**SERVICE STANDARD PREVENTION SERVICES YOUTH AT RISK**

**REGION 6 ONLY**

**2024-2025**

1. **Prevention Definitions**
   1. **Primary Prevention**

The first level of prevention, primary prevention, focuses on strategies for the public. Primary prevention strategies often seek to strengthen family functioning. The philosophy of primary prevention is that keeping children safe from abuse and neglect is the responsibility of the entire community. The long-term goal of such strategies is to educate the entire community to create social change that is intolerant of child maltreatment.

# Secondary Prevention

This level of prevention services focuses on those who are at risk for abuse and neglect of their children. These include high stress familial situations, lack of familial or community support and young maternal age. Possible goals of at-risk based (secondary) prevention services could be to: increase parents’ parenting skills and strategies; enhance bonding and communication between at-risk parents and their children; increase the connection between at-risk parents and resources or services in the community; increase parents’ skills in coping with stresses of caring for child with special needs; and to increase access to social and healthcare services for all community members. These goals ultimately seek to strengthen family functioning and keep children safe from abuse and neglect.

# Service Description

**Note: Services must meet the child abuse prevention definitions above. Please feel free to utilize the child abuse risk factors in the RFP instructions to assist with this.**

Provision of the Youth at Risk Program is to help identify signs of youth at risk in the community and provide supportive responses to the youth and families who may need additional services to address mental health, self-esteem, and behavioral concerns. The program will include community presentations, group sessions, and family/individual counseling sessions. Providers must be able to complete or effectively access both aspects of the program. Preference for programs that use evidenced based practices, promising practices, or research informed services. The elements include:

1. Provide Parents, Educators and Professionals with actionable information on the observable characteristics and warning signs of children who may be struggling with behavioral and/or mental health issues. Community education methodology should be structured similar to current suicide and/or bully prevention programing.
2. The program will provide attendees with Intervention Tactics to engage the parents or caregiver(s) in addressing identified warning signs.
3. Youth and families identified will then be offered up to 12 hours of mental health counseling, with the goals of assessment, safety planning, intervention and securing ongoing therapy for the child/family. Program will need to establish a mechanism for identifying youth and families in need and processing referrals in a timely manner.
4. Program should also have a marketing plan in place to increase general community awareness.

# Target Population

# Youth and families who may need additional services to address mental health, self-esteem, and behavioral concerns.

# Goals and Outcome Measures- all goals are required & reported monthly

**Goal #1**

Parents, educators, and professionals will learn how to identify Youth at Risk.

Outcome Measures:

1. 85% of Parents, Educators and Professionals will be able to identify 3 warning signs, 3 methods to help/support their access to service and 3 interventions, post presentation

# Goal #2

Program will ensure youth and families receiving the Youth at Risk Counseling will receive ongoing support to include sustainability with insurance navigation to access all levels of mental health services.

Outcome Measures:

1. 85% of families sampled at the 3rd. hour of the Youth at Risk Counseling session will have an on-going therapist identified and a transition plan in place for sustainability.

# Goal #3

Program will ensure families receiving the Youth at Risk Counseling will be satisfied with the services provided and find them beneficial to their child and family.

Outcome Measures:

1. 75% of families sampled at the end of Youth at Risk Counseling or Group Therapy services will report satisfaction with services provided.
2. 75% of youth who participate in Group Therapy sessions will report satisfaction with services provided.

# Supervision and Qualifications

1. Staff will be trained in presentation of the developed Community Education curriculum.
2. Staff receives appropriate support to make their work experience positive. This is to include a minimum bi-weekly staff meeting for those providing Community Education; bi-weekly supervision for those providing counseling by an LCSW. LMFT, or LMHC, with more frequent supervisions as needed.
3. Staff providing counseling must hold: Master’s or Doctorate degree with a current license issued by the Indiana Behavioral Health and Human Services Licensing Board as one of the following: Social Worker, Clinical Social Worker, Marriage and Family Therapist, Mental Health Counselor, Marriage and Family Therapist Associate, and Mental Health Counselor Associate; OR Master’s degree with a temporary permit issued by the Indiana Behavioral Health and Human Services Licensing Board as one of the following: Social Worker, Clinical Social Worker, Marriage and Family Therapist and Mental Health Counselor.

# Billable Units

**Per Presentation time**

* Includes face-to-face presentations with the identified audience during which services as defined in the applicable Service Standard are performed.
* Includes group therapy sessions for youth identified as being At Risk as defined by the Service Standard.

# Counseling services

* Includes up to 12 hours of counseling sessions for youth and families.

# Unit Rates:

**$98.00**/ hour - face-to-face

**$45.00**/ hour - collateral

**$250.00**/hour - presentations or group therapy sessions

# Face-to-face time

Includes client specific face-to-face contact with the identified participant/parent during which services defined above are performed.

# Collateral

Includes travel and time spent attempting to contact families as part of outreach.

**Presentation/Group**

* Education presentations include a minimum of 4 participants, not to exceed $250.00/hour.
* Group sessions include a minimum of 3 participants, not to exceed $250/hour

*For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours.*

# Documentation

Documentation of services provided will be maintained and available for review by funding agency.

# Program Documentation

Necessary Youth at Risk Community Education or Group Therapy documentation shall include the following:

1. Sign-in sheets for program.
2. Demographics of the participants.
3. Documentation of any testing, surveys, evaluation.
4. Numbers of individuals served, number of presentations, and number of clinical hours of service.

Necessary Youth at Risk Counseling documentation shall include the following:

1. Case or contact note that documents family/guardian contact and participation in Youth at Risk Counseling programming.
2. Consent to participate in the Youth at Risk Counseling, any signed releases, documentation of any referrals made in support of the client family, documentation of any Unusual Occurrence/LE/DCS reports made.
3. Documentation of service provided, with documented method of staffing/review of services.
4. Assessment of client family’s satisfaction post service.
5. Memorandums of Understanding (MoUs) with System of Care and Treatment Providers.

# Service Access

Services will be accessed through open referrals (self, agency, government, education and healthcare) of parents or guardians of a child under 18 years of age.