

Behavioral Health Services : Collaborative
Youth Action Alliance

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.



Effective Parent-Professional Collaboration

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

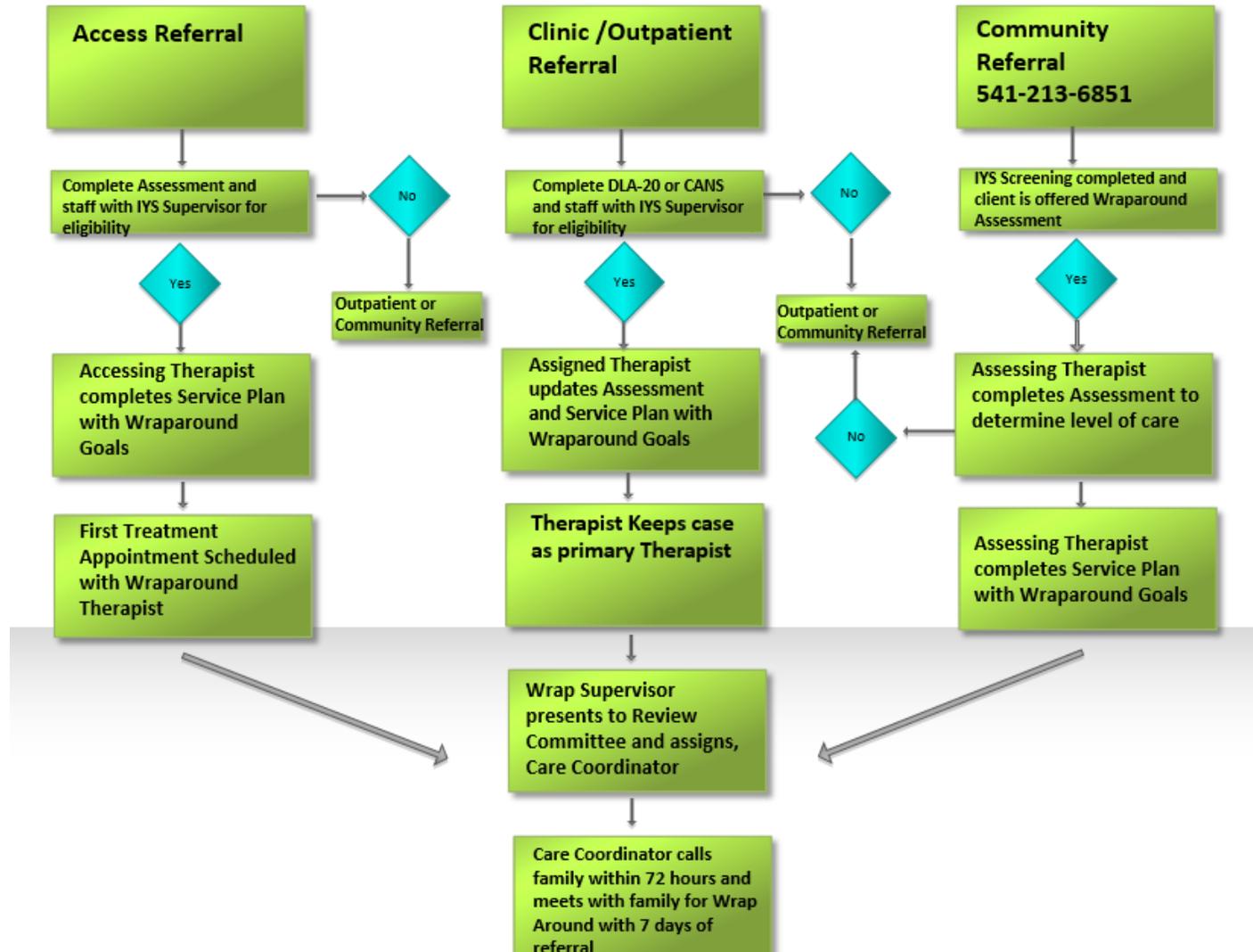


Positive Communication Strategies

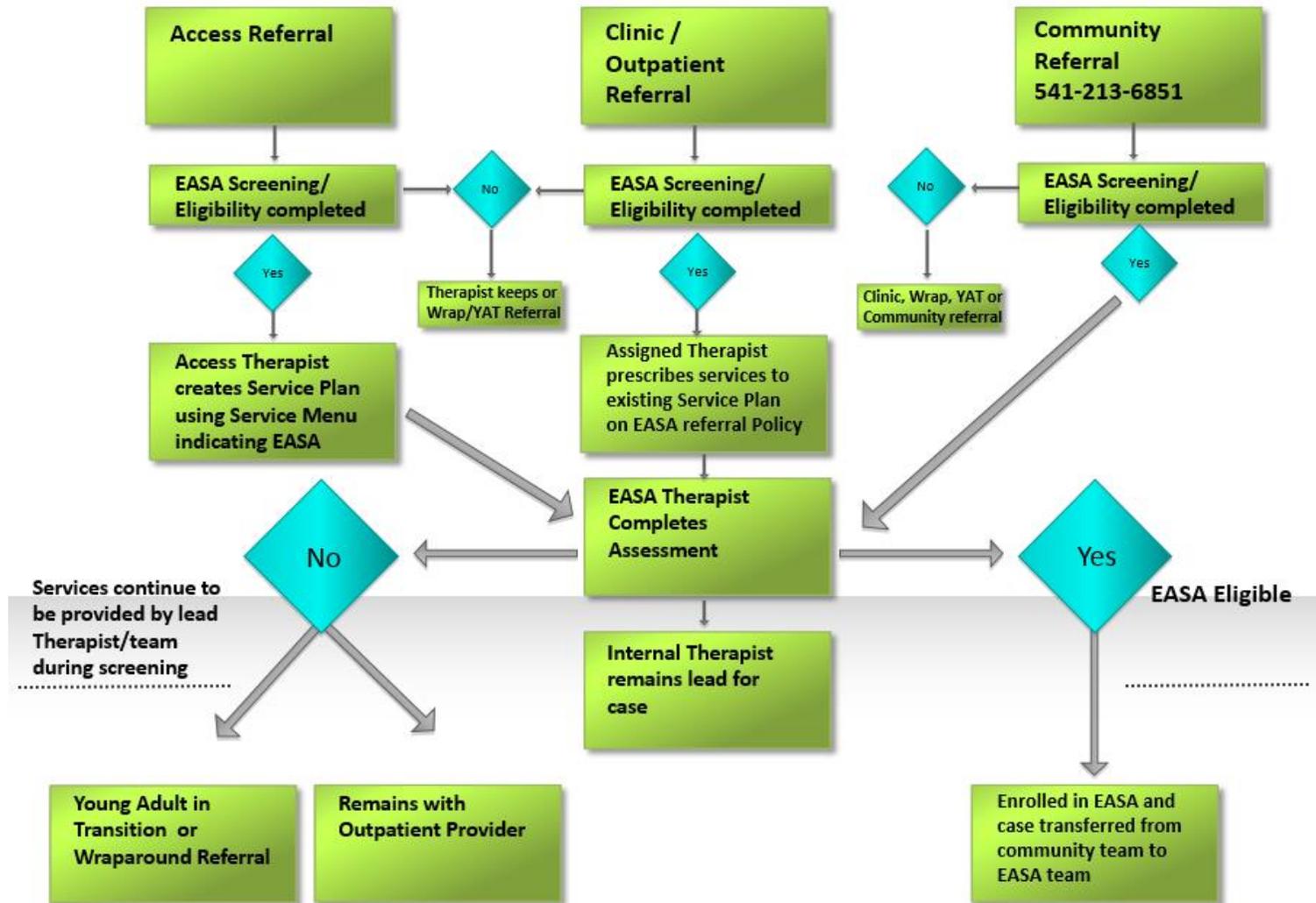
1. Be sincere & honest
2. Understand your purpose of communicating
3. Be flexible
4. Assume good intentions
5. Be aware of tone, Volume, Cadence and facial expressions
6. Be open to feedback
7. Allow others to ask questions
8. Be flexible
9. Know disagreement is normal
10. Listen carefully



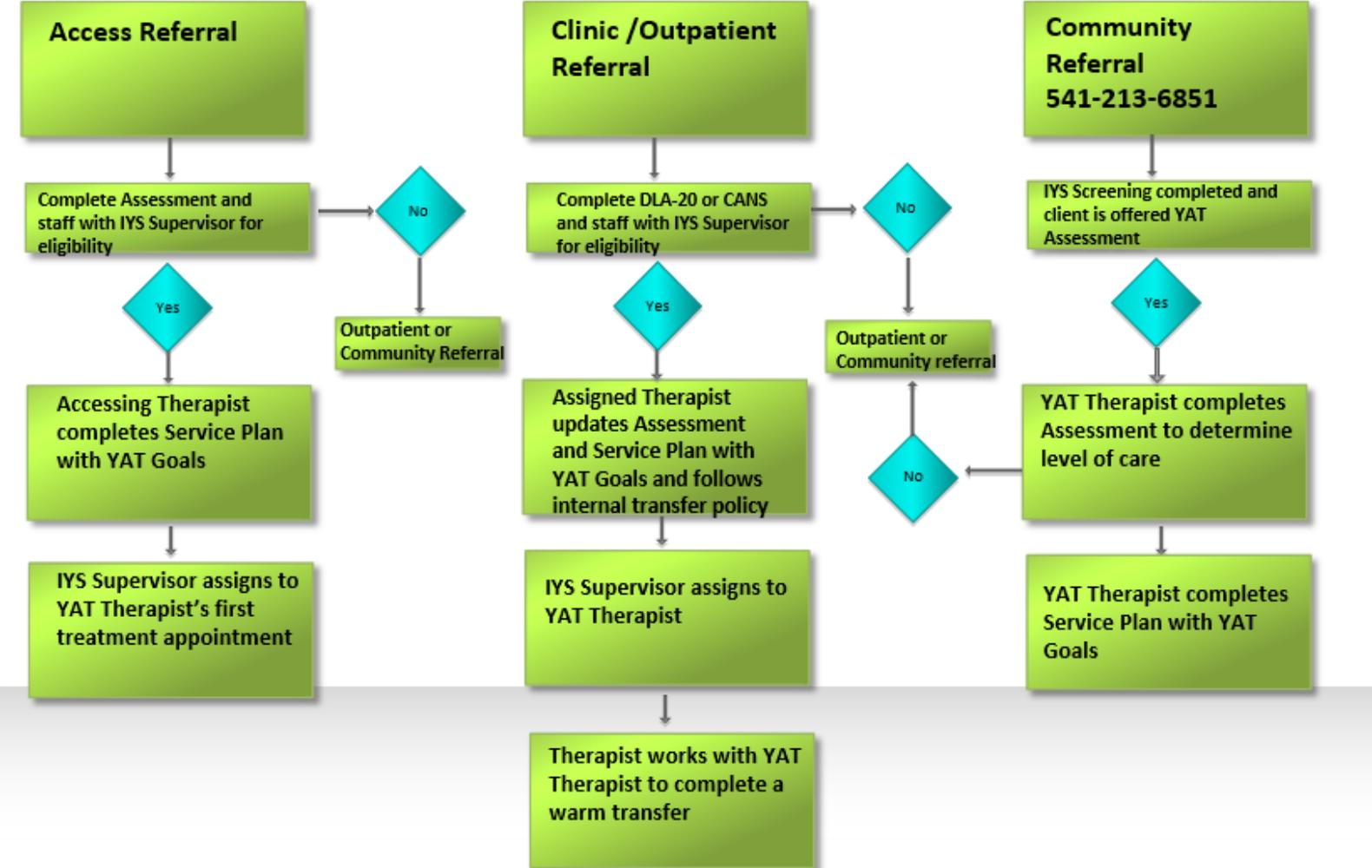
Wraparound (WRAP)



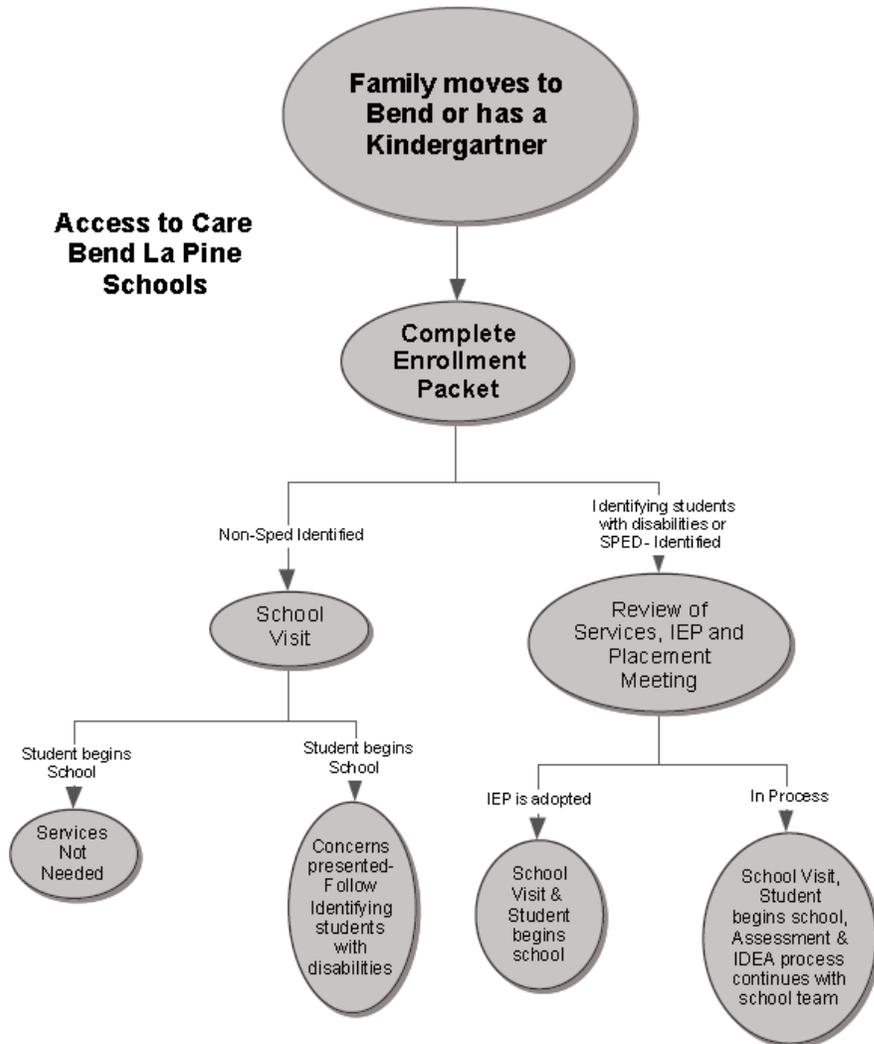
Early Assessment & Support Alliance (EASA)



Young Adults in Transition (YAT)



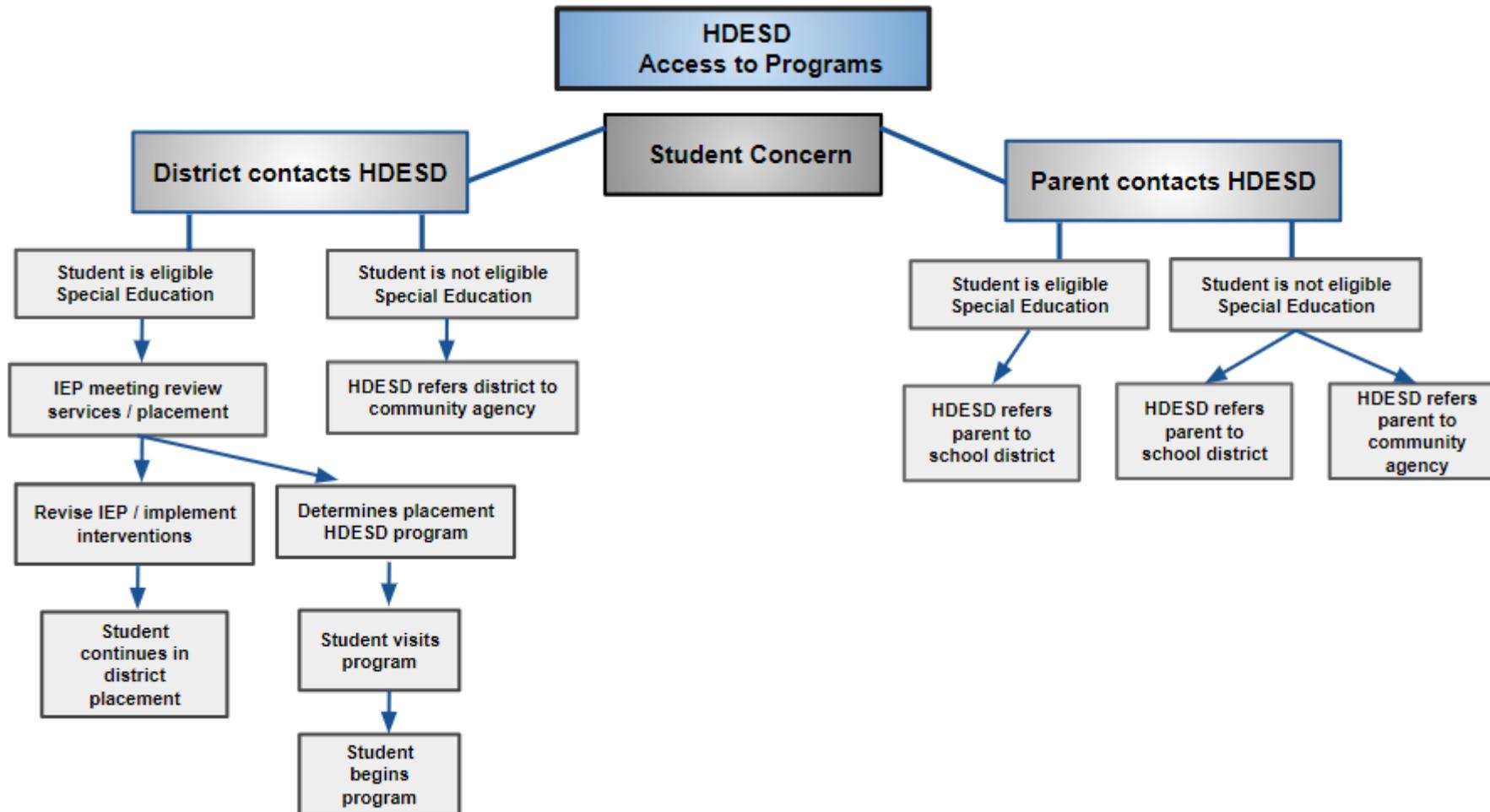
Bend LaPine Schools



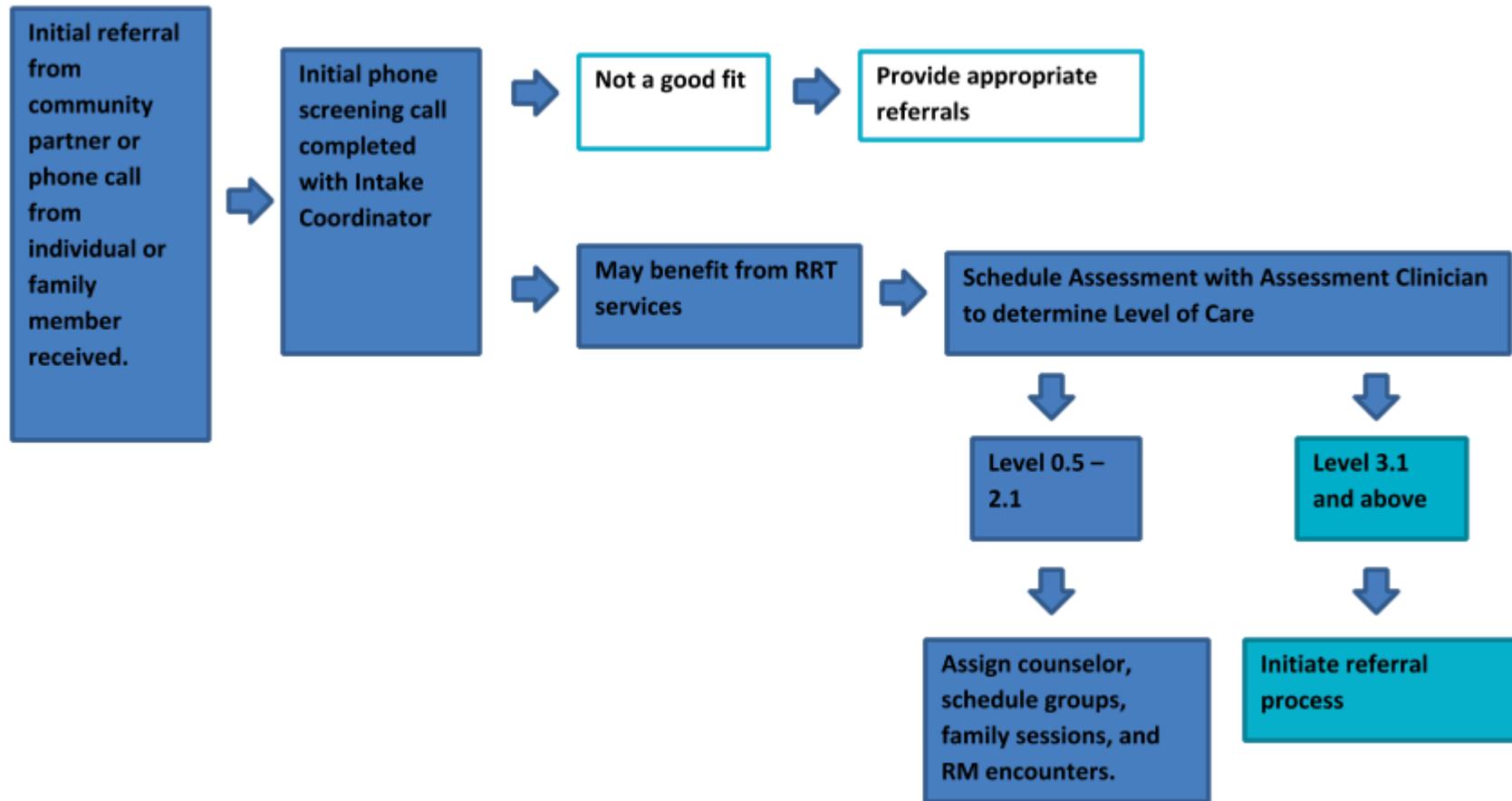
- Family moves to Bend or has a Kindergartner
 - Complete Enrollment Packet
 - *Identifying students with disabilities or SPED- Identified*
 - Review of Services, IEP and Placement Meeting
 - *In Process*
 - School Visit, Student begins school, Assessment & IDEA process continues with school team
 - *IEP is adopted*
 - School Visit & Student begins school
- For information on how to access IDEA and Special Education Systems
 - [IDEA Access](#)



High Desert ESD

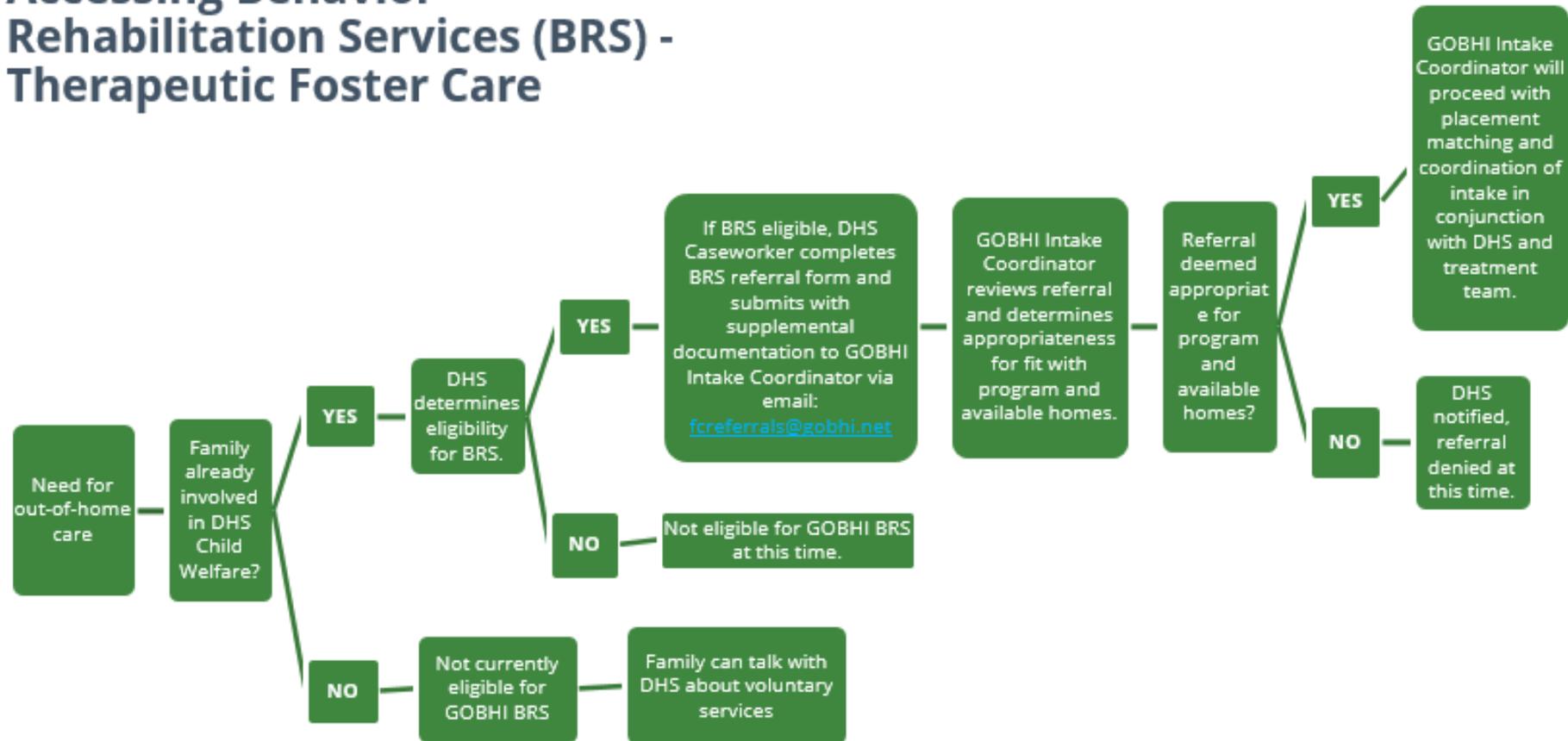


Rimrock Trails

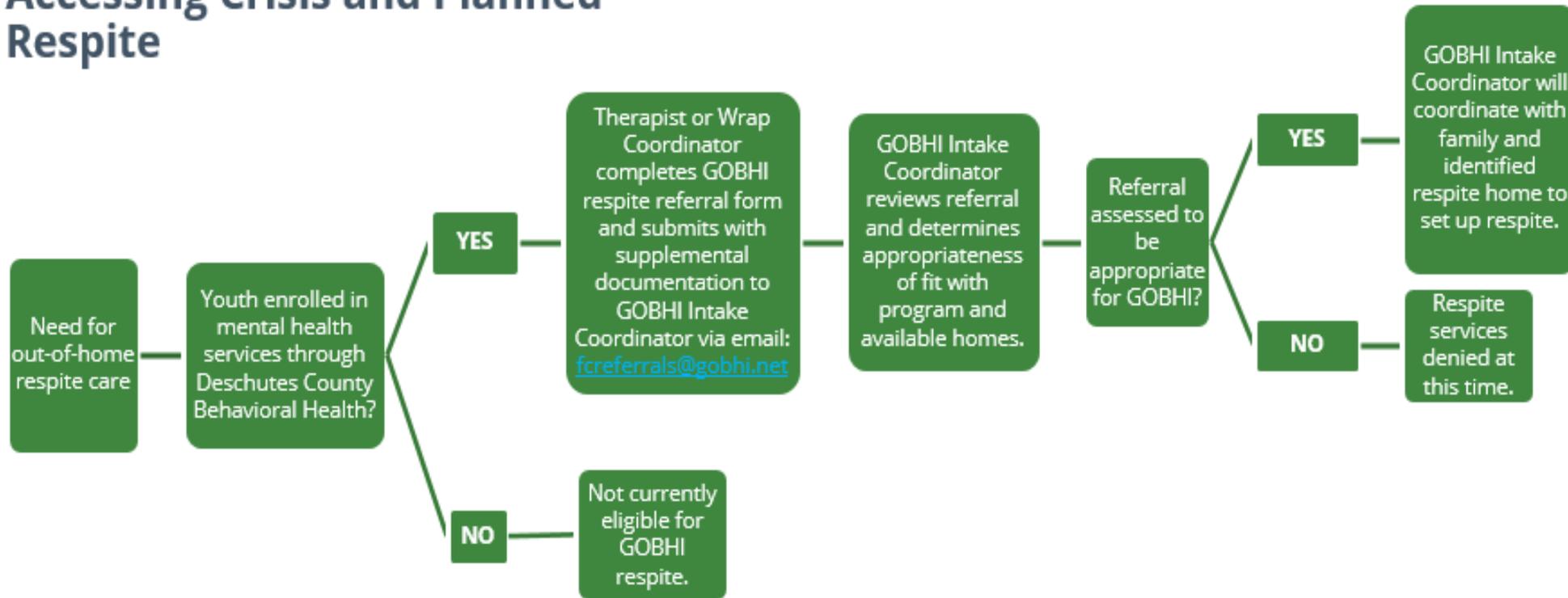


GOBHI

Accessing Behavior Rehabilitation Services (BRS) - Therapeutic Foster Care



Accessing Crisis and Planned 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.

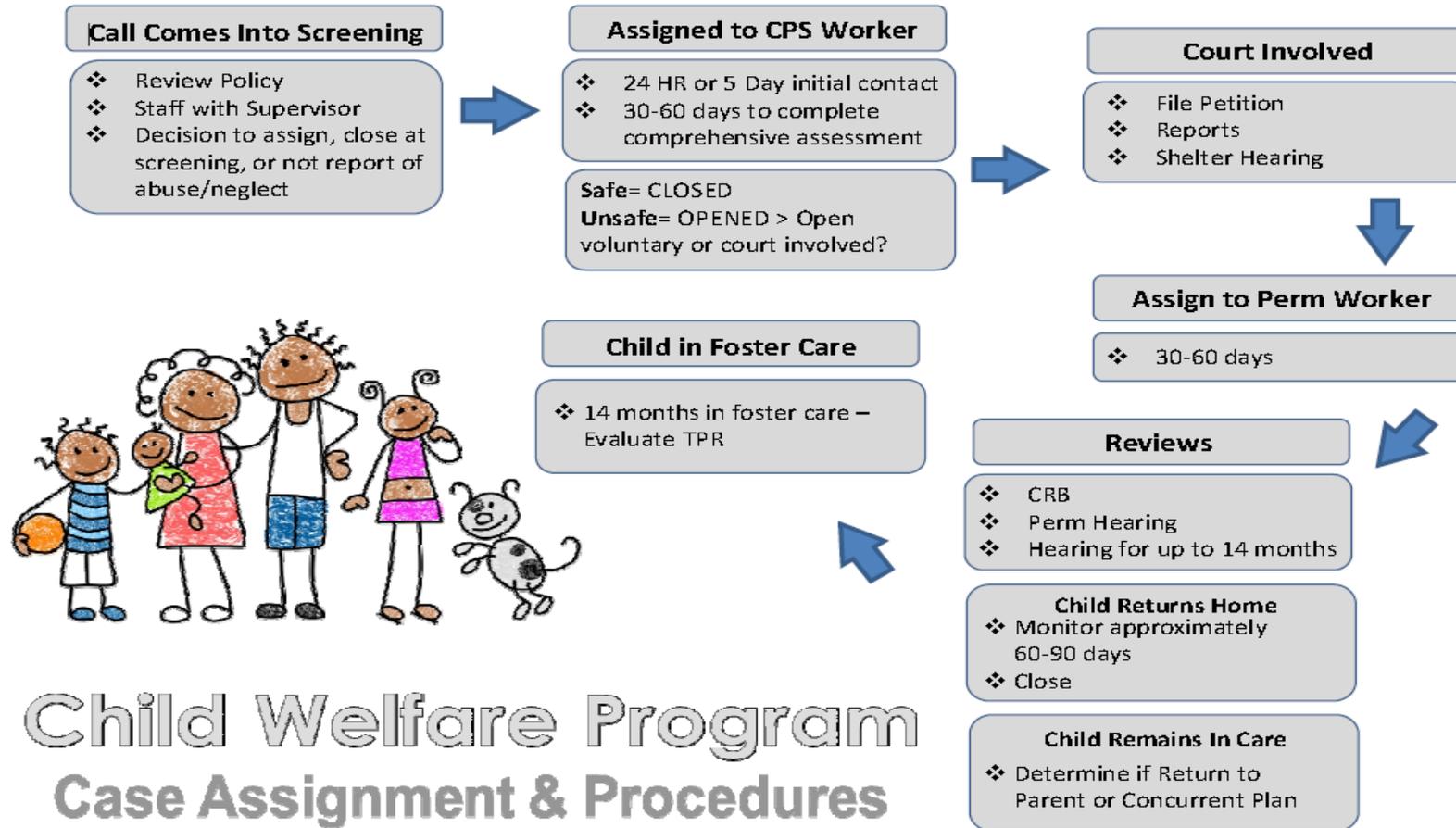


Admission Coordinated

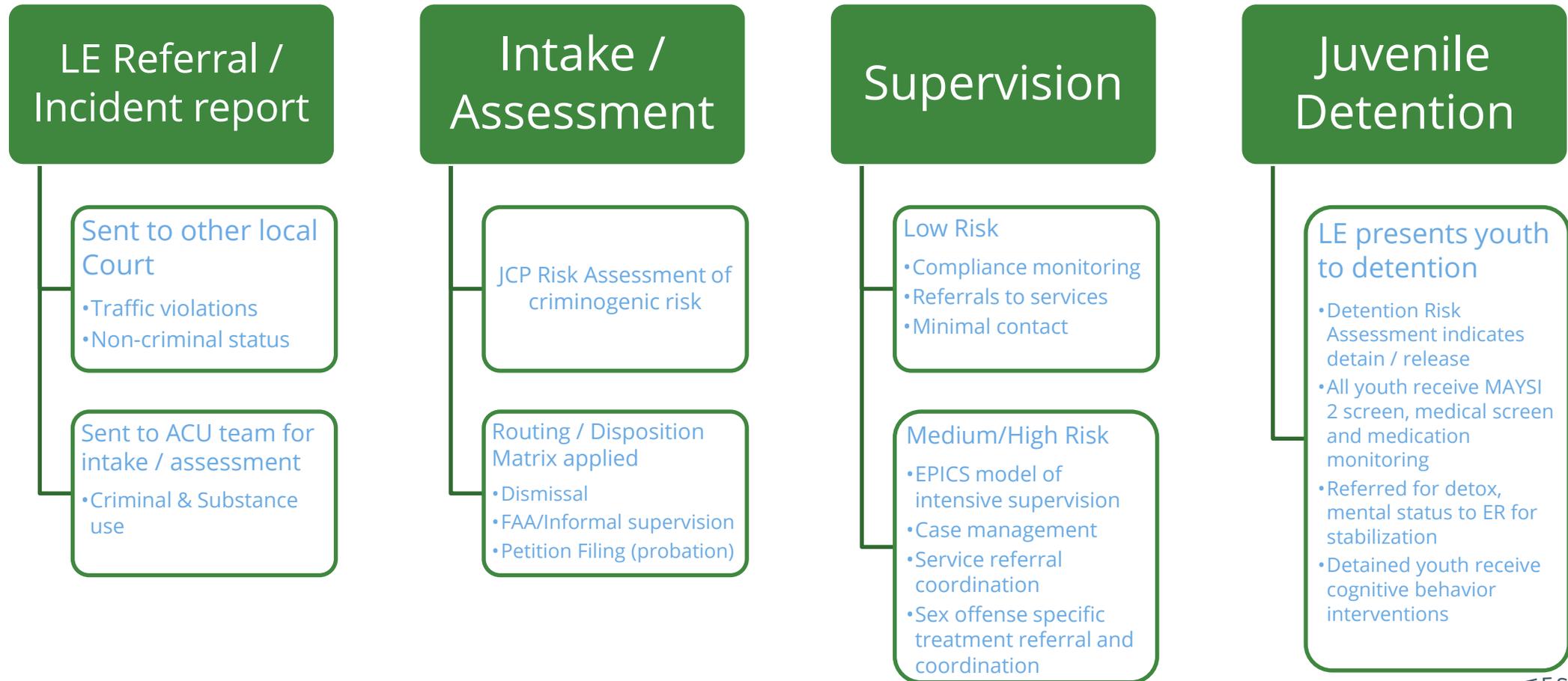
Hope coordinates with family/school/transportation for admission



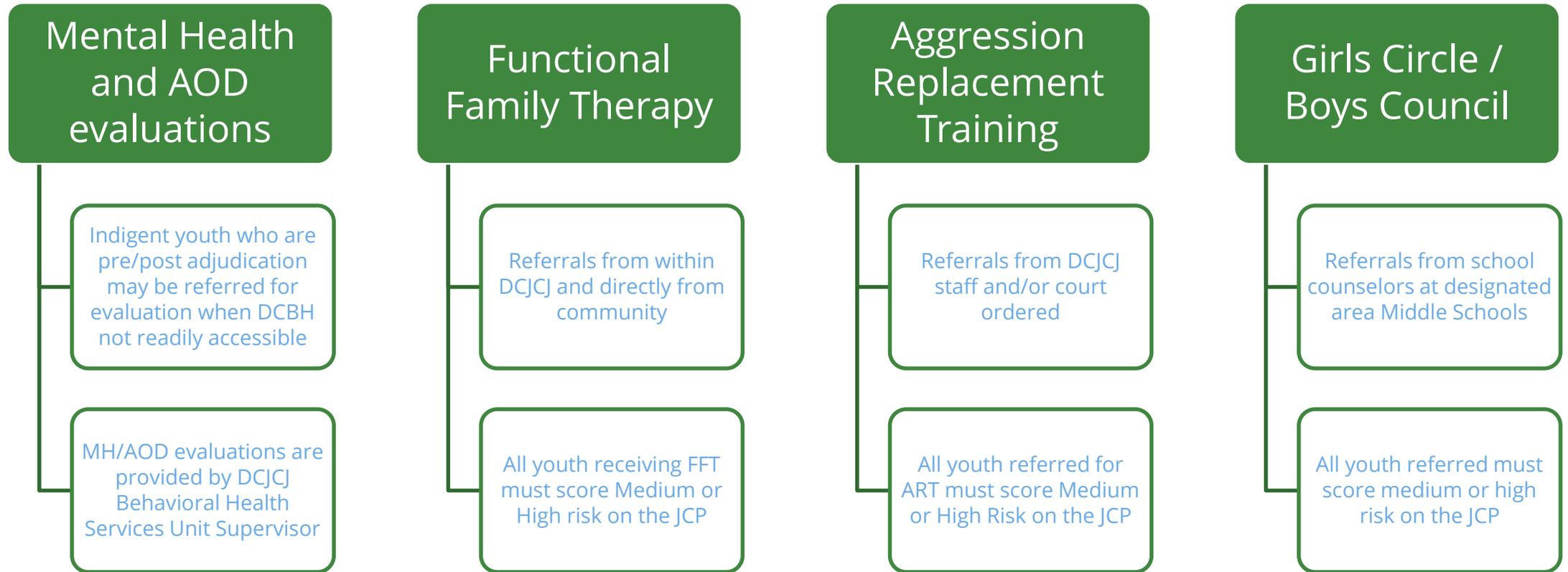
Department of Human Services



Juvenile Community Justice



JCJ Behavioral Health Svcs



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

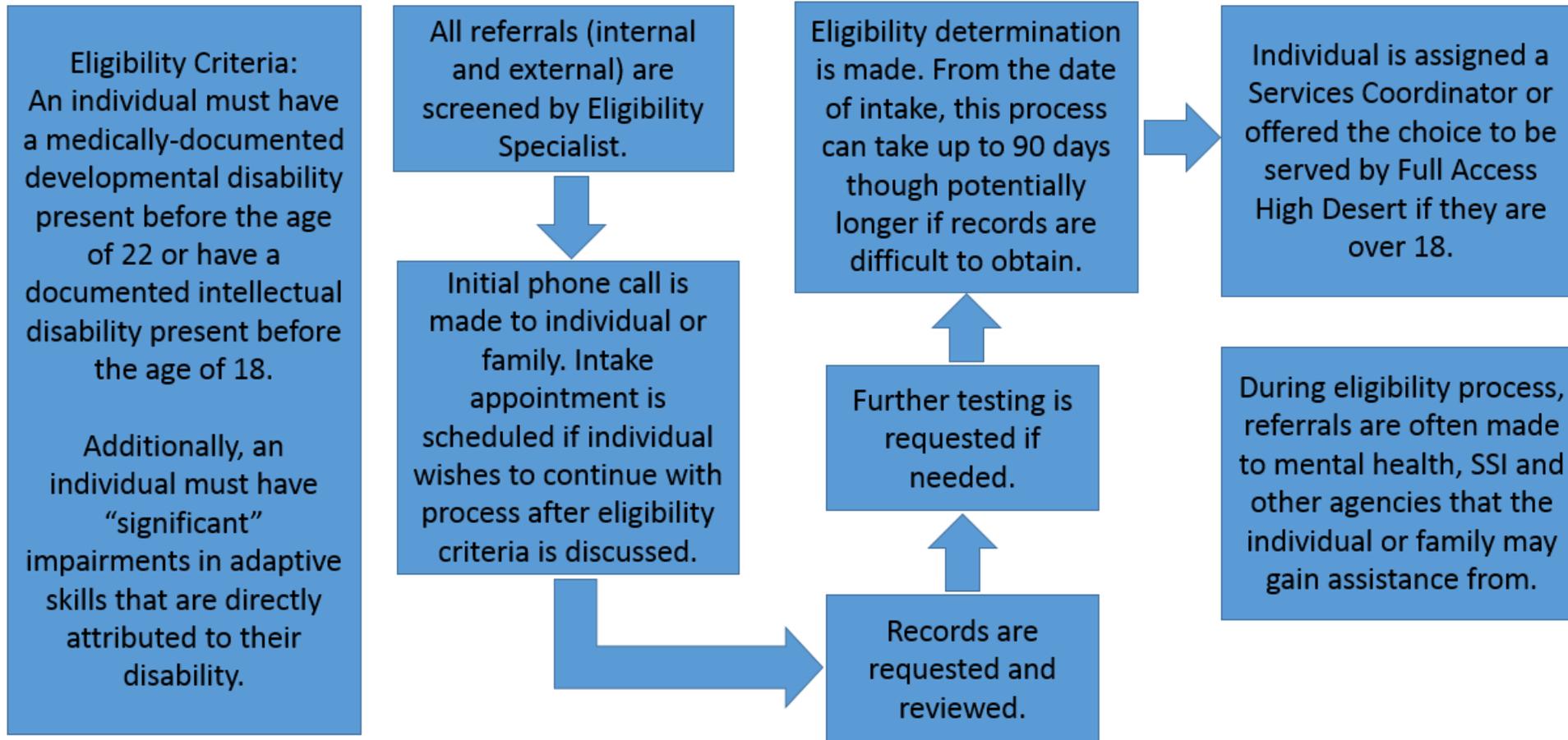
Intercept / Youth Villages

2 slots for Intercept JCJ referral

- Must score Med. / High risk
- Must have 90th percentile for OYA escalation risk



Intellectual and Developmental Disabilities



Youth Villages



References

[SAMHSA Family-Family Driven Care](#)

[Positive Communication Strategies –Oregon Family Support Network](#)



Thank you!

