

Youth Assertive Community Treatment (ACT) Program Addendum

For items requiring narrative responses include an attachment labeled “*Youth ACT Addendum*” that addresses all requested information. Clearly identify the item number each response corresponds to (e.g., 2).

Name of ACT Team:

Note: The name cannot be only *ACT Team*. Must be uniquely identified (i.e., *Agency Name ACT Team A*).

Address of ACT Team, including zip + 4:

MMIS:

NPI:

Program Manager’s Name:

Program Manager’s Email:

Team Size Capacity:

48

36

Other:

Additional Services:

Telehealth

Attach the completed [Attestation of Compliance](#) and Telehealth Policy and Procedures.

Functional Program

1. Describe clinical approaches and/or best practices in treatment and care for children/youth with SED, and their families, who are at risk of institutional level of care and require intensive intervention to avoid high end services or facilitate and support a successful transition back to their community.
2. Describe what the Youth ACT team’s procedure will be for timely admission upon receipt of referrals from C-SPOA. Describe how the Youth ACT team will interface with County C-SPOA.
3. Describe the team’s approaches or tools that will be used to conduct individual assessments and the development of a person-centered plan of care. Include the process of identifying an individual’s behavioral strengths, barriers to achieving goals, service needs, and how identified interventions are directly tied to needs.
4. Describe the plan for providing emergency and crisis intervention services telephonically and in-person on a 24 hour a day, 7 day a week basis. Include how the agency will ensure Youth ACT individuals receive in person crisis response by the team as the first option when safe and could avoid emergency services.
5. Provide a Youth ACT staffing plan that follows the staffing requirements as per the Youth ACT Program Guidelines. Include a brief description of the roles and responsibilities of each staff member. Indicate the specific skills and level of experience expected of each staff member.
 Check if addressed in Section D of CPAR Application.
6. Describe how cultural and linguistic needs of the population to be served will be met. Include a plan to recruit staff that are reflective of the population to be served.
7. Describe your proposed plan to ensure compliance with the following reporting requirements, including systems access: Child and Adult Integrated Reporting System (CAIRS), DOHMH Portal (NYC only, for AOT individuals) as applicable, HCBS eligibility assessments, and site visits from OMH.

If this program is being established through an EZ PAR application, attach the following in MHPD:

- Letter of Support from the Local Governmental Unit (LGU)
- Budget
- Labeled Floor Plan
- Valid Certificate of Occupancy
- Lease, if applicable