

## **YOUNG ADULT SERVICES – Mixed Model**

a. The Contractor shall provide Young Adult – Mixed Model (YA-MM) services to individuals between the ages of eighteen (18) and twenty-five (25) who have serious and persistent psychiatric disorders, or co-occurring psychiatric and substance use disorders, that are accompanied by: high-risk behaviors, that include self injurious or psychosexual behaviors; Pervasive Development Disorder; established neuropsychiatric or prodromal neuropsychiatric disability; or a significant history of resistance to treatment, and who are medically indigent. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage

The Contractor shall provide YA-MM services that are responsive to the developmental stages of late adolescence and early adulthood. Such services shall be age appropriate, trauma informed, and shall address skill deficits that preclude successful living in the community and participation in traditional mental health and addiction services. The Contractor shall collaborate closely with referral sources and the Department, and shall provide housing resource coordination to aid individuals in finding, obtaining and keeping safe, affordable housing, as needed.

YA-MM services shall be provided in accordance with a treatment plan developed with the individual. Such services shall facilitate the development of self management skills for the identified disorders, improve the individual's level of functioning, and help avoid decompensation and hospitalization. Services shall be based on the assessments completed within the YA-MM as described in Section B.

b. Young Adult – Mixed Model services shall include:

1. Outpatient psychiatric services as follows:

- a. Provide or facilitate access to outpatient services that are licensed and operated in accordance with state requirements;
- b. Maintain appropriately licensed/credentialed professionals to evaluate, diagnose and treat individuals in regularly scheduled clinical visits, and nonscheduled visits as needed, and provide individualized, rehabilitation-oriented and culturally competent services;
- c. Conduct evaluations and diagnostic assessments, bio-psycho social histories including identification of strengths and recovery supports, including a synthesis of the assessments and history that results in the identification of treatment goals;
- d. Ensure the availability of an array of outpatient interventions that include at a minimum long-term and short-term individual and group therapy, medication prescription and medication management as needed by individuals;
- e. Ensure that services facilitate linkages to and use of community recovery supports;
- f. Ensure that services facilitate integration into the community environment where the individual is located and enhance the individual's participation in their community;
- g. Provide services to the individual's family that are supportive of the individual's treatment;
- h. Review each individual's treatment plan at least quarterly;
- i. Submit a discharge form for each individual who is not active in treatment as required by state licensing requirements.

2. Residential services that provide:

- a. Respectful, professional alliances, and positive, productive, collaborative relationships with each individual;
- b. Assessments that help individuals identify and explore personal strengths, and community and recovery resources and supports that enable the individuals to be contributing members of their community;
- c. Assistance to individuals in the identification of personal strengths and skills, and recovery resources and supports needed for independence and successful community living;

- d. Skill building instruction and other rehabilitative activities to increase the individual's independence in accordance with their rehabilitation plans. Such instruction and activity shall include at minimum, but are not limited to the following:
  - i. Teaching, coaching and assisting with daily living activities such as personal grooming, meal planning and preparation, shopping, medication compliance, the use of transportation, management of financial resources, use of leisure time, and interpersonal communication;
  - ii. Assistance with the development of coping strategies, self-management alternatives, response strategies for substance use triggers, and problem-solving skills;
  - iii. Supportive counseling directed at resolving problems related to community living and interpersonal relationships;
  - iv. Alleviation and management of psychiatric and substance use disorders;
  - v. Orientation to community resources and recovery supports including mentors, self help and advocacy groups, and facilitation of access to such resources;
  - vi. Assistance in gaining access to other necessary rehabilitative services, medical services, general entitlement benefits, or other community services and recovery supports through service coordination activities.
- f. Assistance and support to individuals during crisis situations;
- g. Assistance to individuals in gaining successful competitive employment or enrolling in educational programs;
- h. Development of community connections in areas related to faith, recreation, civic activities and facilitation of productive relationships with others to achieve full community integration;
- i. Involvement of family members, significant others, and authorized advocates in the development of the recovery plan and the delivery of services, as desired by the individual and appropriate;
- j. Education, support and consultation to family members of individuals in supervised housing;
- k. Monitoring of the individual's rehabilitation plan on an on-going basis;
- l. A review of the rehabilitation plan and determination the appropriateness of the placement every ninety (90) days;
- m. Supervision of staff through weekly meetings; and document such supervision in the personnel record; and
- n. Successful collaboration with the Local Mental Health Authority (LMHA), and successful relationships with other community providers of services and supports.

3. Education or employment services that are provided or arranged for by the Contractor. Employment Services are defined as those services that assist individuals to select employment options consistent with their abilities, interests and achievements. The Contractor shall provide assistance and support necessary to attain specific employment and educational objectives. Such services may include the following: competitive employment, supported work placement, placement assistance, employment counseling and supervision, on-site job coaching, job development, employer consultation, vocational training, and assistance in obtaining job interviews for individuals. Staff shall facilitate access to and use of the Bureau of Rehabilitation Services as appropriate.

Education Services are defined as career exploration, educational counseling and advocacy including, but not limited to, assistance with academic and financial aid applications. Such services shall include tutoring and assistance in implementing study skills. Educational activities shall support individuals pursuing Adult Basic Education, General Equivalency Diploma (GED), college, and vocational training that facilitates employment. The Contractor shall assist individuals in the identification of resources in the community to enable them to pursue and attain their educational goals.

4. A YA-MM Advisory Board that meets monthly to provide recommendations and feedback on the Contractor's program operations, quality and appropriateness of service.

c. The services shall be provided at the following location, with the capacity and hours of operation described below:

Location	Capacity	Hours of Operation

d. The Contractor shall implement the programs and services described herein to result in the following outcomes. Such outcomes shall be measured in the manner described herein. Outcome results achieved will be monitored by the Department through data reported by the Contractor to the Department's information systems, in observations through site visits and/or in the required monthly service reports. The Department's outcome indicators for the Contractor's funded services are as follows:

**PERFORMANCE OUTCOME MEASURES**

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**YOUNG ADULT SERVICES/MIXED MODEL**

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 <sup>th</sup> day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Contractor will meet the expected services or contacts volume for this level of care.	At least 90% of projected services or contacts will be achieved.
4. Individuals will report satisfaction with their services.	At least 80% of respondents to the DMHAS consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
5. Individuals will improve or maintain their overall functioning.	At least 75% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), or Modified Global Assessment of Functioning Scale (MGAF).
10. Individuals will improve or maintain their living situation.	At least 60% of individuals served annually will improve or maintain their living situation.
11. Individuals will maintain or improve their employment status.	At least 50% of individuals served annually will maintain or increase their amount of competitive employment.
12. Individuals will improve or maintain their social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.
13. Individuals will not be involved in new arrests.	At least 75% of individuals served annually will have had no new arrests.
14. Individuals will reduce or eliminate substance use.	At least 50% of individuals served annually will have reduced or eliminated substance use.