FY26 PROGRAM DESCRIPTION
HAMHDS PROGRAM: YOUTH AND FAMILY OUTPATIENT SERVICES
CARF PROGRAM: OUTPATIENT TREATMENT

PHILOSOPHY OF PROGRAM
Keeping Families and Children Together
It is our mission to assist youth and families who are impacted by emotional and behavioral challenges to achieve success and reach their ultimate potential.

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.

To maintain youth in their homes, promote improved individual and family functioning and wellbeing, 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 and 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 cultural humility-- 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,
- Are being adversely impacted by alcohol or substance abuse; or,
- Have previously been diagnosed with a mental health disorder but need 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.

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

Services provided include:
Our clinicians provide family therapy, individual therapy and group therapy services. Therapy sessions are typically scheduled on a biweekly basis but may be scheduled more frequently for clients in crisis, an elevated suicide risk, or who are participating in an evidenced based practice whose protocol requires more frequent sessions. Clinicians often use screening and assessment tools such as the PHQ-9, Beck Youth Inventories-2nd Edition, CATS, UCLA-PTSD-RI, MFQ and other trauma symptoms and mood disorder questionnaires to track symptoms and monitor progress.

Evidence Based Practices
Our team of clinicians is proud to offer the following evidence-based services:

Multisystemic Therapy (MST)
MST is a comprehensive, evidence-based treatment model supported by extensive research demonstrating its effectiveness in addressing serious behavioral challenges among youth ages 11-18. MST is a family- and home-based approach that focuses on improving a young person's functioning within their natural environments, including the home, school, and community. MST therapists work collaboratively with families to develop short-term, targeted goals designed to reduce the risk factors associated with juvenile delinquency and other problem behaviors. Youth served through MST typically have current court or probation involvement or are at risk of entering the juvenile justice system. Services are funded through the Family Assessment and Planning Team (FAPT), the Department of Juvenile Justice (DJJ), or Medicaid. Please see the MST Program Description for more details.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver. Although TF-CBT is highly effective at improving youth posttraumatic stress disorder (PTSD) symptoms and diagnosis, a PTSD diagnosis is not required to receive this treatment. TF-CBT also effectively addresses many other trauma impacts, including affective (e.g., depressive, anxiety), cognitive and behavioral problems, as well as improving the participating parent's or caregiver's personal distress about the child's traumatic experience, effective parenting skills, and supportive interactions with the child.

Parent Child Interactive Therapy (PCIT)
Parent-Child Interactive Therapy (PCIT) is a short-term, evidence-based, trauma informed, parent training program for families with 2-6-year-old children experiencing behavioral, emotional, or family

challenges that uses live coaching of the caregiver to improve parent-child interactions. Based on both attachment theory and social learning theory, PCIT research has provided evidence of efficacy, generalization and maintenance. PCIT has been named a best evidenced based practice model by professional organizations including SAMHSA and the National Child Traumatic Stress Network.

Eye Movement Desensitization and Reprocessing (EMDR)
EMDR is an evidence-based treatment modality for healing from trauma or other distressing life events. EMDR does not require talking in detail about the distressing event(s) that occurred and can therefore be appealing to youth that are reluctant to discuss their experiences openly.

For youth who do not fit the criteria for a specific evidence-based practice, clinicians incorporate techniques and strategies from Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing, Emotion Focused Family Therapy (EFFT) and other therapeutic modalities into treatment with youth and their families. Sessions often focus on teaching youth and their caregivers the skills and strategies to manage their mental health symptoms.

Additional Services Offered:

- Psychological evaluations are available for individuals already receiving outpatient or case management services who have limited access to evaluations in the community
- Family Support Partner Services are available to caregivers and provided by a Certified Peer Recovery Specialist (CPRS)
- Court Alternative Program-Substance Abuse (CAP-SA):CAP-SA is a 4-session group for court ordered teens and their caregivers that provides psychoeducational and motivational enhancement techniques to participants.

Substance Use Disorder Treatment
Adolescent-Community Reinforcement Approach (A-CRA)
A-CRA is a developmentally appropriate behavioral treatment protocol for youths 12 to 24 years old with substance use disorders. A-CRA can also be utilized to increase family, social and educational strengths. It incorporates caregivers into treatment to support the youth's recovery. Homework assignments are utilized to support individuals in practicing new skills they learn during treatment. Treatment typically lasts anywhere from 12 to 24 sessions.

Attendance Policy
It is understandable individuals may miss or need to cancel appointments for a variety of reasons (ex. personal crises, medical reasons, or transportation problems). However, chronic lateness and absences make it impossible for families to achieve their treatment goals. Families who arrive more than 15 minutes past their scheduled appointment time will have their appointment rescheduled. As a routine engagement process, any missed appointment will be followed by a telephone call from the provider. If the provider cannot speak to the individual or caregiver, an outreach letter is sent. If the family does not respond to the outreach attempt within 10 days, then their case is closed. Families with more than three no-shows or same-day cancellations may also be closed out to services due to failure to follow the attendance policy. Any family that is discharged from services is able to return after 30 days and must complete a new initial assessment to be reopened.

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

CONTRACT SERVICES
No contractual services are provided within this program.

STAFFING
The Youth and Family Services Team is comprised of Clinicians (Licensed Mental Health Professionals (LMHP or LHMP-S), Child Psychologist (Licensed Clinical Psychologist), Case Managers (QMHP, master's level candidates preferred) and supervisors (Licensed Mental Health Professional). 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 is 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 an 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 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 Same Day Access at (804) 727-8515. They will be instructed to walk into our East, Woodman Road, or Providence Forge locations for the same day access (SDA) service. The hours of SDA at Woodman Road and East locations are:

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

Same Day Access Assessment are available at Providence Forge via telehealth on Thursdays from 1-4pm.

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 on 24 hours a day/7 days a week basis 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 (18 years or older and no longer in high school)
- when the family moves out of the locality,
- when the individual/family fails to participate in treatment,
- when the individual meets criteria for treatment in a more restrictive environment or,
- when the individual/family meets 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 prior to discharge from the program.