 18 who are experiencing emotional and behavioral problems. The child's family is seen as the primary point of intervention with the belief that with the right skills and supports, parents and caretakers can provide a safe, nurturing environment for the children and adolescents regardless of the youth's behavioral and emotional problems. The Youth and Family Services Program is based on the belief that all children and adolescents do best when they are living in a home-like setting.

In order to maintain youth in their homes, staff members strive to work from a strengths-based, family and child centered culturally sensitive perspective. A comprehensive package of services is available and together with a clinician or case manager, families select the level of intervention and support that most closely meets their needs.

Many of the youth and families served by the unit require services from multiple public agencies and/or services from other units within the agency. Meetings and regular phone contact are utilized to ensure that services among agencies and within this agency are well integrated and coordinated.

OUR CORE VALUES

Youth and Family Services are:

- Youth centered, family focused with strengths and needs of the family dictating the treatment provided
- Provided within the context of the family and the community
- Provided with culturally competent programs, staff and services that are responsive to the diversity (culture, race, ethnicity, sexual orientation) of the individuals we serve
- Guided by current research, best practice standards and professional ethics

DESCRIPTION OF SERVICES

Admission/Continued Stay/Exclusion Criteria:

The target population for this program is children and adolescents between the ages of 3 and 18 who are:
experiencing emotional and/or behavioral difficulties that are negatively impacting their functioning at home, in the community or at school; or,
who have previously been diagnosed with a mental health disorder but are in need of a more comprehensive array of services.

Youth who may be referred elsewhere for services are those:
who have a primary problem of intellectual disability;
whose primary problem is autism, and they are non-verbal or unable to benefit from traditional mental health therapy.

Youth who present with Sexual Offending behaviors may be provided short term case management linking them to appropriate resources in the community such as Risk Assessment and Treatment with a Certified Sex Offender Treatment Specialist.

Services provided include:

Case Management
Psychological Evaluations for open individuals with limited access to evaluations in the community
Family Support Services provided by a Certified Peer Recovery Specialist (CPRS)
Case coordination for cases requiring Children's Services Act funding or review by the Family Assessment and Planning Team.
Mentoring/Job Coach
Intensive Case Support

The organization does not use Artificial Intelligence (AI) in service delivery or for health data analysis and processing.

Measurement-Informed Care:

WHODAS 2.0 and PHQ-9 are utilized during intake and as needed afterwards
A variety of screening tools are available and utilized based on the type of symptoms present, training of the case manager, and typically after consultation with a supervisor.

Location of Services	Hours & Days of Operation
10299 Woodman Rd., Glen Allen, VA 23060	Mon., Wed., & Fri. 8:30AM-5:00PM Tues. & Thurs. 8:30AM-9:00PM
3908 Nine Mile Road Henrico, VA 23231	Mon. & Thurs. 8:30AM-8:00PM Tues. & Fri. 8:30AM-5:00PM Wed. 8:30AM-7:00PM
9403-A Pocahontas Trail Providence Forge, VA 23140	Mon., Wed., Fri. 8:30AM to 5:00PM Tues. & Thurs. 8:30AM to 8:30PM

Whether your child is "little" or approaching the teen years, we believe we can best help them by partnering with you as their parent or guardian:

Children

From the moment of birth, babies and children go through important developmental stages and change rapidly. Each stage brings different challenges and joys. Our staff understands the unique stages of childhood development and can assist you in parenting effectively at each stage. Our staff understand the differences between "normal developmental problems" and "emotional or behavioral disturbance". We believe that effective services with children creatively engages children and parents together to enhance family and parent/child interactions. This often involves families, children and case managers "playing and learning" together new ways to interact that are positive.

Adolescents

Adolescents become more independent and begin to form identities by trying out new behaviors and roles. Peer pressure and puberty usually occur in this stage and can bring physical and emotional

changes. Changes during these years can strain parent-teen relationships. New behaviors may go beyond boundary-pushing and cause more serious problems. Emotional highs and lows may persist or worsen. Our staff work with adolescents and their parents/guardians using an appropriate mix of services to effectively address their needs and utilize the adolescent's and family's strengths. Given the appropriate level of care, adolescents and their families can make the necessary changes in their lives to reduce and/or stop the harmful consequences caused by psychiatric and substance use disorders, and other psychosocial stressors such as negative peer pressure, and bullying.

It is important that all youth and their families be understood in the context of their diverse cultural backgrounds and environments and that services take into account these unique factors. It is essential that services be individual-centered and family-focused, and that individualized service plans reflect this.

CONTRACT SERVICES

No contractual services are provided within this program.

STAFFING

The Youth and Family Case Management team is comprised of Case Managers (Masters prepared), Family Support Partner (Certified Peer Recovery Specialist), Mentor/Job Coach and Supervisor(s) (Licensed Clinical Social Worker or Licensed Professional Counselor). The supervisor provides clinical supervision to members of the program staff and group supervision meetings are also held to support staff.

Staff meetings and group supervision are used to ensure that individuals' services are coordinated among different providers and that the level of service meets the individual's level of need. The psychiatrist is available for consultation for each child when the parent or legal guardian requests this service.

Adequate staffing is maintained to ensure individuals are safe while receiving services and to assist as needed during evacuations.

PROGRAM GOALS

The goals of the Program are 1) to maximize individual functioning at home, in school, and in the community; and 2) to prevent out-of-home placements.

PROGRAM OBJECTIVES

On an annual basis the program will develop at least one measure in the following areas: efficiency, effectiveness, service, access, and satisfaction feedback from individuals receiving services and stakeholders. These measures consider three important factors quality, customer value and financial performance. See program specific performance improvement goals and objectives.

FEES

The identified payors/funding sources are as follows: Medicaid MCO's, Medicare, Commercial Insurance, Self-pay, State funds, Federal MH Block Grant funds, County funds.

Individuals complete a financial at admission and at every change in insurance/income or every 5 years whichever comes first. Services are provided based on a sliding scale. If a individual feels that they are unable to pay the fee assessed, a financial appeal can be completed. No one is turned away from services due to inability to pay. The charge per month for case management is $367.31. The majority payer source is Medicaid.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION AND RE-ADMISSION

Interested parties including parents, guardians, and other agency representatives who are seeking services contact Access at (804) 727-8515. They will be instructed to walk into our East and Woodman Road locations for the same day access (SDA) service. The hours of SDA at both locations are:

Monday- Wednesday 7:30am-3pm
Thursday 7:30am-5:30pm
Friday 7:30am-11am

All Youth and Family Services individuals initially meet with an SDA therapist who completes an assessment and begins talking with the family about service options (see list of services provided above). Determination regarding which service options are most appropriate are made upon consideration of input from the family and the clinical assessment. The program does not utilize a waitlist and makes every effort to offer an intake slot within 14 days of intake assessment.

ORIENTATION OF INDIVIDUALS TO THE PROGRAM/SERVICE

Individual staff members provide orientation to the program. Handouts and verbal explanations of services are utilized to ensure individual and family understanding of the program and the types of services offered. The individual and family's participation in the development of an Individual Service Plan also serves to ensure the individual and family's understanding of the range and type of services offered.

EMERGENCY CLINICAL CONSULTATION

Emergency Services staff members provide on-call coverage for individuals in coordination with the Youth and Family Services staff. When possible, a member of the Youth and Family Services staff will provide clinical consultation. If for some reason, it is impossible to reach program staff, the Emergency Services staff members provide this service. Emergency services are available 24 hours a day/7 days a week by calling 804-727-8484

TELEHEALTH

Most services are provided face-to face but may also occur via tele video via a HIPPA compliant telehealth platform.

MEDICATION MANAGEMENT

The Youth and Family Services Program does not provide medication management, medication monitoring or store medications of the individuals served.

SECLUSION/RESTRAINTS/EMERGENCY HOLDS

Seclusion and restraint are prohibited and are not used in any agency programs. Brief physical holds are used only by staff trained in Therapeutic Options in an emergency.

TRANSFER/DISCHARGE PROCEDURES

Individuals may be transferred from the unit when it is determined that the individual's needs exceed the resources in the Program or when it is determined that the individual no longer meets the eligibility requirements for the Program. Individuals are typically transferred to other units within the agency that are more apt to meet the individual's needs.

Individuals are discharged from the program:

- at the request of the individual/family,
- when the individual ages-out of the program,
- when the family moves out of the locality,
- when the individual/family fail to participate in treatment,
- when the individual meets criteria for treatment in a more restrictive environment and,
- when the individual/family meet the goals and objectives of treatment.

In all of these situations, staff work to ensure that the individual and family are connected with appropriate resources after leaving the program.