



**YOUTH ASSERTIVE COMMUNITY TREATMENT PROCEDURE**  
**Table of Contents**

<b>PROGRAM OVERVIEW</b>	<b>00</b>
PROGRAM INTRODUCTION	<a href="#">001</a>
<b>SCREENING AND INTAKE</b>	<b>100</b>
CLIENT ELIGIBILITY/ ADMISSION CRITERIA	<a href="#">101</a>
<b>ASSESSMENT</b>	<b>200</b>
CARE COORDINATION	<a href="#">201</a>
<b>PROGRAM STRUCTURE</b>	<b>300</b>
TEAM STRUCTURE AND OPERATIONS/SERVICES	<a href="#">301</a>
<b>CASE CLOSING</b>	<b>400</b>
DISCHARGE PROCEDURE	<a href="#">401</a>
<b>AFTERCARE AND FOLLOWUP</b>	<b>500</b>
PROGRAM EVALUATION AND QUALITY IMPROVEMENT	<a href="#">501</a>
<b>PERSONNEL</b>	<b>600</b>
PROGRAM PERSONNEL	<a href="#">601</a>



<b>Procedure Name:</b>	PROGRAM INTRODUCTION
<b>Procedure Number:</b>	001
<b>Domain:</b>	Youth Assertive Community Treatment-YACT
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Darci Roesler, Coordinator of Community Services
<b>Effective Date:</b>	December, 2016
<b>Date(s) of Revision:</b>	10/16/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set perimeters for the YACT Program Description. Staff must follow the steps set forth in this procedure for YACT.

## AREAS OF RESPONSIBILITY

All Youth Assertive Community Treatment (YACT) staff have responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

Youth Assertive Community Treatment is an intensive rehabilitative mental health service for youth and young adults ages 16, 17, 18, 19, and 20 years old who are suffering from severe mental illness and/or co-occurring disorder. The program helps the youth navigate the transition from children's mental health services to adult services. The program is an inclusive team model that works on coordinating multiple services in the area of mental health, school/employment, housing, family, and physical health services.

### Organization policy prohibits:

- 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.



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

## **GETTING HELP**

The Adult Services Coordinator should be contacted for help completing forms or carrying out the procedure.

[Back to Table of Contents](#)



<b>Procedure Name:</b>	CLIENT ELIGIBILITY/ ADMISSION CRITERIA
<b>Procedure Number:</b>	101
<b>Domain:</b>	Youth Assertive Community Treatment-YACT
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Darci Roesler, Coordinator of Community Services
<b>Effective Date:</b>	December 2016
<b>Date(s) of Revision:</b>	10/16/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set perimeters for Client Eligibility. Staff must follow the steps set forth in this procedure for YACT.

## AREAS OF RESPONSIBILITY

All Youth Assertive Community Treatment (YACT) staff have responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

To be eligible, youth must meet the following criteria:

- Be between ages 16-20
- Be on Medical Assistance
- Carry a diagnosis of serious mental illness or co-occurring mental illness and a substance abuse addiction
- Has a level of care determination for intensive integrated intervention without 24 hour medical monitoring and a need for extensive collaboration among multiple partners
- Has a functional impairment and a history of difficulty functioning safely and successfully in the community, school, home, or job or likely to need services from the adult mental health system within the next two years
- Has a recent diagnostic assessment that documents the medical necessity of Youth ACT

If a referral source wants to refer a client to the YACT program, they will complete the YACT referral & screening form and send it to Family & Children's Center-YACT program.

Once the form is received, the team meets to discuss the referral. The team will request clinical documentation from the referral source to make a determination as to if the referral meets all requirements to be in the YACT program. The YACT program will provide or recommend the most appropriate and least restrictive or intrusive service alternative for the individual.



If the referral is determined to be appropriate, the YACT team will respond to the referral source to let them know the referral has been accepted. The YACT team will set up a meeting with the client and their guardian to discuss the program and set up the first YACT session. The YACT intake process will be prompt, and responsive, as well as include the following:

- Ensure equitable treatment
- Give priority to urgent needs and emergencies
- Support timely initiation of services

Individuals who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources. The team will identify critical service needs and/or determine when a more intensive service is necessary, including:

- Personal and identifying information
- Emergency health needs; and
- Safety concerns, including imminent danger or risk of future harm

## **GETTING HELP**

The Adult Services Coordinator should be contacted for help completing forms or carrying out the procedure.

[Back to Table of Contents](#)

<b>Procedure Name:</b>	CARE COORDINATION
<b>Procedure Number:</b>	201
<b>Domain:</b>	Youth Assertive Community Treatment-YACT
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Darci Roesler, Coordinator of Community Services
<b>Effective Date:</b>	December 2016
<b>Date(s) of Revision:</b>	10/16/2017
<b>References:</b>	<a href="https://mn.gov/dhs/">https://mn.gov/dhs/</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set perimeters for Care Coordination. Staff must follow the steps set forth in this procedure for YACT Care Coordination.

## AREAS OF RESPONSIBILITY

All Youth Assertive Community Treatment (YACT) staff have responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

The YACT team is responsible for Care Coordination of the youth. This includes identifying or establishing the youth's primary care physician and documenting a plan for frequency of contact, as well as maintaining communication with the primary care physician. The team will assist in setting up appointments, coordinating care, and ensuring following appointments are made and that the youth meets those appointments. Each youth in the program will have a Well Check within three months of admission in the program. Dental appointments are every six months.

Youth recipients participate in a comprehensive, individualized, strengths-based, family-focused, culturally responsive assessments, and limited to material for meeting service requests and objectives including:

- **Diagnostic Assessment**-each youth will have a recent extended diagnostic assessment. This is defined in Rule 9505.0372 subpart 1 (c) within 45 days of admission. Individuals are assessed for a history and presence of serious and persistent mental illness and substance use or other health conditions.
- **Functional Assessment**-will be completed within ten days of admission, as will the interpretive summary. The Functional Assessment will evaluate life skills and access to available resources. It will also determine if the youth can benefit from services that

promote the ability to live and function in the environment of their choice. The Functional Assessment and interpretive summary will be completed every 3 months thereafter or prior to discharge.

- **Treatment Plans**-the team meets to discuss treatment planning. The treatment plan will incorporate the following: developed in collaboration with the youth and family; identify the youth's needs, strengths/weaknesses, ability to manage in the community, development of desired skills, and measurable goals. It will also include interventions to assist in achieving the identified goals as well as:
  - Available options
  - The benefits, alternatives, and consequences of planned services
  - Services and supports to be provided and by whom, and the youth's signature
  - Unmet services and supports needs
  - Possibilities for maintaining and strengthening family relationships
  - The need for support of the youth's informal social network

The initial treatment plan must be completed within ten days of admission. The treatment plan will be reviewed monthly and updated when necessary for any significant changes in the client's condition or goals, service plan implementation, progress towards goals, and continuing appropriateness of the service goals. If revisions are made, the staff and youth sign the updated treatment plan. Family members and others as appropriate, and with the consent of the youth are advised of ongoing progress and invited to participate in case conferences. If necessary, the treatment planning process is expedited when crisis or urgent needs are identified.

- **Other Documentation**-the team will document each meeting with the youth and/or other members of the treatment team in a progress note. The team will also document any collateral contacts made regarding the youth's progress.

Assessments are completed by qualified professionals, including team staff members, who are trained and experienced to recognize individuals and families with special needs. Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals.

## GETTING HELP

The Adult Services Coordinator should be contacted for help completing forms or carrying out the procedure.

[Back to Table of Contents](#)

<b>Procedure Name:</b>	TEAM STRUCTURE AND OPERATIONS/SERVICES
<b>Procedure Number:</b>	301
<b>Domain:</b>	Youth Assertive Community Treatment-YACT
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Darci Roesler, Coordinator of Community Services
<b>Effective Date:</b>	December 2016
<b>Date(s) of Revision:</b>	10/16/2017
<b>References:</b>	<a href="https://mn.gov/dhs/">https://mn.gov/dhs/</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set perimeters for Team Structure and Operations/Services. Staff must follow the steps set forth in this procedure for YACT.

## AREAS OF RESPONSIBILITY

All Youth Assertive Community Treatment (YACT) staff have responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

The rehabilitation team coordinates services and involves the service recipient or a legal guardian and family, medical, clinical, vocational, educational, and activity personnel, as appropriate. The assertive community outreach team is the primary provider of treatment, rehabilitation, and social services and works with the person to support recovery, reduce symptoms, and to encourage membership in the community through an individualized, coordinated service approach. There are four required positions for the YACT team. These positions are:

- **Clinical Supervisor/Team Lead**-is responsible for admission, utilization management, and step-down/discharge decisions; supervises the staff in their team functions clinically and rehabilitative. The Team Lead assures the assessments and treatment planning, as well as other documentation meets Medicaid standards. The Team Lead will oversee team meetings.
- **Licensed Alcohol and Drug Counselor (LADC)**-takes the lead in psycho education, prevention, treating, planning, and assessment, in the area of substance abuse. The LADC will provide training to the staff to assist them in gaining an understanding of substance abuse, and treatment to apply the concepts to IDDT treatment.



- **Psychiatrist**-provides consultation for admission, utilization management, and step-down/discharge decisions; prescribes psychiatric medication; coordinates care with other health care providers.
- **Peer Specialist**-Provide direct services to clients, including offering support, guidance, and encouragement. They will assist clients in identifying and achieving goals, promote empowerment, conduct outreach activities, and advocate on behalf of consumers.

The following standards are required from the YACT teams:

- **Vocational Standard**-takes the lead on vocational issues. This includes assessment, planning, job development, placement, coaching and training for employment needs. They serve as a liaison with vocational rehabilitation counselors. They also provide training to the YACT team to gain competency in evidence based practices of supported employment.
- **Educational Standard**-takes the lead on educational issues. This includes having specialized knowledge in 504 and Individualized Education Program, IDEA, McKinney Vento Act, the complaint and hearing process within the education system, and the Safe and Healthy Schools Act. They also serve as a liaison with the school system and builds relationships with alternative education settings, care and treatment settings as well as outreach to post-secondary education options.
- **Crisis Services**-the team must be available 24/7 for the youth. Service recipients are engaged in crisis planning and help to develop advanced mental health directives, when appropriate and in accord with applicable law or regulation. The team will work with the family, youth, and any non-familial supports to develop an individual crisis prevention plan. The plan will be distributed to everyone involved in the youth's team.
- **Transition Services**-assists the youth's transition from the children's mental health system and services to the adult mental health services, and/or return to the youth's home. In addition, assists in entry or re-entry into community based mental health services. Services include activities, materials, consultation, and coordination; knowledge and skills; establishing communication; service authorization and enrollment; establishing procedures and schedules.
- **Housing Access Support**-assists in developing a referral process with local emergency housing, transitional housing and supportive housing programs. In addition, assists to help find and obtain as well as retain, adequate housing.
- **Minimum Contact Standards**- on average, the youth will receive three or more face-to-face visits with a total service time of 85 minutes. The team is required to provide at least

50% of the face-to-face contacts outside the office. The assertive community outreach team shares the caseload, meets frequently, and:

- Is available on-call 24 hours a day for emergency treatment;
- Provides services to the person as often as needed;
- Works closely with the person's support network; and
- Is involved in hospital admission and discharge decision

The YACT program also offers the following services:

- Case management;
- Pre-vocational and vocational training;
- Housing/residential care;
- Peer support services;
- Individual and family supportive therapy;
- Social rehabilitation services; and/or
- Educational services

Core service components delivered mostly in the community are focused on helping individuals improve and manage the quality of their lives thru:

- Development of self-care and independent living skills
- Medication adherence and an understanding of how to manage their illness
- Socialization and use of leisure time
- Housing, education, and family support services
- Vocational development

Goals of service delivery include:

- learn how to relate to others;
- anticipate and control behaviors that interfere with inclusion in the community;
- experience peer support and feedback;
- build on strengths and enhance self-reliance and productivity; and
- celebrate competence and success

Goals will be accomplished by providing, coordinating and arranging the following:

- 24-hour crisis intervention;
- crisis residential and other emergency services;
- inpatient and outpatient psychiatric services;
- medical and dental services;

- medication management;
- integrated mental health and substance use services;
- substance use education and treatment;
- public assistance and income maintenance;
- work-related services and job placements;
- financial services;
- legal advocacy and representation; and
- transportation

The families or significant supports of youth recipients are offered 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

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

## **GETTING HELP**

The Adult Services Coordinator should be contacted for help completing forms or carrying out the procedure.

[Back to Table of Contents](#)



<b>Procedure Name:</b>	DISCHARGE PROCEDURE
<b>Procedure Number:</b>	401
<b>Domain:</b>	Youth Assertive Community Treatment-YACT
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Darci Roesler
<b>Effective Date:</b>	December 2016
<b>Date(s) of Revision:</b>	10/16/2017
<b>References:</b>	<a href="https://mn.gov/dhs/">https://mn.gov/dhs/</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set perimeters for Discharge Criteria and Procedure. Staff must follow the steps set forth in this procedure for YACT.

## AREAS OF RESPONSIBILITY

All Youth Assertive Community Treatment (YACT) staff have responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

Case closing is a planned, orderly process to ensure an orderly transition. Discharge planning is clearly defined and includes assignment of staff responsibility. It also identifies services needed or desired by the person and the steps for obtaining the services. It begins at intake and involves youth recipients, family member, legal guardian, and other supports as appropriate. The YACT team will review the treatment plan and determine each youth's continuing need for YACT services. The youth must have a CASII score depicting the need for YACT services. When youth no longer meet the eligibility criteria for YACT, they are assisted in transitioning to step down services. The team will communicate to all the team members and services such as therapy, and substance abuse counseling services will be set up. Discharge planning includes notifying any collaborating service providers, including the courts as appropriate. The YACT team will follow up on the discharge plan, as appropriate, when possible, and with the permission of the service recipient.

The YACT team will complete a discharge summary based on the client's treatment and progress in the program.

If 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.

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

## **GETTING HELP**

The Adult Services Coordinator should be contacted for help completing forms or carrying out the procedure.

[Back to Table of Contents](#)



<b>Procedure Name:</b>	PROGRAM EVALUATION AND QUALITY IMPROVEMENT
<b>Procedure Number:</b>	501
<b>Domain:</b>	Youth Assertive Community Treatment YACT
<b>Approved By:</b>	Vanessa Southworth, Director of MN Programs
<b>Created/Written By:</b>	Darci Roesler
<b>Effective Date:</b>	12/15/16
<b>Date(s) of Revision:</b>	6/17/19
<b>References:</b>	PRO-1504, F244-1214, F244-1312

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for Program Evaluation and Quality Improvement. Staff must follow the steps set forth in this procedure.

## AREAS OF RESPONSIBILITY

All Youth Assertive Community Treatment (YACT) staff have responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

The Youth Assertive Community Treatment team will compile quarterly evaluation outcome data. This will include the YACT team gathering data as well as communication and coordination with the Minnesota Department of Human Services. The Minnesota Department of Human Services will conduct a site visit once per year. The visit will include a review of the clinical documentation including; Diagnostic Assessments, Treatment Plans and daily progress notes. The DHS representative will speak with the YACT team and discuss any questions and challenges the team has.

YACT staff will obtain data for the Quarterly Statistical Report (QSR). The information obtained is:

- **Outcome #1:** 80% of clients will have a 10% decrease in their score compared to their intake or previous score (WHODAS). YACT staff will complete Procentive form PRO-1504. The score is averaged with their previous WHODAS score and put in the QSR.
- **Outcome #2:** 65% of clients will have met one or more of their treatment plan goals. This information will be taken from the client's treatment plan in Procentive, form F244-1214. The number of goals the client has met will be noted and the information will be put in the QSR.
- **Outcome #3:** 75% of clients will meet with staff three times per week. This information will come from Procentive form F244-1312. The number of times each client met with



staff will be measured and averaged for each week. This information will be put in the QSR.

Outcome data from the QSR is put into the PQI program report as well as information from file reviews, external audits, marketing plans and quarterly incidents. Satisfaction surveys will be sent quarterly to discharged clients and returned survey data will also be incorporated into the PQI program report.

### **GETTING HELP**

The Coordinator of Community Services should be contacted for help completing forms or carrying out this procedure.

[Back to Table of Contents](#)

<b>Procedure Name:</b>	PROGRAM PERSONNEL
<b>Procedure Number:</b>	601
<b>Domain:</b>	Youth Assertive Community Treatment-YACT
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Darci Roesler, Coordinator of Community Services
<b>Effective Date:</b>	9/2017
<b>Date(s) of Revision:</b>	10/16/2017
<b>References:</b>	COA; <a href="http://coanet.org/standard/psr/9/">http://coanet.org/standard/psr/9/</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set perimeters for Personnel. Staff must meet the qualifications set forth in this procedure for Personnel files in YACT.

## AREAS OF RESPONSIBILITY

All YACT staff have responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

Supervisors are qualified by one or more of the following:

- a. an advanced degree in social work;
- b. an advanced degree from a program in psychosocial rehabilitation or rehabilitation counseling;
- c. an advanced degree in a comparable human service field, with supervised post-graduate experience in providing case management and other services to persons with serious and persistent mental illness;
- d. substantial experience in the psychosocial rehabilitation field which, based on the organization's decision, substitutes for specific educational requirements; and/or
- e. national or state certification, licensing, or registration requirements in the psychosocial or psychiatric rehabilitation field.

Direct service personnel demonstrate experience or receive training and/or education in:

- a. psychosocial rehabilitation;
- b. substance use conditions;
- c. vocational issues;
- d. crisis intervention;
- e. the use, management, and side effects of psychotropic medications;
- f. the characteristics and treatment of mental illness; and



- g. recognizing the early signs of decompensation and risk factors that increase vulnerability to relapse.

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.

## **GETTING HELP**

The Adult Services Coordinator should be contacted for help completing forms or carrying out the procedure.

[Back to Table of Contents](#)