

# Collaboratively meeting the behavioral health needs of juvenile justice-involved youth and families

Maria D. Austin, LMFT, Psy.D.

JeanPaulo Gonzalez, MSW

Karyn Jones, MSW



# Workshop Objectives

- The place for collaboration to get to successful outcomes (engagement, assessing, teaming, planning/intervening, tracking/adapting)
- Understanding the other: understanding the role of all participants in the child and family team process
- Importance of understanding the function of behavior, including trauma-informed care and practices
- Working together to find middle ground for the success of youth
- Utilizing challenges, successes and lessons learned for growth
  - What are the strengths and where are the places for opportunity?

# Imagine with me...



# What is CCR?

- Continuum of Care Reform (CCR), including the public policy changes brought about by Assembly Bill 403.
- Integrates new and existing reforms to the child welfare system
- Services delivered through involvement of multiple publicly funded organizations are most successful when services are coordinated by a single integrated service plan

# Fundamental Principles of CCR

*From The California Integrated Core Practice Model for Children, Youth and Families manual*

- All children deserve to live with a committed, nurturing, and permanent family that prepares youth for a successful transition into adulthood.
- The child, youth's, and family's experience and voice is important in assessment, placement, and service planning. A process known as a "child and family team," which includes the child, youth, and family, and their formal and informal support network will be the foundation for ensuring these perspectives are incorporated throughout the duration of placement.

# Fundamental Principles of CCR

*From The California Integrated Core Practice Model for Children, Youth and Families manual*

- Children should not have to change placements to get the services and supports they need.
- Agencies serving children and youth including child welfare, probation, mental health, education and other community service providers must collaborate effectively to surround the child and family with needed services, resources, and supports rather than requiring a child, youth, and caregivers to navigate multiple service providers.

# Fundamental Principles of CCR

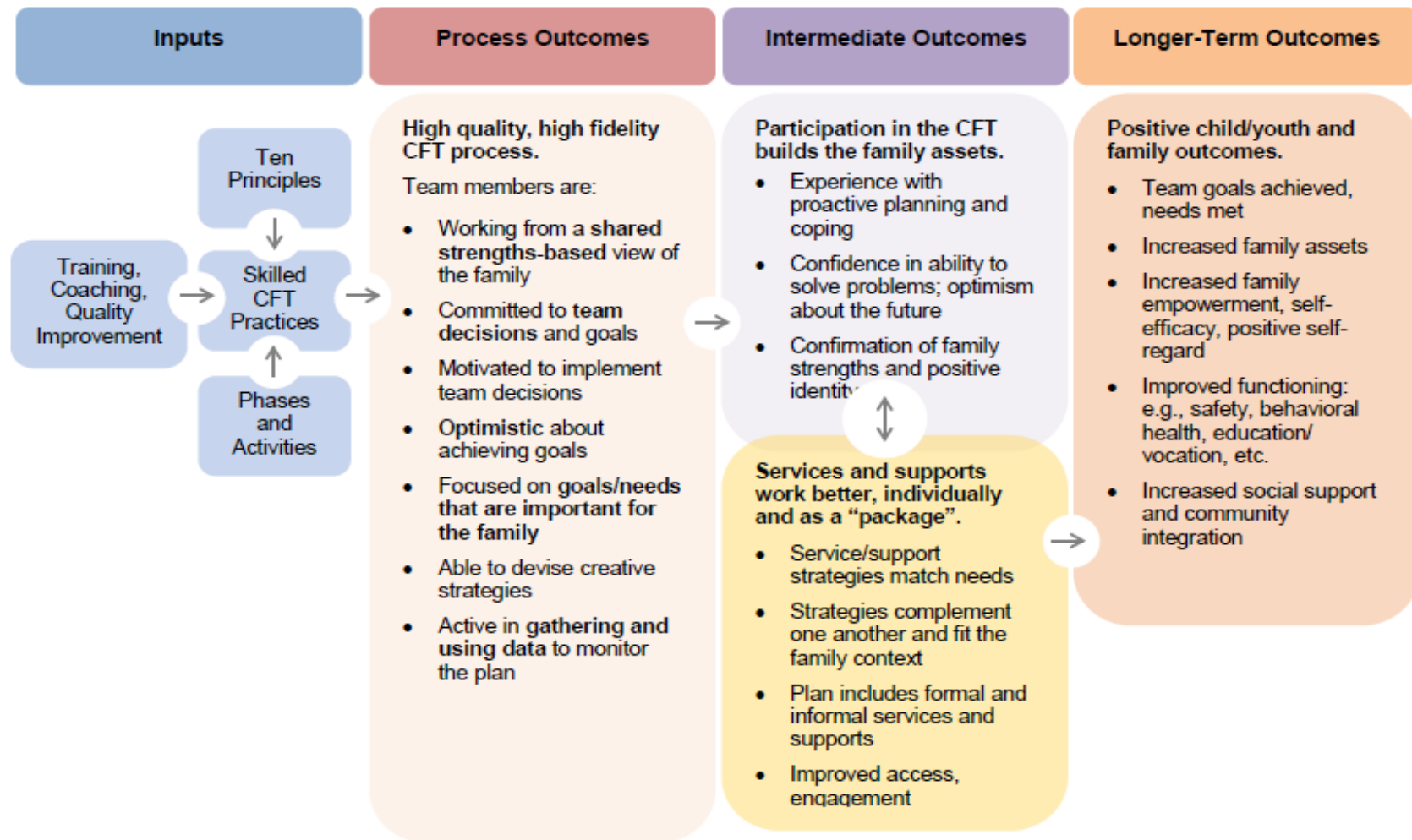
*From The California Integrated Core Practice Model for Children, Youth and Families manual*

- The goal for all children in foster care is normalcy in development while establishing permanent lifelong, familial relationships. Therefore, children should not remain in a group living environment for long periods of time.
  - Group care therefore will be utilized for a short period of time within an STRTP which will provide intensive individualized treatment interventions
  - Core services within the STRTP include:
    - Specialty Mental Health Services
    - Transition Services
    - Education, Physical, Behavior, Mental Health, Extracurricular Supports
    - Transition to Adulthood Services
    - Permanency Support Services
    - Indian Child Services

# Integrated Core Practice Model

*From The California Integrated Core Practice Model for Children, Youth and Families manual*

## The ICPM Theory of Change





# Who are the players (stakeholders)?

## *Roles*

- What's probation's role?
- What's behavioral health's role?
- What's the STRTP's role?
- What the youth's role?
- What the family's role?

# Probation

- Placing agency
- Authority figure, responsible for youth complying with the court and minute order,
- To reinforce the mandates set by the court
- Conducting home assessments
- Advocate for the youth
- Gives perspective on youth over time for those working with the youth (STRTP)
- Screening support systems
- Shared responsibility for safety

# Behavioral Health

- Assessment
- Establishing a clear plan for intervention
  - Collaboration of this plan with the STRTP treatment teams
  - Helping others understand the function of youth's behavior and how to support/intervene
- Consistent delivery of service
- Linkage and Consultation
- Weekly evaluation of progress
- Working with family (engagement)
- Assistance with transition
- Medication support
- Advocate for the youth

# STRTP

- Engaging youth and families
- Assessing for strengths and needs
- Delivery of Core Services
  - Specialty Mental Health Services
  - Transition Services
  - Education, Physical, Behavioral, Mental Health, Extracurricular Supports
  - Transition to Adulthood
  - Permanency Support Services
  - Indian Child Services
- Safety

# Family

- Supportive of the youth
- Actively participate in treatment
- Collaborate with resources (teaming)
- Open to change

# Youth

- Actively participating in services (voice and choice)
- Ownership of treatment –which requires engagement from STRTP/Probation/BH
  
- Every youth deserves a fair opportunity to be successful and to thrive in treatment

# Natural Supports

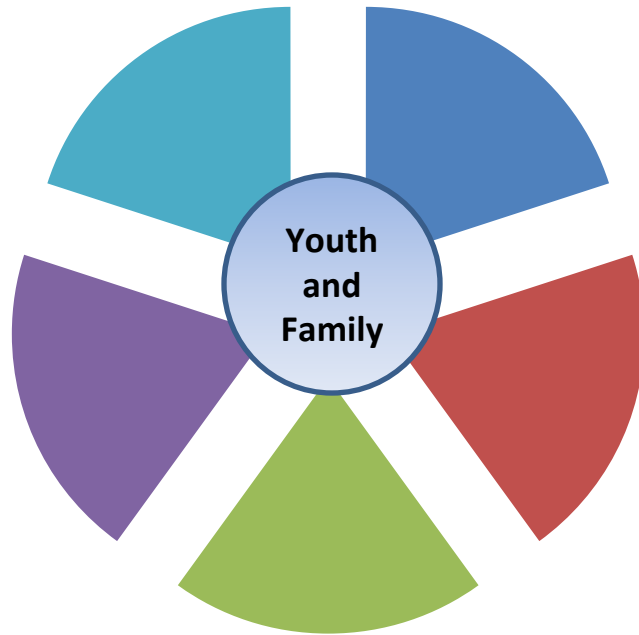
- Participation in treatment to support youth
- Provide a different perspective to youth than immediate authority figures
  - “Someone not obligated or paid to care for me”
- Extended family members
- Partner (especially when there is a child)
- Coach, youth leader, neighbor

# Knowing your role

- An effective team requires everyone to know their role and be willing to function in that capacity
- Sets good boundaries for treatment
  - Modeling of boundary setting
  - Helps family members with their own roles
- Results in success for a youth/family

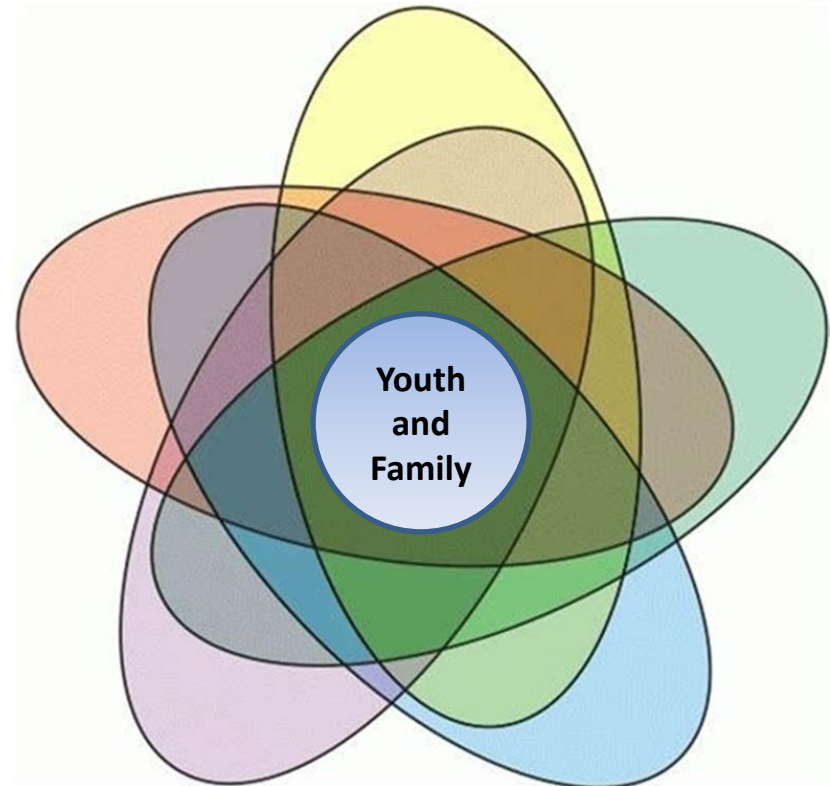


## Service Providers



- Probation
- STRTP
- Behavioral Health
- Regional Center
- Education

**Integrated Core  
Practice Model  
in real life...**



# CFT(M)

- From MDT/TDM to CFTM
- CFT:
  - A child and family team is a group of individuals, including the youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the you and family's success.
- CFTM:
  - A meeting which involves members of the child and family team in all aspects of care planning, evaluation, monitoring and adapting, to help the youth and family successfully meet their goals.
- Who's responsible? Is it the placing agency or Behavioral Health?

# CFTM frequency

- Prior to any change in placement
- When youth first arrives to an STRTP
- Every 90 days
- At least 30 days prior to transition out of STRTP
- During any placement decision, including change of placement. This includes the permanent transition of a youth/NMD from one cottage to another and the transition from Boys Republic to an alternative placement.

A CFTM may be held at any point and anyone on the team may request a meeting to:

- Address or prevent a crisis
- Track or request changes for current plan
- Address any concerns with safety, permanency, well-being, including the formation of safety plans or placement changes

# Resources within CFTM

- Neutral Facilitator
- CANS

# Value of the CANS

- Provides a comprehensive view of strengths and areas of need for youth and family
- Brings together multiple views on the youth and family
- Helps identify priorities for treatment
- Tool for tracking progress
- Helps with discussion in CFTM (narrative report)
- Provides something tangible for parents/probation

# Resources within CFTM

- Neutral Facilitator
- CANS
- Needs and Services Plan (NSP)
- Mental Health Treatment Plan
- Certificates/Awards
- Transcripts
- Behavior reports-Positives and Negatives
- Relationships established between team members and with youth/family

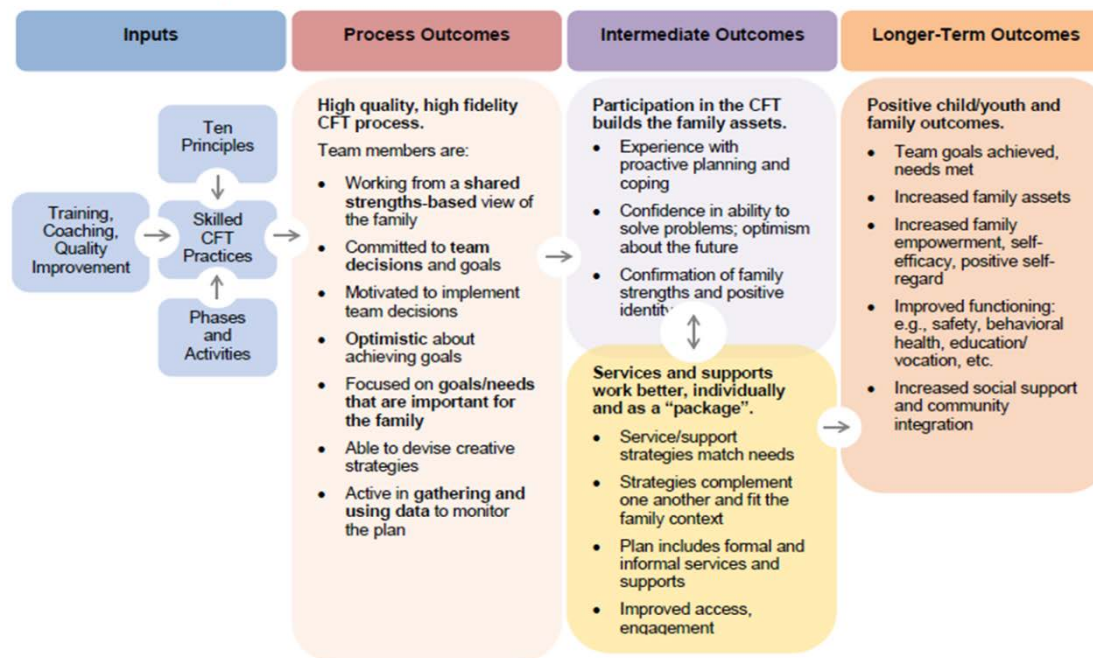
# ICPM in Real Life (client application)



# CFTM process in ideal world

- All team members have the same agenda
- The intended purpose is to focus on successful transition from the beginning of a youth being at a STRTP
- Team members are able to attend in person

The ICPM Theory of Change





# Reflecting on Implementation

- Learning language and the alphabet soup of each other's worlds
- Redefining roles
- Shifts in ratios requires employing new staff and needs for training (new expectations plus experience of new staff)
- Helping others understand the role of behavioral health
- Probation still needs to play their role
- Training staff on trauma informed care and practices
  - Trauma informed care is not an excuse for behavior but an explanation for behavior to help others better support the youth to be successful

# What has worked

- People knowing their role and being willing to function in that role
- Altering our forms for different phases of treatment in the CFTM
- Pre-meetings and post-meetings
- Vision-casting
- Physical structure of meeting space: welcoming spaces
- Neutral facilitator

# Barriers and Challenges

- What does integration look like?
- Team decisions- whose agenda is driving the decision-making
- Deficit world vs. strengths-based
- Trauma-Informed Care
- Confidentiality
- Identity of organization in shift from group home to STRTP (LOC, ratio, documentation requirements, admissions)

# Successes

- Higher rate of academic success
- More linkage to community resources
  - Community based mental health services
  - Educational supports
- More awareness of the impact of trauma for youth and families
- De-stigmatization of mental health
- Development of vocational skills
- Youth returning to STRTP to give back/speak
- Decrease of antagonistic feeling toward “the system”

# Youth Success!

