Youth ACT Eligibility Criteria

The following criteria must be met and supporting documentation attached.

Age Requirement

☐ Youth is between the ages of 10-21

SED Determination

Verification of SED Determination by a Licensed Behavioral Health Practitioner

- ☐ Psychosocial Assessment **OR**
- ☐ Psychiatric Evaluation **OR**
- ☐ Psychological Evaluation **OR**

Referrals initiated in the inpatient setting, the following is required

- ☐ Summary of the hospitalization. Should address current course of treatment since time of admission (including use of increased observation, intramuscular medication for agitation, aggressive or self-injurious behavior, use of restraint), response to treatment, present status and anticipated LOS.

Referrals initiated in the RTF, the following is required

- ☐ Psychosocial (to include current course of RTF treatment and response to RTF treatment)
- ☐ Treatment Plan (current)

Continuous high service needs not met in traditional settings and demonstrated by 2 or more of the following:

- ☐ Child and/or family has not adequately engaged or responded to treatment in more traditional settings.
- ☐ High use of acute psychiatric hospitals (two hospitalizations within one year or one hospitalization of 60 days or more within one year).
- ☐ High use of psychiatric emergency services or crisis services.
- ☐ Persistent severe major symptoms (e.g., affective, psychotic, suicidal or significant impulse control issues).
- ☐ Residing or being discharged from an inpatient bed, residential treatment program, or children's community residence, or being deemed eligible for RTF, but clinically assessed to be able to live in a more independent setting if intensive community services are provided. This may also include current or recent involvement (within past six months) in another child-serving system such as juvenile justice, child welfare, foster care, etc. wherein mental health services were provided.
- ☐ Home environment and/or community unable to provide necessary support for developmentally appropriate growth required to adequately address mental health needs.
- ☐ Clinically assessed to be at immediate risk of requiring a more restrictive living situation (e.g., children's community residence, psychiatric hospital or RTF) without intensive community services.

Referral

☐ Office of Mental Health Universal Children's SPOA Application Part 1 and 2 completed and submitted to SPOA Coordinator