



## **Youth Development Program (YDP)**

191 North St.,  
Burlington, VT 05401

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St. Albans, VT 05478  
Contact (802) 864-7423

### **YDP Program Policies and Information**

This document contains information about professional services and business policies of the Youth Development Program at Spectrum Youth & Family Services. Please review it carefully as you will be asked to sign a form indicating that you understand the policies.

#### **Description of Services**

Here at YDP, our mission is to ensure that youth with foster care experience enter adulthood with the necessary support to build productive and fulfilling lives. Youth who have experienced foster care are at higher risk for adverse outcomes such as homelessness, unemployment, and lower educational and vocational attainment. The YDP aims to ensure that all youth exiting the foster care system in Vermont have the opportunity to rise above risk factors, find resilience, and not only survive, but thrive. We strive to be the program that partners with youth to help them knock down barriers, uncover interests and skill sets, provide opportunity, and help youth turn dreams into plans! We believe in providing services and supports that are strengths-based and fully driven by youth-identified goals. By investing in youth, YDP promotes healthier and better-connected young adults, families, and communities.

YDP will serve youth ages 14-23 who have experience within the foster care system. Youth Development Coordinators:

- Partner with youth to help them set goals, explore interests, connect with natural supports, and transition to adulthood successfully;
- Provide financial resources through flexible funding to support interests and youth goals who are engaged in the program
- Provide leadership opportunities to empower and inspire youth to advocate for improvements in the child welfare system and beyond
- Assist with extended foster care to financially support former foster parents and other supportive adults to care for youth beyond their 18<sup>th</sup> birthdays.

YDP will receive referrals from the Department of Children and Families (DCF) and other community partners, and will complete intake and goal setting in partnership with youth. Youth Development Coordinators (YDC) will meet with youth on a weekly or monthly basis (as determined between youth and YDC) to meet these goals. This will be accomplished through a variety of methods such as connecting youth to community resources, providing education about life skills and resource navigation, coordination with existing team members, and supporting youth in navigating and accessing educational, vocational, and occupational resources and opportunities. The Youth Development Program is committed to serving all persons without regard to race, color, religion, national origin, gender, gender identity, sexual orientation, age, physical disability, and marital or civil union status. Under the Americans with Disabilities Act, YDP will consider reasonable accommodation whenever possible for all persons. However, accommodations made must not impose undue hardship on YDP at Spectrum, in conformance with state and federal laws.

### **Program Admission**

Youth who are referred will be admitted to the program based on the criteria that youth is:

- either currently or has previously had experience in the foster care system,
- willing and interested in partnering with YDC to set and work toward goals,
- willing to engage in meeting with YDC on a weekly or monthly basis to engage in the work necessary to achieve set goals.

Due to the sometimes high number of youth being referred, we cannot guarantee admission at the time of referral, and we triage admission based on youth needs. For example, if a youth is presenting with immediate needs that would compromise their health, safety or wellbeing, they will be prioritized over a youth who has a relatively adequate support system and less urgent needs. We also prioritize and admit youth to the program based on client motivation to engage in services, prioritizing clients who are ready, willing and able to engage in meeting with a YDC.

### **Program Staff**

The Youth Development program consists of 2 youth development coordinators for the Burlington District and 2 youth development coordinators for the Franklin and Grand Isle County District with the program being overseen by Spectrum's Clinical Director.

### **Fee and Insurance Reimbursement Information**

Families will be served regardless of whether or not they have health insurance. Services will be paid for by the Department of Children and Families through Medicaid billing if you are enrolled in Medicaid. If you are enrolled in insurance other than Medicaid, services will be invoiced directly to the Department of Children and Families. YDP is a contracted program through the Department of Children and Families (DCF).

### **Cancellations/Missed Appointments/Late Policy**

- If you are more than 15 minutes late to an appointment we hope that you will call to let us know, but if we do not hear from you, we reserve the right to cancel your

appointment. If we cancel due to lateness, we suggest you call as soon as possible to reschedule or discuss continued services with your case manager.

- Please call 24 hours in advance if you need to cancel your appointment.
- Call as soon as possible before or after the appointment if there is a personal or family emergency that caused you to miss your appointment.
- **No call/No show** – If youth does not call to cancel and does not show for 3 appointments, YDC has the right to no longer schedule appointments in advance and put the youth on a same-day appointment status. If youth is asked to be on a same-day appointment status, youth must call the morning of the day they hope to meet with YDC to see if YDC has any availability to meet that day.

### **Text Message & Email Policy**

Youth Development Coordinators (YDC) all have program cell phones and are happy to use both texting and email as a form of communication for scheduling and coordinating purposes only. If you are experiencing an urgent need or crisis, please call your worker during hours (generally 9am-5pm or as specified by your YDC), and go to your local emergency room or call your local crisis phone number for after-hours support.

### **Consent and Agreement to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations**

I understand that as part of my care, YDP originates and maintains records which may describe my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the professionals who contribute to my care.
- A source of information for the program to bill DCF for services I receive through the program.
- A means by which a third party can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of health care professionals and the services that are offered.

I have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures (release of, or access to, your information). I understand that I have the right to review the notice prior to signing this consent. I understand that YDP reserves the right to change their notice and practices. However, prior to a material change taking effect the agency will publish an announcement of the change at every agency facility, on its website, and in the local paper. I understand that a new notice will be distributed to me.

I understand that my records are subject to confidentiality imposed by state and federal regulations. I also understand that alcohol and drug abuse client records are protected by 42CFR part 2, and that records may not be released or disclosed without my written consent unless otherwise provided for in the regulations.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations. I understand that the organization is not required to agree to the restrictions requested; however, if YDP agrees to the requested restrictions, they are bound by our agreement.

By signing this form, I consent to the agency's use and disclosure of protected health information about me for treatment, payment, and health care operations. I understand that I may revoke this consent in writing, except to the extent that the agency has already taken action based upon my prior consent.

## **Confidentiality**

Your confidentiality is important. Federal (42 CFR, Part 2 for substance abuse related issues) and State laws protect the release of confidential information. No information can be disclosed to anyone outside of this practice without your written consent except in certain cases, such as the following, where youth workers are mandated to report to appropriate agencies or individuals:

- 1.) Vermont law requires youth worker to report actual or suspected cases of abuse involving children and vulnerable persons including the disabled and elderly.
- 2.) Youth workers will take appropriate actions if you are in imminent danger to yourself or others.
- 3.) Youth workers reserve the right to disclose to appropriate personnel credible threats of violence or harm made against identifiable victims, including persons and property.
- 4.) On rare occasions, youth workers may be required to comply with a court-ordered subpoena to testify or provide records.
- 5.) Youth workers may need to convey medical information about you in an emergency situation.

In addition, youth workers may need to relay diagnostic and treatment plan information to your insurance company in order to obtain authorization for services, payment and to comply with regulatory health care operations such as quality improvement activities.

## **Minors**

We will discuss with you what kind of information you would like us to share with your parents/guardians. In certain cases, you may not need to have parental/guardian consent for referral to mental health or addiction services. We will need to determine this on an individual basis, and we urge you to discuss this issue with your youth development coordinator. In certain instances, we may need to relay information to your parents/guardians in cases of emergencies (medical emergencies, suicidal issues or attempts, drug/alcohol overdoses, for example).

## **Client Rights and Responsibilities**

As a client of YDP at Spectrum, you have the following rights. Additionally, there is a list of your responsibilities that will help us to provide you with the best care we can.

### **As a YDP client you have the right:**

- 1.) To basic civil and legal rights as a person served by YDP and as a citizen or resident of the United States.
- 2.) To have these policies communicated in a way you understand.

- 3.) To communicate in your primary language and primary mode of communication.
- 4.) To ask questions about anything not understood.
- 5.) To have access to the services you need, including services to ensure continuity of care.
- 6.) To be given a **YDP Program Description** as part of YDP's informed consent and orientation policy and procedure. This will describe the service approach and the admission criteria used by the program.
- 7.) To refuse services and accept appropriate referrals if YDP cannot meet your needs.
- 8.) To receive services according to commonly accepted professional standards regardless of race, creed, gender, age, nation of origin, political belief, disability, sexual orientation, or infectious disease.
- 9.) To be treated with respect and dignity at all times under all circumstances.
- 10.) To receive services in a manner responsive to your unique characteristics, needs, and abilities.
- 11.) To request reasonable accommodation for special needs.
- 12.) To be notified as far in advance as possible should an appointment need to be rescheduled.
- 13.) To be informed about your services, recommendations, and progress, and to be provided with information to support decision making.
- 14.) To participate in all aspects of your service plan, and all decisions regarding your YDP experience.
- 15.) To not be subjected to experimental research without your express and informed consent and/ or the consent of your legal guardian. If consent is given research will adhere to all Spectrum Youth & Family Services, professional and governmental regulations. You and/or your legal guardian may withdraw consent at any time.
- 16.) To voice and/or file a complaint or grievance, request re- assignment to a different provider, to recommend changes in policies or exercise of legal rights without fear of retaliation or punishment, and to receive due process with regard to the complaint/ grievance. Attached you will find a copy of the **YDP Policy Regarding Grievance and Appeals**.
- 17.) To receive support in accessing and referral to self- help groups, advocacy services, legal services, and other community services as appropriate.
- 18.) To access and review your service and financial records as per the federal guidelines put forth by HIPAA (Health Information Portability and Accountability Act). In addition, you will be informed of your rights in treatment as part of the informed consent procedures of the YDP Program.
- 19.) To have your medical record handled in a professional and confidential manner. Written and electronic records will be kept confidential, except for disclosure as required by law.
- 20.) To stop services at any time.

**As a client of YDP, it is your responsibility to:**

- 1) Be on time for all scheduled appointments. Call ahead if you will be late.
- 2) Cancel appointments at least 24 hours in advance if needed.
- 3) Be courteous to all other clients and staff.
- 4) Be as engaged in your service planning and meetings as possible.
- 5) Participate fully in decisions regarding the services you receive.

- 6) Follow through on service recommendations, your service plan, and complete all necessary paperwork to facilitate connection to resources to meet your goals.
- 7) Ask questions about any aspect of your services that you do not understand or agree with.
- 8) Attend all appointments drug and alcohol free as much as possible. You will not be denied a meeting with your worker if you are able to engage in a productive conversation and meeting (to be determined by the worker)
- 9) Not carry weapons on Spectrum's property.
- 10) Inform your worker should you choose to end services.

### **Discharge from Program**

YDP is a voluntary program and youth may choose to end services at any time if they:

- feel they no longer want further services,
- they have completed their stated goals and do not have additional goals they would like support with, and/or
- they feel they have adequate support from other services, natural supports such as positive adults who they are connected to, friends, and/or family.

YDP workers have the right to end services with a youth if:

- the worker loses contact with youth and is unable to reach them or has not heard from them in 60 days. YDP workers will attempt to contact youth by phone, email, and postal mail to engage youth. If no response, this will be considered loss of contact. Youth may always re-engage in services as needed in the future if they change their mind by calling their YDP worker and requesting a new intake.
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- the youth reaches the age of 23 and ages out of the program, and
- if the youth's behavior or communication compromises the safety of staff including physical violence, serious threats of physical violence and/or verbal threats of harm toward the worker.

### **YDP Policy Regarding Grievances and Appeals**

YDP, in an effort to be compliant with the Vermont Agency of Human Services (AHS) Department of Mental Health, sets out this process to receive complaints, appeals and grievances from individuals we serve, and their authorized representatives.

- YDP has appointed Mark Redmond, Executive Director of Spectrum Youth & Family Services, to receive and be responsible for grievances including, but not limited to, the quality of care or service provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the beneficiary's basic rights.
- All complaints received by us will be directed to this individual for proper processing and handling.

Our grievance policy:

- 1) Complaints, grievances, and/ or appeals may filed verbally or in writing consistent with policies and procedures provided by the Agency of Human Services;
- 2) The complaint, grievance or appeal will be immediately forwarded to Mark Redmond, and will be logged into the appropriate database;
- 3) Written acknowledgment of the grievance will be mailed to the complainant within 5

- days of receipt of the complaint;
- 4) Beneficiaries or their designated representatives may withdraw their grievance orally or in writing at any time. If the grievance is withdrawn orally, the withdrawal will be acknowledged by YDP in writing within 5 calendar days;
  - 5) Mark Redmond will review the complaint, grievance, or appeal for resolution; 6.)All grievances must be addressed within 90 days of receipt;
  - 6) Mark Redmond will report results of the investigation to the appropriate individuals including the individual complainant; and
  - 7) Mark Redmond will periodically submit a summary report of activity to the designated persons (for example, Board of Directors, the Executive Committee, the Performance and Compliance Committee).

YDP at Spectrum will not take any retaliatory action against any individual who files a complaint with the agency or AHS.

Additional information is available at the following websites:

**Department of Mental Health** (802) 828- 3824  
<http://mentalhealth.vermont.gov/about/grievance>

Grievance Policy 7/31/2017