Family & Youth Partners Orientation

Community Family Education Workshop

Workshop TBD
Today

- Welcome
- Role of Family Voice and Lived Experience
- Role of Providers, Professionals and others
- Effective Advocacy
- Communication and Effective Participation (body language, dress, norms, preparation)
- Understanding System of Care and Wraparound
Today

- Wraparound Principles
- Mission/Vision/Bylaws/Charter/Meeting Minutes/Agenda
- Group Dynamics, Key Contacts
- Ethics and Boundaries/Service in the Community
- Confidentiality
- Getting Support When Needed
Family Drive Care

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:
- Choosing supports, services, and providers;
- Setting goals;
- Designing and implementing programs;
- Monitoring outcomes;
- Partnering in funding decisions; and
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.
Principles of Family Drive Care

1. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make choices for improved planning for individual children and their families.

2. Families and youth, providers and administrators embrace the concept of sharing decision-making and responsibility for outcomes with providers.

3. Families and youth are organized to collectively use their knowledge and skills as a force for systems transformation.
Principles of Family Drive Care

5. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.

6. Providers take the initiative to change practice from provider-driven to family-driven.

7. Administrators allocate staff, training, support and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families.
Principles of Family Drive Care

8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.

9. Communities embrace, value, and celebrate the diverse cultures of their children, youth, and families.

10. Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes.
Characteristics of Family Drive Care

1. Family and youth experiences, their visions and goals, their perceptions of strengths and needs, and their guidance about what will make them comfortable steer decision making about all aspects of service and system design, operation, and evaluation.

2. Family-run organizations receive resources and funds to support and sustain the infrastructure that is essential to insure an independent family voice in their communities, states, tribes, territories, and the nation.

3. Meetings and service provision happen in culturally and linguistically competent environments where family and youth voices are heard and valued, everyone is respected and trusted, and it is safe for everyone to speak honestly.
Characteristics of Family Drive Care

4. Administrators and staff actively demonstrate their partnerships with all families and youth by sharing power, resources, authority, responsibility, and control with them.

5. Families and youth have access to useful, usable, and understandable information and data, as well as sound professional expertise so they have good information to make decisions.

6. Funding mechanisms allow families and youth to have choices.

7. All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf.
Family and Youth are:

1. Equal Partners
2. Work with professionals
3. Express their needs assertively
4. Are active participants
5. Treat professionals as individuals
6. Communicate with other youth and parents
7. Encourage collaboration
8. Follow through with professionals or agencies
9. Maintain realistic expectations of professionals, myself and my child
Positive Communication Strategies

1. Be sincere & honest
2. Understand your purpose of communicating
3. Be flexible
4. Assume good intentions
5. Be aware of tone, Volume, Cadence and facial expressions
6. Be open to feedback
7. Allow others to ask questions
8. Be flexible
9. Know disagreement is normal
10. Listen carefully
Wraparound (WRAP)

Access Referral
- Complete Assessment and start with YFS Supervisor for eligibility
  - Yes: Accessing Therapist completes Service Plan with Wraparound Goals
  - No: Clinic / Outpatient Referral

Clinic / Outpatient Referral
- Complete DLA 20 or CAMS and start with YFS Supervisor for eligibility
  - Yes: Assigned Therapist updates Assessment and Service Plan with Wraparound Goals
    - Yes: Therapist Keeps case as primary Therapist
    - No: Wrap Supervisor presents to Review Committee and assigns Care Coordinator
  - No: Community Referral

Community Referral
- YFS Screening completed and client is offered Wraparound Assessment
  - Yes: Assessing Therapist completes Assessment to determine level of care
  - No: Assessing Therapist completes Service Plan with Wraparound Goals

First Treatment Appointment Scheduled with Wraparound Therapist

Care Coordinator calls family within 72 hours and meets with family for Wrap Around with 7 days of referral
Early Assessment & Support Alliance (EASA)

Access Referral
- EASA Screening/Eligibility completed
  - Yes: Access Therapist creates Service Plan using Service Menu indicating EASA
  - No:
    - Therapist keeps or Wraps/YAT Referral
    - EASA Therapist Completes Assessment
      - No: Services continue to be provided by lead Therapist/team during screening
        - Young Adult in Transition or Wraparound Referral
        - Remains with Outpatient Provider
      - Yes: EASA Eligible
        - Enrolled in EASA and case transferred from community team to EASA team

Clinic / Outpatient Referral
- EASA Screening/Eligibility completed
  - Yes: Assigned Therapist prescribes services to existing Service Plan on EASA referral Policy
  - No: Community Referral 541-213-6651

Community Referral 541-213-6651
- EASA Screening/Eligibility completed
  - Yes: EASA Eligible
    - Enrolled in EASA and case transferred from community team to EASA team

(Flowchart with decision points and connections)
Young Adults in Transition (YAT)

Access Referral
- Complete Assessment and staff with IYS Supervisor for eligibility
  - Yes: Accessing Therapist completes Service Plan with YAT Goals
  - No: Community Referral
    - IYS screening completed and client is offered YAT Assessment
    - Yes: YAT Therapist completes Assessment to determine level of care
    - No: YAT Therapist completes Service Plan with YAT Goals

Clinic/Outpatient Referral
- Complete DIA-20 or CANS and staff with IYS Supervisor for eligibility
  - Yes: Assigned Therapist updates Assessment and Service Plan with YAT Goals and follows internal transfer policy
  - No: IYS Supervisor assigns to YAT Therapist
    - Therapist works with YAT Therapist to complete a warm transfer

Community Referral
541-213-6851
• Family moves to Bend or has a Kindergartner
  • Complete Enrollment Packet
    • Identifying students with disabilities or SPED- Identified
  • Review of Services, IEP and Placement Meeting
    • In Process
    • School Visit, Student begins school, Assessment & IDEA process continues with school team
  • IEP is adopted
  • School Visit & Student begins school
  • For information on how to access IDEA and Special Education Systems
  • IDEA Access
Accessing Behavior Rehabilitation Services (BRS) - Therapeutic Foster Care

1. Need for out-of-home care
   - Family already involved in DHS Child Welfare? YES
   - Family can talk with DHS about voluntary services
   - Not currently eligible for GOBHI BRS
   - NO

2. DHS determines eligibility for BRS.
   - YES
   - Not eligible for GOBHI BRS
   - NO

3. If BRS eligible, DHS Caseworker completes BRS referral form and submits with supplemental documentation to GOBHI Intake Coordinator via email: freferrals@bchhi.net

4. GOBHI Intake Coordinator reviews referral and determines appropriateness for fit with program and available homes.
   - YES
   - Referral deemed appropriate for program and available homes?
   - YES
   - GOBHI Intake Coordinator will proceed with placement matching and coordination of intake in conjunction with DHS and treatment team.
   - NO
   - DHS notified, referral denied at this time.
   - NO
Accessing Crisis and Planned Respite

- **Need for out-of-home respite care**
  - **YES**
    - Youth enrolled in mental health services through Deschutes County Behavioral Health?
    - **YES**
      - Therapist or Wrap Coordinator completes GOBHI respite referral form and submits with supplemental documentation to GOBHI Intake Coordinator via email: tcreferrals@gobhi.org
      - GOBHI Intake Coordinator reviews referral and determines appropriateness of fit with program and available homes.
      - Referral assessed to be appropriate for GOBHI?
        - **YES**
          - GOBHI Intake Coordinator will coordinate with family and identified respite home to set up respite.
        - **NO**
          - Respite services denied at this time.
  - **NO**
    - Not currently eligible for GOBHI respite.
Hope Academy – OHP Process

- **Youth is referred to Wraparound**
  The child’s Wraparound team decides to make a referral to the Hope Academy and invites Hope Therapist to Wraparound Meeting.

- **Hope Academy assesses for milieu appropriateness**
  Hope Academy therapist and educational team then make a decision as to whether the child is appropriate for admission. A admission date is set.

- **Admission Coordinated**
  Hope coordinates with family/school/transportation for admission
Hope Academy – Non OHP Process

**Youth’s Education Team determines needs**
Hope Academy therapist and educational team then make a decision as to whether the child is appropriate for admission. A admission date is set.

**Hope Academy assesses for milieu appropriateness**
The child’s IEP or Educational team meets to determine the need and seek approval for Hope school placement.

**Admission Coordinated**
Hope coordinates with family/school/transportation for admission
Department of Human Services

Child Welfare Program
Case Assignment & Procedures

Call Comes Into Screening
- Review Policy
- Staff with Supervisor
- Decision to assign, close at screening, or not report of abuse/neglect

Assigned to CPS Worker
- 24 HR or 5 Day initial contact
- 30-60 days to complete comprehensive assessment

Safe = CLOSED
Unsafe = OPENED > Open voluntary or court involved?

Child In Foster Care
- 14 months in foster care = Evaluate TPR

Court Involved
- File Petition
- Reports
- Shelter Hearing

Assign to Perm Worker
- 30-60 days

Reviews
- CR8
- Perm Hearing
- Hearing for up to 14 months

Child Returns Home
- Monitor approximately 60-90 days
- Close

Child Remains In Care
- Determine if Return to Parent or Concurrent Plan
Juvenile Community Justice

**LE Referral / Incident report**
- Sent to other local Court
  - Traffic violations
  - Non-criminal status
- Sent to ACU team for intake / assessment
  - Criminal & Substance use

**Intake / Assessment**
- JCP Risk Assessment of criminogenic risk
- Routing / Disposition Matrix applied
  - Dismissal
  - FAA/Informal supervision
  - Petition Filing (probation)

**Supervision**
- Low Risk
  - Compliance monitoring
  - Referrals to services
  - Minimal contact
- Medium/High Risk
  - EPICS model of intensive supervision
  - Case management
  - Service referral coordination
  - Sex offense specific treatment referral and coordination

**Juvenile Detention**
- LE presents youth to detention
  - Detention Risk Assessment indicates detain / release
  - All youth receive MAYS1 2 screen, medical screen and medication monitoring
  - Referred for detox, mental status to ER for stabilization
  - Detained youth receive cognitive behavior interventions
Mental Health and AOD evaluations

- Indigent youth who are pre/post adjudication may be referred for evaluation when DCBH not readily accessible
- MH/AOD evaluations are provided by DCJCJ Behavioral Health Services Unit Supervisor

Functional Family Therapy

- Referrals from within DCJCJ and directly from community
- All youth receiving FFT must score Medium or High risk on the JCP

Aggression Replacement Training

- Referrals from DCJCJ staff and/or court ordered
- All youth referred for ART must score Medium or High Risk on the JCP

Girls Circle / Boys Council

- Referrals from school counselors at designated area Middle Schools
- All youth referred must score medium or high risk on the JCP
Juvenile CJ contracted services

JBarJ Youth Services
- Outpatient treatment for youth who sexually offend
  - Assessment
  - Individual therapy
  - Group therapy

Cascade Youth and Family
- Short term shelter care (diminishing resource)
- Independent Living
  - The LOFT

Intercept / Youth Villages
- 2 slots for Intercept JCJ referral
  - Must score Med. / High risk
  - Must have 90th percentile for OYA escalation risk
Intellectual and Developmental Disabilities

Eligibility Criteria:
An individual must have a medically-documented developmental disability present before the age of 22 or have a documented intellectual disability present before the age of 18.

Additionally, an individual must have “significant” impairments in adaptive skills that are directly attributed to their disability.

All referrals (internal and external) are screened by Eligibility Specialist.

Initial phone call is made to individual or family. Intake appointment is scheduled if individual wishes to continue with process after eligibility criteria is discussed.

Eligibility determination is made. From the date of intake, this process can take up to 90 days though potentially longer if records are difficult to obtain.

Further testing is requested if needed.

Records are requested and reviewed.

Individual is assigned a Services Coordinator or offered the choice to be served by Full Access High Desert if they are over 18.

During eligibility process, referrals are often made to mental health, SSI and other agencies that the individual or family may gain assistance from.
Youth Villages
References

SAMHSA Family-Family Driven Care

Positive Communication Strategies – Oregon Family Support Network
Thank you!