Adolescent Designation Program Self-Assessment

The purpose of this self-assessment is to identify the ability of your program to provide adolescent substance use treatment that is congruent with NYS OASAS-approved Adolescent Services Designation standards that represent clinical excellence. The components within the standards and this tool are intended to reflect the primary features of effective treatment services and are based on the Clinical Practice Standards for Adolescent Programs (CPS-AP), which are supported by scientific research and the robust experience of a team of clinicians.

Instructions

To be accepted for review, the following rating tool must be filled out in its entirety. This includes a score and comment(s) providing corroborating information for every component of each standard. If the provided comment space is not sufficient, applicants may use additional sheets to provide justification for their chosen scores. Be sure to label any additional sheets with the standard number and component letter (e.g., justification for the assessment component that reads, "Trauma informed screening from a valid tool is administered at intake and whenever otherwise appropriate" would be labeled "2c").

The self-assessment tool must be completed by the Program Director and signed by the Executive Director, attesting that all the information provided in this tool is accurate to the best of their ability and knowledge. **Programs completing this tool by hand must ensure the resulting submission is legible in order for an accurate review to be completed. Failure to do so may result in a denial or delay of designation.**

Rating Procedure

Using the 5-point Likert-scale defined below, please indicate the extent to which your program has adopted each component of the twelve Adolescent Designation standards. The Clinical Practice Standards for Adolescent Programs (CPS-AP) manual provides further description of the elements presented here and should be referenced throughout the rating process.

0	1	2	3	4
No Activity or Commitment	Commitment *The agency has made the decision to work toward implementing and sustaining this element*	Planning *This element is under development*	Initial Implementation *This element has been introduced to agency practice, but adjustments are still being made*	Full Implementation *This element is integrated into standard agency practice*

Program Information and Director Signatures

Note: If a provider is applying to receive the Adolescent Designation in more than one of their PRUs, a Self-Assessment Tool must be completed for **each** PRU.

We, the undersigned, of _____ verify that the following Adolescent Services Designation self-assessment is completed with accuracy.
Organization Name

Executive Director Name: _____ Executive Director Signature: _____

Program Director Name: _____ Program Director Signature: _____
Program Director Email: _____ Program Director Phone Number: _____
PRU: _____ Operating Certificate #: _____

Clinical Practice Standard	Score	Justification
1. Developmentally Informed Treatment		
a. Clinicians are trained in and utilize evidence-based programs (EBPs) that are developmentally appropriate. These EBPs may include, but are not limited to, The Seven Challenges, MET/CBT, Adolescent Community Reinforcement Approach (A-CRA), and/or Motivational Interviewing. A record of staff training is kept on file and refreshers are held on an annual basis. Note: Justification should include EBPs used to fidelity by program staff.	Select	
b. Youth clients are educated on addiction, biological factors, and life skill deficits that contribute to youth issues as it relates to substance use and/or problem gambling.	Select	
c. Youth are treated with age-appropriate clients, building on youth's strengths and protective factors to promote resiliency.	Select	
d. Developmental maturity dictates how information is presented and services are conducted.	Select	

2. Assessment		
a. Assessment of substance use and gambling-related problems evaluate key domains of developmental functioning, as well as relationships and other social factors that affect youth behavior, using standardized adolescent specific instruments and interviews.	Select	
b. Treatment eligibility and level of care is determined with a valid tool (i.e., LOCADTR-A) and appropriate interventions are offered for presenting problems of varying severity among youth.	Select	
c. Trauma-informed screening from a valid tool is administered at intake and whenever otherwise appropriate (e.g., CATS).	Select	
d. Information gathered from assessment is used to develop youth Treatment/Recovery Plan in a person-centered manner, which emphasizes input and involvement from the youth/family throughout both the initial treatment plan development and the remaining course of treatment.	Select	
3. Youth-Specific Outreach, Engagement, and Retention		
a. Policies and procedures exist to engage, retain, and outreach to the adolescent population. ***Include written policy with application package.***	Select	
b. Youth Treatment/Recovery Plan includes identification of potential barriers such as current difficulties in participating in treatment (e.g., transportation, childcare) that are addressed at intake and continuing throughout the course of treatment. There is evidence of efforts made to overcome barriers and of timely and appropriate follow-up on missed appointments.	Select	
c. Providers have at least one certified peer (e.g., Certified Recovery Peer Advocate) on staff who assists in establishing rapport with youth and family members and/or maintaining connection with youth in continuing care.	Select	

d. Outreach efforts include connecting with other systems in which the youth may be accessing services [(e.g., education, child welfare, juvenile justice, physical health (including connections to pediatricians)].	Select	
e. Program has in place and on file a HIPAA-compliant messaging policy for contacting clients (via encrypted text messages, email, etc), which includes a procedure to report a security breach within 60 days of the breach event. ***Include written policy with application package.***	Select	
4. Family Engagement in Treatment		
a. Formal services and supports are offered and provided on site or by referral to families of children/youth experiencing social, emotional, developmental, medical, substance use, problem gambling, and/or behavioral challenges in their home, school, or community. [e.g., Significant Other services, including the use of Community Reinforcement and Family Training (CRAFT), family counseling, family therapy, peer services, etc.].	Select	
b. Informal services and supports are offered and provided on site or by referral to families of children/youth experiencing social, emotional, developmental, medical, substance use, problem gambling, and/or behavioral challenges in their home, school, or community. [e.g., psychoeducational groups for family/caregivers, family support and/or peer-led groups, including (but not limited to) Al-Anon, Alateen, and SMART Recovery Families and Friends].	Select	
c. Attempts to engage family members in youth treatment sessions are made and documented.	Select	
d. Program provides or links to appropriate childcare services for adolescent clients with children.	Select	
5. Community Involvement in Treatment		

a. Youth are provided with links, referrals, and/or are otherwise engaged in programs and activities in their home community.	Select	
b. Youth are provided with opportunities to engage in recreational activities in their local communities to support youth in developing positive social connections**.**	Select	
c. Youth are made aware of resources in their communities that may include, but are not limited to volunteer opportunities, employment opportunities, vocational programs, sexual health services, and resources for daily living (e.g., food pantries, shelters).	Select	
6. Integrated Mental Health and Substance Use Treatment		
a. Standardized mental health tools to assess for common co-occurring disorders (e.g., Pediatric Symptom Checklist 17 Youth, Strengths and Difficulties Questionnaire) are used for all admissions. Justification should include reference to the specific tool(s) used.	Select	
b. Policies and procedures are in place to ensure initiation and/or continuation of mental health treatment on site or by referral. ***Include written policy with application package.***	Select	
c. Linkages are made and maintained with youth-serving medical professionals for medication consultations as needed.	Select	
7. Reporting and Complaints		
a. Policies and procedures exist to ensure appropriate steps are taken in the event of an emergency and/or injury, including, but not limited to, having an emergency contact on file for each youth. ***Include written policy with application package.***	Select	

b. Policies and procedures exist in the event that a client or family files a complaint. This policy is shared with all clients (and their family members) upon admission and upon request. Outcomes of complaints and grievances are documented. ***Include written policy with application package.***	Select	
c. Reports are made regarding any situation in which a person who is receiving supports or services is experiencing abuse, neglect, sexual, financial, or emotional exploitation, or is at risk of experiencing any of these incidents in a setting over which the Justice Center has jurisdiction.	Select	
8. Comprehensive Coordinated Treatment and Continuing Care		
a. Provider has a dedicated focus on multi-systemic collaboration to promote a continuum of coordinated services for youth within their community, including coordination with other state systems (when indicated) and having documented relationships with local pediatricians.	Select	
b. Provider addresses physical and sexual health education and needs of youth on site or by an outside provider (e.g., Planned Parenthood) that is documented by an MOU or another form of contract.	Select	
c. Program provides the option for supporting the maintenance of long-term recovery by offering continuing care and maintaining connections with prosocial, recovery-oriented community organizations, mentors, activities and/or alternative peer groups during and after treatment.	Select	
d. Offers recurrence prevention services, including education for youth and families about continuing care and recovery supports.	Select	

e. Youth receive education on life skills and will be linked to services relevant to increasing life skills, where appropriate.	Select	
f. Provider develops a comprehensive continuing care plan, including check-ins and re-engagement where appropriate.	Select	
9. Culturally Responsive Care		
a. Policies and procedures exist that ensure the emotional and physical safety of youth, including promoting respect for differences and preventing or repairing bullying, victimization, and boundary violations from other youth or staff. ***Include written policy with application package.***	Select	
b. Provider maintains connections to community groups and other services that align with the clients' and families' culture, gender, and sexual orientation.	Select	
c. Regular training is provided to staff to deepen knowledge of their own cultural identities, as well as pervasive social biases.	Select	
10. Trauma-Responsive Care		
a. Provider integrates current and research-based knowledge about trauma into agency policies, procedures, and practices.	Select	
b. Provider recognizes the signs and symptoms of trauma in youth and their families, as evidenced by ongoing, documented assessment.	Select	
c. Policies and procedures exist to actively resist traumatization of youth through established policies and practices.	Select	
11. Staff Qualifications and Training		

a. Clinical staff has training in adolescent development, case management, culturally informed treatment, and additional foundational skills for providing youth treatment. All training is documented and kept on file.	Select	
b. Staff has ongoing training on the principles of emerging best practices relevant to trauma-responsive care, medication for addiction treatment, and other topics relevant to youth treatment and recovery.	Select	
c. Program has on staff at least one master's level clinician trained in family therapy or a licensed clinician with experience working with families, one Certified Recovery Peer Advocate (CRPA), and at least one master's level clinician trained in co-occurring mental health disorders and problem gambling.	Select	
d. A provider such as a psychologist, psychiatrist, or nurse practitioner with knowledge of the youth population is on-site on at least a part-time basis for medication management services.	Select	
e. Staff receive ongoing supervision, feedback, and evaluation regarding adolescent-related clinical skills as outlined in the OASAS Administrative & Clinical Supervision Definitions and Minimum Requirements.	Select	
12. Medication for Addiction Treatment		
a. Youth have access to medication for addiction treatment (MAT), either on-site or by referral. Provider maintains and documents regular coordinated treatment with prescriber. ***Include written policy with application package.***	Select	

b. Medication choices are determined through informed, shared decision-making between the youth, their family, and their clinical team while providing a space for confidential treatment.	Select	
c. Staff know, understand, and can assess (formally or informally) for the signs and symptoms of substance withdrawal (including withdrawal from alcohol, opioids, and nicotine) and use best practices to avoid withdrawal complications.	Select	
d. Youth and families are educated on overdose prevention and are provided with Naloxone, as needed.	Select	