

**California Department  
of Mental Health**

**Child,  
Youth and  
Family**

**Full Service Partnership  
Tool Kit**



**Prepared by  
California Institute  
for Mental Health**

**2011**

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# Preface

Full service partnership (FSP) programs were designed under the leadership of the California Department of Mental Health in collaboration with the California Mental Health Directors Association, the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission, mental health clients and their family members, mental health service providers, and other key stakeholders of the mental health system. Although they have been in existence since 2005, full service partnership programs are continuing to develop the distinguishing characteristics that lead to good outcomes for mental health clients and their families.

The FSP Tool Kit is intended to provide FSP supervisors and team members with written guidance to support the ongoing development of the programs and integration of practices. This publication series encompasses a Tool Kit for each age group — children, transition-age youth, adults, and older adults — in recognition of the programmatic differences that exist across the four age groups.

## Preface (cont'd)

The Tool Kit has numerous unique characteristics that include:

- Development with close involvement of diverse, statewide advisory committees that represented all of California's public mental health constituents, including clients, family members, counties, and mental health service providers
- Identification not only of service delivery models for age-specific full service partnerships, but also an overview of practices that can be integrated into full service partnerships
- Reference and access to website links that offer additional in-depth information on the majority of practices included in the Tool Kit
- Recommended resources to assist in the ongoing development of full service partnership programs that assist and support client and families in developing and maintaining wellness and resilience for children

# Acknowledgements

This Tool Kit is dedicated to all the people with lived experience, whether children and their families, transition-age youth, adults or older adults, who continually demonstrate their belief in possibilities.

This project was funded through California's Department of Mental Health (DMH). Creation of this Tool Kit resulted from the ideas, experience, and suggestions from many groups and people throughout California. Participants from the statewide advisory committee, age-specific committees, and the performance measurement subcommittee demonstrated tireless dedication to ensure a practical outcome. Representatives from all 58 counties – through county departments, regional networks, and partner agencies – participated via meetings, conference calls, and interviews.

## Acknowledgements (cont'd)

Additional appreciation is extended to the staff and consultants at the California Institute for Mental Health (CiMH) and the Department of Mental Health (DMH) for their excellent leadership and compassionate guidance in this visionary endeavor.

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# Terminology

We appreciate that no one term may fit the same situation. The writers also realize that one term does not convey the same meaning across all age groups. However, to facilitate the writing of this project, selection of only one expression for certain concepts became necessary. We thank the committee members who, for the sake of clarity, provided us guidance through this process.

For example, we designated the term “client” as the universal identifier for an individual with lived experience even though we acknowledge that the term “consumer” or “person” may be more common in some areas or in some groups. Exceptions to this selected term may be found throughout the text if written within a direct quotation.

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# Domain #1

## Philosophy

The *Philosophy* domain of the Child, Youth and Family Full Service Partnership (FSP) Tool Kit presents an overview of the basic tenets of a Child, Youth and Family FSP. It emphasizes the Mental Health Act (MHSA) core principles as they are integrated into the FSP model: client and family-driven mental health services within the context of a partnership between the client and provider; accessible, individualized services and supports tailored to a client's readiness for change that leverage community partnerships; delivery of services in a culturally competent manner, with a focus on wellness, outcomes and accountability.

# “Whatever It Takes”

## Purpose

To guide the actions and motivation of full service partnership staff regardless of the array of services provided.

## Definition

*Whatever it takes* means finding the methods and means to engage a client, determine his or her needs for recovery, and create collaborative services and support to respond to those needs. This concept may include innovative approaches to “no-fail” services in which service provision and continuation are not dependent upon amount or timeliness of progress or on the client’s compliance with treatment expectations, but rather on individual needs and individual progress and/or pace on their path to wellness and resilience. Clients are not withdrawn from services based on pre-determined expectations of response.

## Implementation Strategies

Using the following strategies, FSP teams can develop interventions based on individualized needs, utilizing the creativity of the entire team to identify client needs, and offer options and choices that best respond to the identified needs throughout all arrays of service provision. Interventions should be based on a “whatever it takes” approach, which means that that FSP teams do not rely on traditional, predetermined menus of services. Rather, they focus on the specific needs and strengths of the client and then develop new interventions that utilize those strengths to meet the needs.

- Create a “no fail” rule in order for staff to find ways to work with the child, youth and family who present unique challenges yet need FSP assistance.
- Determine the service team as agreed upon by the child, youth and family.
- Ensure the service team commits through informal, formal, and community service relationships.
- Coordinate services so that each team member works toward meeting the child’s, youth’s and family’s goals.
- Share responsibility for developing, implementing, monitoring, and evaluating services that reflect the child’s, youth’s and family’s goals and perspectives, mandates, and resources.
- Build services on values, preferences, beliefs, culture, and identity of the child, youth and family, and their community.
- Customize services to meet the individualized needs of the child, youth and family by:
  - Determining and enhancing child, youth and family capabilities
  - Understanding the child’s, youth’s and family’s level of knowledge, and assisting in education as appropriate
  - Identifying and valuing the skills and assets of the child, youth and family by utilizing them in the treatment process
  - Including activities and interventions drawn from natural supports

## Implementation Strategies (cont'd)

- Promote child, youth and family integration into the home and community.
- Deliver services where the child, youth and family spend their time (including schools, child care, preschools, homes, shelters, foster homes, juvenile halls, community agencies, and public and private community organizations).
- Ensure services are available 24/7.

# Wellness and Resilience – Strength-Based Approach

## Purpose

To help the child, youth and family regain balance by learning to manage difficult situations and by developing characteristics or factors that protect them from suffering the detrimental consequences of stressful events.

## Definition

*Wellness* means a sense of well-being that comes with the development of psychological resources, self-determination, competence, and self-efficacy. The term *resilience* refers to the ability of a child or youth to possess and use a set of qualities that help them overcome obstacles. Stressful events may inhibit a child's or youth's ability to cope, may contribute to imbalance in a child's or youth's life, and may prompt occurrence or worsening of serious emotional or behavioral difficulties. When a child or youth have opportunities to improve their health and well-being, their resiliency can be enhanced.

## Implementation Strategies

Wellness and resiliency in the child, youth and family relies on the development of protective factors within the family, school, and community. Protective factors – those tools that the child or youth utilize to build resiliency – include relationships, strengths, and resources that help the child or youth deter and/or overcome the damaging effects posed by risk factors that confront a child or youth with mental health disorders. Protective factors that the FSP team assists in building are intended to:

- Provide caring and supportive relationships by developing awareness, connection to, and incorporation of such skills during times of stress and adversity.
- Access the full diversity of natural supports in the chosen community to demonstrate how they can sustain the child, youth and family throughout their lifetime. For some families, these natural supports may include ethnic pride organizations, tribal traditions, and spiritual or faith-based organizations and healers.
- Support appropriate and individualized expectations in the form of hope – a cornerstone of resilience. Such support should help instill belief that a problem is not permanent; belief in a child’s or youth’s innate capacity to develop social competence, problem-solving skills, critical consciousness, and autonomy; and a sense of purpose leading to wellness.
- Create opportunities for meaningful participation in worthwhile activities (by serving on boards, evaluating services, assisting in policy development, or leading in the process of personal progress toward self-sufficiency).

# Ensuring Cultural Responsiveness of Interventions

## Purpose

To present strategies for developing a culturally responsive approach for working with diverse clients in FSPs.

## Definition

*Cultural responsiveness* means the ability to work effectively and sensitively within various cultural contexts. Ensuring cultural responsiveness entails promoting a set of congruent behaviors, attitudes, and policies in a system, agency, or among client providers, family member providers, and professionals that enable them to work effectively in cross-cultural situations.<sup>1</sup>

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<sup>1</sup> Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards a culturally competent system of care, volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

## Implementation Strategies

The effective engagement of diverse communities requires a dedicated, long-term, multidisciplinary approach. Some initial strategies for promoting cultural competence in FSPs at the organizational, systemic, provider, and client levels are listed below.

### Organizational and Systemic Level

- Recruit and train, at all levels, a workforce that is reflective of the cultural groups in the county.
- Develop leadership capacity for employees from diverse cultural groups.
- Ensure that all materials are provided in threshold and other languages, and that an effective and timely system for providing translation services is in place.
- Require contracting agencies to demonstrate a standard of cultural competence in service delivery.
- Collect data including but not limited to race, ethnicity and language of clients to enable systems to identify unserved communities and address disparities.
- Involve target communities in leadership roles in the planning, developing, and implementing of FSP programs.

### Provider Level

- Provide opportunities and training for providers to develop:
  - *Awareness* – Providers must have an awareness of their own cultural experiences and background, and the ways in which these affect their beliefs, values and behaviors in the clinical setting.
  - *Knowledge* – Providers must have knowledge about the historical background and cultural worldview of communities served.
  - *Skills* – Providers must have skills in communicating effectively, understanding nonverbal and verbal communication differences, and building rapport in cross-cultural interactions.

## Implementation Strategies (cont'd)

### Client Level

- Be aware that distrust and fear of mental health systems prevent many ethnic and cultural minority clients from seeking care and advocating effectively for the services they need.
- Empower clients of all ethnicities to be active participants in planning their care and in obtaining care that is consistent with their cultural values and beliefs.
- Develop strategies to assist clients in navigating systems of care, such as client navigator and parent partner programs.

# Tailoring Service Coordination to Level of Care Needed and Ensuring Successful Transitions

## Purpose

To identify and to define levels of service and support that create a continuum of services based on the needs of the child, youth and family, to ensure successful transitions based on functional changes and ability.

## Definition

*Tailoring service coordination to level of care needed* means to provide child- or youth-centered care, with the child, youth and family directing services. Such services would be based on the assessed functional ability, cultural values and beliefs regarding development, and age-appropriate behaviors. Additionally, properly tailoring service coordination requires adjusting the level of services as needs change. The process of *ensuring successful transitions* encompasses helping the child, youth and family to move throughout their various developmental stages, and to make the transition between levels of care based on need.

## Implementation Strategies

- Plan for services centered on the current needs.
- Engage the child, youth and family in all aspects of service planning.
- Incorporate key community leaders, such as spiritual and tribal healers, in service planning whenever appropriate and desired by the child, youth and family.
- Base services on strengths.
- Leverage community-based assets.
- Ensure continual plan revision as needs changes and successes occur.
- Manage services with a team of involved individuals who strive to offer options and choices that best respond to the identified needs.

# Outreach and Engagement – Welcoming Environments

## Purpose

To convey a sense of welcoming to the child, youth and family that reflect the ethnic and cultural diversity of the clients served as well as the belief in recovery. The healing and recovery process will not truly begin until a child, youth and family feel welcomed and accepted into an FSP team’s services and supports.

## Definition

*Outreach and engagement* as codified by the California Code of Regulation, Title 9, Section 3200.240, are processes by which to “reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the county.”

## Definition (cont'd)

Using the Department of Mental Health's definition as a starting point, FSP programs must practically apply the elements of reaching and identifying clients, and engaging them in services. Operationally, engagement involves establishing a trusting relationship, and is a critical component of the outreach process.

Further, outreach and engagement have been described as a dance, in the sense that each step in the outreach and engagement process is contingent upon the client's response to the previous set of actions.<sup>2</sup>

## Implementation Strategies

- Identify ethnic and cultural groups that have historically faced barriers to accessing service.
- Determine the key issues and mental health needs, as well as the barriers faced by families from these groups.
- Work with community leaders from these groups to address barriers to access. Identify strategies for reducing stigma, and provide psychoeducation around mental health issues in collaboration with community leaders.
- Be aware that some clients may avoid accessing services due to fear of disclosing their identities. For example, many undocumented clients may risk deportation if they access services. Some clients may face violence and harassment if their sexual identity is discovered. Efforts should be made to maximize client safety and confidentiality.

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<sup>2</sup> Erickson, S., & Page, J. (1998, October). *To dance with grace: Outreach and engagement to persons on the street*. Paper presented at The National Symposium on Homelessness, Arlington, VA. Retrieved from <http://aspe.hhs.gov/progsys/homeless/symposium/6-Outreach.htm>

## Implementation Strategies (cont'd)

- Use an approach that is responsive to cultural differences. Understand the ways in which culture may affect the family's willingness to seek help, attitudes about the child's mental health problem, and attitudes toward treatment.
- Seek to create an environment of trust and mutual respect, including the child's, youth's and family's ideas about confidentiality.
- Create a sense of safety and equality.
- Establish an equal partnership between providers and the child, youth and family from the beginning of the relationship.
- Maintain flexibility to meet changing needs of the child, youth and family.
- Develop a functioning team, with the child, youth and family taking equal leadership of that team.
- Become acquainted with the whole family – strengths, culture, history, challenges, resiliency tools, and desires for change.
- Invest the time and effort to move the process along at a comfortable pace for the child, youth and family.
- Consider meeting initially in the home, or in a neutral setting such as a park or school.
- Know that being welcomed by the child, youth and family into their community of choice is an honor and privilege, and treat it as such.
- Improve the cultural environment of an agency for the many clients of diverse ethnicities by:
  - Increasing staff diversity and bilingual capabilities
  - Ensuring that language minority clients are respected and receive translation services promptly
  - Posting signs in several languages
  - Choosing décor reflecting diverse cultures
  - Advertising local cultural events
  - Providing waiting room materials (e.g., magazines, children's books, videos) in several languages

# Prevention and Early Intervention

## Purpose

To ensure that early development opportunities are positive and successful in preparing children and youth to develop and sustain resiliency throughout their development.

## Definition

*Prevention* is achieved through use of interventions to avert the initial onset of a mental disorder. *Early intervention* involves identification of warning signs for children, youth and families at risk for mental health problems, with the intention of suppressing factors that put them at further risk for developing mental disorders. Early intervention can prevent problems from worsening.

## Definition (cont'd)

The California Welfare and Institutions Code describes prevention as follows in Section 5840 (a): “The State Department of Mental Health shall establish a program designed to prevent mental illnesses from becoming severe and disabling. The program shall emphasize improving timely access to services for underserved populations.”

Section 5840 (b) states, “the program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- (1) Suicide.
- (2) Incarcerations.
- (3) School failure or dropout.
- (4) Unemployment.
- (5) Prolonged suffering.
- (6) Homelessness.
- (7) Removal of children from their homes.”

## Implementation Strategies

- Promote early identification and intervention by the system of care in order to enhance the likelihood of positive outcomes. Early identification may require significant outreach, especially for families who do not access health or mental health resources. Engage in outreach activities within communities encumbered by barriers to access, such as cultural and linguistic difference, stigma and discrimination, poverty, and neighborhood violence.
- Initiate and seek services for children, youth and families that will best meet their needs using community resources.
- Integrate services by establishing linkages between child-serving agencies or programs and mechanisms for planning, developing, and coordinating services.
- Develop an understanding of interventions that can occur in infancy and early childhood to enhance the child's or youth's ability to develop wellness and resilience in later years.
- Consider the role of social factors, including poverty, racism, and neighborhood environment, on the early development of the child.
- Consider strategies to enhance the social environment of the developing child.

# Developmental Milestones

## Purpose

To understand which developmental stages the child or youth has mastered, in order to assist in determining the appropriate course of care over time.

## Definition

*Developmental milestones* are the stages at which children or youth master certain skills. In early childhood, task mastery is specific to development of gross motor skills and feeding. Tasks mastered increase in complexity as the child or youth grows older.

## Implementation Strategies

- Understand developmental stages the child or youth has mastered. (Refer to chart below.)
- Consider the developmental milestones and transitional issues to determine the course of care over time.
- Recognize transition issues that occur as the child or youth develop.
- Recognize cultural differences in developmental expectations, and incorporate family-directed goals.
- Tailor services appropriate to the child’s or youth’s needs.

### Abbreviated Reference Tool for Developmental Milestones

Age	Physical	Emotional, Social, Intellectual and Cognitive
<b>Infants</b> <b>(Birth – 18 months)</b>	Sucking, grasping reflexes Able to follow objects and to focus Reaches for objects Develops eye-hand coordination Achieves mobility, strong urge to climb, crawl Learns to grasp with thumb and finger	Tests limits Vocalizes sounds (coos) Begins to respond selectively to words
<b>Toddlers</b> <b>(18 months – 36 months)</b>	Enjoys physical activities, including running, kicking, climbing, and jumping Beginnings of bladder and bowel control toward latter part of this stage Increasingly able to manipulate small objects with hands	Becomes aware of limits; says “no” often Establishes a positive, distinct sense of self Makes simple choices Limited vocabulary of 500–3,000 words in three- to four-word sentences Egocentric and concrete in thinking, believes that adults know everything Able to relate their experiences, in detail, when appropriately questioned Learning to use memory and acquiring the basics of self-control
<b>Pre-school Age Children</b> <b>(3 years – 6 years)</b>	Able to dress and undress self Has refined coordination and is learning many new skills Very active and likes to do things like climb, hop, and skip, and do stunts	Can use a pencil to draw shapes, and eventually letters and words Eager to learn Has a strong desire to please adults May focus on only one part of a situation (e.g., thinks tall narrow bottle contains more liquid than a short, wide bottle with an equal amount because one is taller)

Age	Physical	Emotional, Social, Intellectual and Cognitive
<b>Middle Adolescence – Adults (13 years – 21 years)</b>	95% of adult height reached Less concern about physical changes, increased interest in personal attractiveness Excessive physical activity alternating with lethargy Secondary sexual characteristics	Struggle with sense of identity Strong peer allegiances; fad behavior Risk-taking, a sense of invincibility (e.g. “It can’t happen to me”) Testing new values and ideas Importance of relationships – perhaps invested in single romantic relationship Growth in abstract thought reverts to concrete thought under stress Cause-effect relationships better understood Very self-absorbed

*Abbreviated source: Center for Advanced Studies in Child Welfare, based on original sources: (1) National Resource Center for Family-Centered Practice and Permanency Planning (2007), (2) Whatcom County Health and Human Services (2003).*

# Child-, Youth- and Family-Centered Treatment Planning and Supporting and/or Partnering with Families

## Purpose

To facilitate the identification of meaningful goals from the child, youth and the family in a collaborative process through which positive outcomes are achievable.

## Definition

*Child-, youth- and family-centered treatment planning* means aligning the treatment regimen with the goals and perspectives of the child, youth and family. Service array is determined by the team in accordance with the strengths, challenges, and needs of the child, youth and family, as defined by them and as agreed upon by them. *Supporting and/or partnering with families* refers to engaging them as equal partners in the treatment and recovery process.

## Implementation Strategies

- Elicit and prioritize family and child or youth perspectives intentionally during all phases of service by asking questions and ensuring that the child's or youth's and family's goals and perspectives are understood correctly.
- Focus planning from the family members' perspectives.
- Invite community members identified by the child, youth or family member (for example, spiritual leaders or tribal elders) to participate on the team.
- Provide options and choices of service that reflect family values and preferences, and are congruent with the family's cultural context.
- Provide services and conduct meetings in the primary language of the family. If doing so is not possible, offer appropriate translation services.
- Develop plans and services that are child-centered and family-focused, with the needs of the child, youth and family directing the types and mix of services to be provided.
- Explore with sensitivity the cultural values and attitudes regarding mental health and treatment.
- Ensure that the team is aware of and sensitive to cultural expectations, roles, and norms of communication.
- Access a comprehensive array of services that address physical, emotional, social, and educational needs.
- Develop individualized services in accordance with the unique needs and potentials of each child or youth.
- Provide services without regard to race, religion, national origin, sex, or physical disability.

# Reducing Stigma

## Purpose

To identify and acknowledge that stigma and discrimination exist against children, youth and families who experience emotional or behavioral difficulties, and to develop methods for reducing the harmful effects on their lives.

## Definition

*Reducing stigma* involves working with the child, youth and family to decrease the detrimental effects of stigma through resiliency building and to overcome and suppress the stigma itself. Based on stereotypes, stigma is a prejudicial judgment based on a personal trait – in this case having an emotional or behavioral condition. Stigma and shame may prevent families from seeking the effective treatment and support they need to lead happy, healthy, and normal lives.

## Definition (cont'd)

Stigma is related to values and ideas about the causes and consequences of mental illness that differ across cultures. In some cultures, stigma surrounding mental illness may be particularly intense and may deter families from discussing the problem, seeking help, and obtaining treatment. Understanding the family's and community's cultural values and beliefs regarding mental illness is critical to helping the family cope effectively with stigma.

## Implementation Strategies

- Integrate with the extended family at family functions that have been disrupted due to the unsettling behavior of the child or youth.
- Alleviate fears of family members that the child or youth will encourage undesirable behavior among other children or youth in the family.
- Educate and develop positive relationships with neighbors who may complain because of concerns that the child's or youth's difficulties cause in the neighborhood.
- Develop opportunities for positive peer interactions, and strategies for decreasing the instances of other children or youth in the neighborhood teasing and bullying the child or youth.
- Connect with leaders and clergy and encourage them to ensure that families and/or the child or youth remain welcome at their chosen places of worship.
- Provide appropriate outlets for families to express frustrations, as a means of furnishing respite through which to maintain relationships with longtime friends who no longer initiate or reciprocate contact because they may become tired of listening to the child's or youth's challenges.
- Find and educate child-care providers who can accommodate the child's or youth's problems.

## Implementation Strategies (cont'd)

- Collaborate with the special education program in the child's or youth's school to alleviate parental concerns about the type and quality of education being delivered.
- Assist in establishing respite opportunities for families so they can focus on suffering relationships that had been neglected due to the extensive needs of the child or youth who has emotional or behavioral difficulties.
- Educate employers about the pressures that mental illness can exert on family members, and encourage employers to retain family members on their payroll while granting sufficient flexibility to attend to any problems and needs of the child or youth that may arise.
- Explore cultural values and beliefs regarding mental illness. Validate the feelings of the child, youth and families regarding stigma.
- Present community educational forums that help dispel myths and stigma surrounding mental illness.
- Coach families in role-playing strategies to respond to stigma.
- Enlist the help of community, cultural, and spiritual leaders to support the family and combat stigma in the community.
- Respect the role of culture in determining the family's response to the child's or youth's mental illness, and validate feelings of isolation and rejection.
- Find culturally congruent ways to cope with stigma.
- Help families connect with other families that have undergone similar experiences.

# Use of Evidenced-Based Practices

## Purpose

To use interventions that have been demonstrated as successful in helping children or youth and families.

## Definition

*Evidence-based practices* combine the best research-based successes with clinical expertise and family values to obtain the best possible outcome. The specific research evidence generally derives from comparing the groups who are receiving the services with a similar group given another service or no service at all. This movement toward evidence-based practices has resulted in much better understanding of what works for whom, under what circumstances.

## Definition (cont'd)

Many treatment regimens also use promising practices and emerging practices as defined:

- ✓ *Promising practices* means limited research of effectiveness, and expert consensus of positive outcomes.
- ✓ *Emerging practices* means recognizable as a distinct practice with “face” validity or common-sense test.

Research identifying treatments that are effective with ethnic minority groups is very limited. Most evidence-based practices have been tested with primarily non-Latino white populations, and can be used within populations for which they have been tested. Use caution, however, when implementing evidence-based practices across cultural groups, for these important reasons:

- ✓ Theory and existing evidence may or may not support the application of an evidence-based treatment for ethnic minority groups.
- ✓ Adaptations must be made to some treatments to render them effective with particular groups.
- ✓ An alternative treatment should be sought after determining that an evidence-based practice may not attain cultural responsiveness. Alternative treatments may be those with “practice-based evidence or community-defined evidence.” These are programs that have been used with success in communities, but have not been validated by a rigorous empirical study.

## Implementation Strategies

- Determine available resources, in finances and staff capabilities.
- Determine which evidence-based practice would be most appropriate to incorporate, by researching available evidence-based practices that have proven successful in treating children and youth in the same age group, ethnicity, and socio-economic status, and that has proven efficacy in treating similar mental health conditions.

# Expected Outcomes

## Purpose

To direct the service process by defining and evaluating outcomes.

## Definition

*Expected outcomes* are the changes that the interventions are designed to elicit in the child, youth and family. Expected outcomes occur in various areas of the child's or youth's life.

## Implementation Strategies

- Elicit positive social and emotional development outcomes by:
  - Assisting the child or youth in connecting with and learning about the world and other people
  - Helping the child or youth learn to manage his or her internal emotional states and regulate behavior
  - Helping the child or youth develop and maintain positive relationships with family, peers, and his or her community
  - Ensuring the child or youth feels a connection to his or her cultural heritage
- Evaluate the functional adaptation or impairments of the child or youth in a variety of areas, such as home, school, law enforcement involvement, and safety, to determine functional outcomes.
- Determine the influence of supportive and caring relationships with family and in the community to understand the types of protective factors that can impede recovery and well-being outcomes, including ethnic community organizations, faith-based organizations, spiritual healers, and community and tribal leaders.
- To project potential system outcomes, use a variety of methods, such as:
  - Satisfaction questionnaires
  - Rates of psychiatric hospitalizations
  - Juvenile justice involvement
  - Child Protective Services (CPS) involvement
  - School graduation and dropout rates

# Resource Guide

Each of the tools listed below has specific resources that you can locate in the general resource section on pages 41- 45. This guide enables you to focus on the pertinent resources linked directly to each tool.

Name of Tool	Resource Number(s)
“Whatever It Takes”	<a href="#">18</a> , <a href="#">19</a> , <a href="#">20</a> , <a href="#">22</a> , <a href="#">23</a> , <a href="#">27</a>
Wellness and Resilience – Strength-Based Approach	<a href="#">23</a>
Ensuring Cultural Responsiveness of Interventions	<a href="#">10</a> , <a href="#">11</a> , <a href="#">12</a> , <a href="#">21</a>
Tailoring Service Coordination to Level of Care Needed and Ensuring Successful Transitions	<a href="#">2</a> , <a href="#">3</a> , <a href="#">5</a> , <a href="#">8</a> , <a href="#">13</a> , <a href="#">14</a> , <a href="#">15</a>
Outreach and Engagement – Welcoming Environments	<a href="#">8</a>
Prevention and Early Intervention	<a href="#">6</a>
Developmental Milestones	<a href="#">1</a> , <a href="#">4</a> , <a href="#">7</a> , <a href="#">16</a>
Child- or Youth- and Family-Centered Treatment Planning and Supporting and/or Partnering with Families	<a href="#">7</a>
Reducing Stigma	<a href="#">9</a>
Use of Evidenced-Based Practices	<a href="#">17</a> , <a href="#">23</a> , <a href="#">24</a> , <a href="#">25</a> , <a href="#">26</a>
Expected Outcomes	<a href="#">17</a> , <a href="#">23</a> , <a href="#">24</a> , <a href="#">25</a>

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# Resources

## ✓ Articles:

1. California Department of Mental Health (DMH). (2005). Vision statement and guiding principles for DMH implementation of the Mental Health Services Act. Retrieved from [http://www.dmh.ca.gov/Prop\\_63/MHSA/docs/Vision\\_and\\_Guiding\\_Principles\\_2-16-05.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/docs/Vision_and_Guiding_Principles_2-16-05.pdf)
2. California Department of Mental Health – MHS Community Services and Supports (CSS) Plan Three-Year Program and Expenditure Plan Requirements. (Letter on August 1, 2005). Retrieved from <http://www.dmh.ca.gov/DMHDocs/docs/letters05/05-05CSS.pdf>
3. Hodges, K., & Wong, M. M. (1997). Use of the child and adolescent functional assessment scale to predict service utilization and cost. *The Journal of Behavioral Health Services and Research*, 24:3, 278–290. doi:10.1007/BF02832662
4. Oswald, A. (2008). Developmental stages and milestones of child development (pp. 4–6). Retrieved from [http://www.mentalhelp.net/poc/view\\_doc.php?type=doc&id=7922&cn=28](http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=7922&cn=28)

## Resources (cont'd)

### ✓ Articles (cont'd):

5. Sowers, W., Pumariega, A., Huffine, C., & Fallon, T. (2003). Level-of-care decision making in behavioral health services: The LOCUS and the CALOCUS. *Psychiatric Services, 54:11*, 1461–1463. Retrieved from [http://www.carecoordination.org/recoveryplanning/pdfs/locus\\_article.pdf](http://www.carecoordination.org/recoveryplanning/pdfs/locus_article.pdf)
6. U.S. Department of Health and Human Services. (1999). Mental health: A report of the surgeon general — executive summary (chapter 3: Children and mental health). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved from <http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec1.html>
7. VanDenBerg, J., Osher, T., Lourie, I. Child, adolescent, and family issues: Team-based planning and the wraparound process. Retrieved from <http://www.psych.uic.edu/uicnrtc/cmhs/pcp.paper.youth-family.doc>

### ✓ Book:

8. Knitzer, J. (1982). *Unclaimed children: The failure of public responsibility to Children and adolescents in need of mental health services*. Washington DC: Children's Defense Fund.

## Resources (cont'd)

### ✓ Fact Sheet:

9. SAMHSA's National Mental Health Information Center. (2003). Anti-stigma: Do you know the facts?  
<http://mentalhealth.samhsa.gov/publications/allpubs/OEL99-0004/default.asp>

### ✓ Reports:

10. Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002, October). *Cultural competence in health care: Emerging frameworks and practical approaches*. The Commonwealth Fund. Retrieved from  
<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2002/Oct/Cultural-Competence-in-Health-Care--Emerging-Frameworks-and-Practical-Approaches.aspx>
11. University of California, Davis. (2008). *Building partnerships: Key considerations when engaging the underserved under the MHSA*. Retrieved from  
[http://www.dmh.ca.gov/PEIStatewideProjects/docs/Reducing\\_Disparities/BP\\_Key\\_Considerations.pdf](http://www.dmh.ca.gov/PEIStatewideProjects/docs/Reducing_Disparities/BP_Key_Considerations.pdf)
12. U.S. Department of Health and Human Services, Office of Minority Health. (2001). *National standards on Culturally and Linguistically Appropriate Services (CLAS), final report*. Retrieved from  
<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

## Resources (cont'd)

### ✓ Tools:

13. Child/Adolescent Functional Assessment Scale (CAFAS)
  - <http://www.fasoutcomes.com/content.aspx?contentid=12>
  - <http://www.mhsip.org/reportcard/cafes2.pdf>
  - <http://systemsofcare.samhsa.gov/ResourceGuide/docs/CAFAS%20Scale.pdf>
  
14. Child & Adolescent Level of Care Utilization System (CALOCUS)
  - [http://www.communitypsychiatry.org/publications/clinical\\_and\\_administrative\\_tools\\_guidelines/CALOCUSv15.pdf](http://www.communitypsychiatry.org/publications/clinical_and_administrative_tools_guidelines/CALOCUSv15.pdf)
  - [http://www.carecoordination.org/recoveryplanning/pdfs/locus\\_article.pdf](http://www.carecoordination.org/recoveryplanning/pdfs/locus_article.pdf)
  - <http://www.locusonline.com/>
  
15. Child/Adolescent Needs Survey (CANS)
  - <http://www.praedfoundation.org/About%20the%20CANS.html>
  
16. Developmental Milestone Guidelines
  - <http://www.cehd.umn.edu/SSW/cascw/attributes/PDF/practicenotes/AbbreviatedReferenceTool.pdf>
  - <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/worker-child-visiting/ModuleThreeHandouts.pdf>
  - <http://www.cehd.umn.edu/SSW/cascw/attributes/PDF/practicenotes/AbbreviatedReferenceTool.pdf>

## Resources (cont'd)

### ✓ Websites:

17. Blueprints for Violence Prevention:  
<http://www.colorado.edu/cspv/blueprints/index.html>
18. California Department of Mental Health: [www.dmh.ca.gov](http://www.dmh.ca.gov)
19. California Institute for Mental Health: [www.cimh.org](http://www.cimh.org)
20. California Mental Health Directors Association: [www.cmhda.org](http://www.cmhda.org)
21. NAMI, Cultural Competence in Mental Health:  
[http://www.nami.org/Content/NavigationMenu/Find\\_Support/Multicultural\\_Support/Cultural\\_Competence/Cultural\\_Competence.htm](http://www.nami.org/Content/NavigationMenu/Find_Support/Multicultural_Support/Cultural_Competence/Cultural_Competence.htm)
22. National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)
23. National Wraparound Initiative: <http://www.nwi.pdx.edu/>
24. Office of Juvenile Justice and Delinquency Prevention:  
<http://www2.dsgonline.com/mpg>
25. SAMHSA Guide to Evidence-Based Practice:  
(<http://www.samhsa.gov/ebpWebGuide/index.asp>).
26. The California Evidence-Based Clearing House for Child Welfare:  
<http://www.cebc4cw.org/>
27. U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)

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# Domain #2

## Service Array

The *Service Array* domain of the Child, Youth and Family FSP Tool Kit describes the important components of treatment approaches and practices. Basic wraparound tenets also are outlined. The components describe options for putting the *Philosophy* domain into practice.

# Child, Youth and Family Shared Decision Making

## Purpose

To ensure that the team practices equality of leadership, and that the child, youth and family actively engage in shared decision making.

## Definition

*Shared decision making* is a process in which the child, youth and family, from the moment engagement begins, participate as equal partners in planning and treatment activities. Throughout the duration of the FSP, discussions, decisions, and actions must include the child, youth and family at the center. Their opinions, goals, and desires must be considered throughout each step of the process. While recognizing the critical importance of eliciting child, youth and family participation in decision making, providers must be responsive to cultural differences in expectations of the clinical encounter.

## Definition (cont'd)

Some families may expect a more hierarchical interaction, in which the provider takes a lead in providing guidance and advice. Similarly, some parents may expect less of an emphasis on the child's or youth's participation. Care must be taken to engage the family members in decision-making while respecting their role expectations.

## Implementation Strategies

- Be aware of the importance of collaborative relationships between providers and the child, youth and family members. Establishment of equal relationships may be difficult if the child, youth and family regard those providers as “experts.” Make certain to orient the child, youth and family to this approach, and make necessary adjustments to accommodate their cultural expectations of parents and children.
- Begin by soliciting the preference of the child, youth and family regarding location and times for engagement. Providers should meet the family in their preferred environment, during non-traditional hours as requested.
- Identify, acknowledge, and use the expertise and strengths that each team member brings to the table.
- Elicit and prioritize the perspectives of the child, youth and family during all phases of service.
- Focus treatment planning to include the family members' perspectives of their strengths, limitations, and goals.
- Offer service options and choices that reflect family values and preferences rather than pre-determined services from which the family must choose.

## Implementation Strategies (cont'd)

- Develop plans and services that are child- or youth-centered and family-focused, and culturally congruent with the stated needs of the child, youth and family directing the types and mix of services provided.
- Help the child, youth and family identify and list goals that reflect their perspective.
- Provide access to a comprehensive array of services that address physical, emotional, social, and educational needs.
- Ensure that all plans and services are individualized in accordance with the unique needs and potentials of each child or youth. Ask them: “Is this the correct goal?” “Will this service meet your needs?” “Is this service meeting your needs?”
- Conduct services that respond to cultural differences and special needs without regard to race, religion, national origin, sex or physical disability.

# Supportive Family Functioning and Living Environments

## Purpose

To help the family establish and maintain supportive functioning and positive living environments.

## Definition

*Supportive family functioning and living environments* create an atmosphere in which each family member can experience safety, security, warmth, and acceptance, and obtain assistance to achieve their individual and collective goals. FSP teams assist the family by being sensitive to the cultural preferences, desires, and needs of the family. Teams may help families find and secure an appropriate living space, improve their existing living space and/or help the child, youth and family develop living skills that will enhance the home environment.

## Definition (cont'd)

In addition, FSP teams will model supportive behavior and encourage families to do the same for one another. Teams encourage celebrations of success and supportive cohesion in times of difficulty, and seek to help the family enhance extended familial and community supports that promote and sustain the family unit.

## Implementation Strategies

- Help parents or caregivers identify and respond to their own emotional and mental health conditions by providing referrals and support to seek help.
- Be aware that clients and families may experience poverty, racism, and neighborhood violence. Help the family identify ways to minimize the impact of these living conditions on the family environment. Acknowledge the limitations and difficulties that these social and economic factors present.
- Explore acculturation status for immigrant families, and its impact on family functioning and bonding. Many immigrant children acculturate faster than their parents by learning English and adopting new behaviors and ideas. These changes can be difficult for parents and may create an “acculturation gap” or a discrepancy in cultural values, attitudes and behaviors among family members. Help families acknowledge and manage these changes if appropriate.
- Be aware that immigration status may affect the family’s ability to access resources and improve living conditions. Acknowledge and explore the impact of immigration, acculturation, and immigration status on the emotional, social, and economic well-being of the family.
- Help families access resources to manage post-traumatic stress disorder in communities where PTSD is common. Be aware that in many of these families, trauma-related experiences may continue to haunt parents, grandparents, and other family members, and may play a significant role in family functioning.

## Implementation Strategies (cont'd)

- Explore the impact of historical trauma, when appropriate, on the child or youth and family, and brainstorm ways to manage the experience of trauma.
- Assist families by helping to seek and arrange respite care for the family (parents, caregivers, or siblings), enabling them to seek their own services as needed.
- Use discretionary funds to help the family financially with rent, security deposits, and other necessities.
- Use discretionary funds to furnish financial assistance and/or solicit donations to help the family establish a household and obtain furniture, appliances, and other household items.
- Offer financial and/or labor assistance to create an indoor or outdoor play space or backyard that the child, youth and family can use.
- Help the child, youth and family develop and/or refine skills – including cooking, cleaning, budgeting, decorating, and basic home maintenance – that allow them to maintain a safe and successful home.
- Help families gain access to low-cost or no-cost alternatives for living environment improvements.
- Apply the creativity of the entire team to identify and use any other specific traditional or non-traditional supports that promote safe and welcoming home environments for the child, youth and family.
- Consider advocating for parks, playgrounds, healthy foods and other attributes that can help improve living conditions in low-income neighborhoods.
- Assist family members individually and collectively in setting achievable goals, and promote celebration when goals are reached.

# Successful Education and Meaningful Activities

## Purpose

To enhance the wellness and resilience of the child or youth, and contribute to the overall well-being of the family.

## Definition

*Successful education and meaningful activities* encompass learning and actions that are relevant, appealing to the strengths and desires of the child or youth, contribute to their well-being, and help them transcend their role as a client of the mental health system.

## Implementation Strategies

The implementation of the following strategies to assist the child, youth and family in the school setting is contingent upon the family's desire for that assistance. The FSP team should be prepared to implement these strategies as appropriate, but also should be willing to allow the child, youth and family to manage the school setting without the FSP team if they choose.

- Consult with the family members regarding their strengths and the impediments they have experienced in seeking collaboration with school personnel.
- When possible, identify and engage in a collaborative process with a teacher or counselor who has been particularly successful in gaining the trust of the family and child or youth.
- Determine if an Individualized Education Plan (IEP) exists and, if so, make certain the FSP team becomes involved in the IEP process. Ensure that parents understand their rights and make informed decisions in the IEP process.
- Verify that the school furnishes adequate translation services.
- Be aware of inequities or difficulties that may arise in assessing ethnic minority children or youth for special education placement, and advocate for fair and culturally responsive approaches.
- Meet with school personnel at schools that use special education as a means to satisfy the mental health needs of the child, youth and family.
- Ensure that the child, youth and family are at the center of the FSP team.
- Identify, demonstrate, and model the benefits of a support system.
- Model meaningful participation in a community system.

## Implementation Strategies (cont'd)

- Help the child, youth and family find opportunities to participate in worthwhile activities, including serving on boards, serving as community health workers or parent partners, evaluating programming and services, assisting in policy development, and leading in the process of personal progress toward self-sufficiency.
- Remain mindful of the need to continually move families forward, offering opportunities for increased reliance on their natural and community resources.

# Supporting Resiliency in Children and Youth

## Purpose

To develop resiliency that will carry children and youth successfully through their lifetime, even in the face of adversity.

## Definition

The International Resilience Project defines *resiliency* as “a universal capacity which allows a person, group, or community to prevent, minimize, or overcome the damaging effects of adversity.” Children or youth who are resilient may experience circumstances that cause distress, but can face the adversity and manage themselves despite risks. Leading to this resilience is a sense of connectedness within their life experiences, including family, schools, and community.

## Implementation Strategies

- Diagnose and effectively treat behavioral and mental disorders.
- Address maltreatment of children and youth, both familial and systemic, to ensure safe environments.
- Respond to domestic violence within the family, and help the child, youth and family develop and maintain a safe living environment.
- Create safety nets to decrease the likelihood or incidences of children and youth being victims of crime.
- Assist families in obtaining appropriate resources to ensure safety and provide for basic needs – food, shelter, and clothing.
- Recognize and strengthen characteristics of resiliency in children and youth:
  - Well-regulated temperament (e.g. easygoing disposition, not easily upset)
  - Problem-solving skills
  - Positive ethnic and cultural identity
  - Abstract thinking, reflectivity, flexibility, and the ability to try alternatives
  - Social competence
  - Emotional responsiveness, flexibility, empathy and caring, communication skills, a sense of humor, and ability to get along with others
  - Positive relationships with cultural mentors
  - Autonomy
  - Self-awareness, sense of identity, ability to act independently, ability to exert control over the external environment, self-efficacy, and an internal locus of control
  - Concept of purpose and future orientation

## Implementation Strategies (cont'd)

- Healthy expectations, goal-directedness, future orientation, goal-attaining skills
- Optimism – hopeful outlook, active problem-focused coping strategies
- Academic and social successes
- Decreased risk of behavioral disorders, possessing of talents that are valued by self and society
- Ability to build upon and support unique cultural strengths that contribute to resiliency, such as a strong sense of family support and an extended family network, an emphasis on interconnectedness (collectivism), connections to spiritual and cultural heritage, participation in cultural activities, and connections to faith-based support organizations

# Building Protective Factors

## Purpose

To help the child, youth and family remove or reduce risk factors such as unsafe environments, exposure to violence, and bullying behaviors, and replace them with protective factors.

## Definition

*Building protective factors* refers to establishing relationships, environments, and supports (formal and informal) to nurture wellness and build resilience that together strengthen the child, youth and family internally and externally. Protective factors create a sense of security, belonging, and well-being, and an environment where wellness is possible, nurtured and protected. Protective factors help to create and maintain self-sufficiency within a family over a lifetime.

## Implementation Strategies

- Assist the child or youth in developing a close, effective relationship with at least one parent or caregiver.
- Help the family develop and maintain a positive family climate among members.
- Assist the family with developing an organized home environment that is cohesive and supportive, with rituals and mutual responsibilities.
- Help the family develop a secure emotional base whereby the child or youth feels a sense of belonging and security.
- Assist the parents or caregivers in becoming involved in the education of the child or youth.
- Help to build any socioeconomic advantages.
- Facilitate a sense of connection to the culture of the child or youth, such as the practice of cultural rituals and traditions.
- Help the child or youth develop connections to pro-social and rule-abiding peers.
- Assist in building access and connection to natural supports, such as extended family members and friends.
- Show the child, youth and family how to gain access to 24-hour crisis services.
- Help the child, youth and family gain access to appropriate primary health care.
- Identify and celebrate individual successes of the parents and individual family members.
- Explore cultural heritage with the family, and help children, youth and parents connect with their cultural heritage, particularly when children and youth have acculturated at a faster rate than their parents.
- Bring attention to constructive changes within the family as reassurance that those changes will recur and sustain them over time.
- Accept the child, youth and family at their developmental level, and then support movement at a pace that is reasonable and safe for them.

## Implementation Strategies (cont'd)

- Focus on various aspects that enhance wellness within the entire family, such as:
  - Creating a supportive living environment
  - Encouraging behaviors that promote healthy living (e.g., nutritional diet, exercise, rest, and relaxation)
  - Gaining access to and using adequate medical care
  - Accessing and using psychological assessment and services for all family members in need
  - Partnering with school personnel when appropriate to enhance academic success
  - Emphasizing positive culturally relevant rituals and traditions
  - Developing competency in general life skills and in coping skills
  - Identifying and using natural and community supports

# Being Fully Served, Ensuring Integrated Experience

## Purpose

To understand and adopt comprehensive and integrated services and supports that meet the needs of children, youth and their families throughout the recovery spectrum.

## Definition

The concepts of *being fully served* and *ensuring integrated experience* are inherent aspects of the carefully selected phrase *full service partnership*. Their principles must be understood and embraced in order to apply FSP practices constructively.

*Fully served* as defined by the California Code of Regulations (CCR), Section 3200.160 means "clients, and their family members, who obtain mental health services, receive the full spectrum of community services and supports needed to advance the client's recovery, wellness, and resilience."

## Definition (cont'd)

The practical application of being “fully served” is defined in CCR Section 3620 et seq. and California Department of Mental Health ... Letter 05-05 (the document that originally set forth the processes of FSP)<sup>3</sup> in the following ways:

- Each FSP client must have a single point of responsibility — a Personal Service Coordinator (PSC).
- The PSC must have a caseload low enough so that:
  - 1) their availability to the client and family is appropriate to their service needs,
  - 2) they are able to provide intensive services and supports when needed, and
  - 3) they can give the client served and/or family member considerable personal attention.
- Services must include the ability of the PSC or team members known to the client or family member to respond to clients and family members 24 hours a day, seven days a week. This “best practice” service strategy is intended to enable immediate “after-hours” interventions that will reduce negative outcomes for clients including, but not limited to, unnecessary hospitalizations, incarcerations or evictions. Exceptions may be made for small counties, which may meet the 24/7 criteria requirement through peers or community partners who are known to the client or family rather than exclusively through the PSCs or team members. While the regulations address peer support as a small-county strategy, integrating peers into services, including crisis response is a good practice regardless of county size.

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<sup>3</sup> California Department of Mental Health. (2005). *Mental Health Services Act community services and supports—three year program and expenditure plan requirements, fiscal years 2005-06, 2006-07, and 2007-08*. (DMH Letter No: 05-05). Retrieved from <http://www.dmh.ca.gov/dmhdocs/docs/letters05/05-05.pdf>

## Definition (cont'd)

*Full spectrum of community services* is defined by the CCR, Section 3200.150, as "the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client's family, in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resilience."

*Full spectrum of services* as defined by the CCR, Section 3620, means "services to be provided for each client with whom the County has a full service partnership agreement may include the Full Spectrum of Community Services necessary to attain the goals identified in the Individual Services and Supports Plan [ISSP]. The services to be provided may also include services the County, in collaboration with the client, and when appropriate the client's family, believe are necessary to address unforeseen circumstances in the client's life that could be, but have not yet been, included in the ISSP."

*Full service partnership* as defined by the CCR, Title 9, Division 1, Chapter 14, Section 3200.130, is "the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals." Inherent in the term *full service partnership* is the idea of being *fully served* and providing an integrated service experience.

# Implementation Strategies

## Organizational and Systemic Level

- Recruit a diverse workforce at all levels.
- Develop leadership capacity for employees from diverse groups.
- Ensure that all materials are provided in threshold and other languages, and that an effective and timely system for providing translation services is in place.
- Require contracting agencies to demonstrate a standard of cultural competence in service delivery.
- Collect data on the race and ethnicity of clients to enable systems to identify and resolve disparities.
- Involve target communities in leadership roles in the planning, developing, and implementing of FSP programs.

## Child, Youth and Family Level

- Provide service availability 24 hours a day, 7 days per week. In addition, care must be taken to ensure that crisis services are available in the primary language of the family, or, if this is not possible, that adequate translation services are provided.
- Provide interventions as needed, including responding to crises after hours.
- Develop safety plans early in the engagement process.
- Change the intensity and mix of services as the needs of the child or youth and family change.
- Ensure that the child, youth and family begin as, and remain, integral members of the FSP team.
- Empower children, youth and family members to be more active participants in planning their care.
- Develop programs to assist children, youth and family members in navigating systems of care, such as client navigator and parent partner programs.

## Implementation Strategies (cont'd)

### Child, Youth and Family Level (cont'd)

- Do “whatever it takes.”
- Design interventions that are creative, individualized, and specific, but that do not impede wellness and resiliency building by being too extensive or intrusive.
- Use evidence-based practices. (Refer to Domain #1 Philosophy, Tool: “Use of Evidence-Based Practices.”)

### Provider Level

- Provide opportunities and training for providers to develop:
  - *Knowledge* – Providers must have knowledge about the historical background and cultural worldview of communities served.
  - *Skills* – Providers must have skills in communicating effectively, understanding non-verbal and verbal communication differences, and building rapport in cross-cultural encounters.
  - *Awareness* – Providers must have an awareness of their own cultural experiences and background, and the ways in which these affect their beliefs and values as well as behaviors in the clinical setting.

# Services and Supports Offered

## Purpose

To *fully serve* children, youth and families by providing for some of the most basic needs and coaching or mentoring to promote wellness and resilience.

## Definition

*Services and supports offered* encompass individualized and unique interventions and assistance that are developed according to the specific needs of the child, youth and family, and include traditional and non-traditional methods of providing help.

## Implementation Strategies

- Use FSP funds for non-mental health services and supports in providing resources when traditional mental health funding is inadequate.
- Provide access to community resources and volunteer organizations to assist families in order to meet their basic needs for food, clothing, and shelter on both an as-needed and emergency basis.
- Assist families in gaining access to appropriate and affordable healthcare by establishing partnership with entities such as primary-care providers, neighborhood clinics and other health-care options.
- Aid families in obtaining necessary and affordable medications by helping prescribing physicians understand the needs and limitations of the child, youth and family.
- Assist families in obtaining appropriate housing or short-term flexible spending accounts to assist with housing-related expenses.
- Help parents and caregivers build skills in budgeting, understanding rental or owner agreements, cleaning, basic home repair, and other functions essential to maintaining a fiscally responsible household.
- Assist the family in developing options for respite through use of natural and community supports.
- Advocate on behalf of the child, youth and family. Doing so is particularly important in working with unserved or underserved groups such as ethnic minorities and LGBTQ because these groups often experience discrimination in larger systems. Advocating for equitable and fair treatment may be a critical role for the provider. In addition, the provider may have to advocate for adequate translation services across systems (e.g., legal, educational, child welfare, law enforcement).
- Provide service with the “whatever it takes” approach.

# Reconnecting with Family and Community or Natural Supports

## Purpose

To decrease the child's, youth's and family's need for and dependence on formal systems and supports, and to build resiliency and wellness.

## Definition

*Reconnecting with family and community or natural supports* involves activities that encourage, assist, and enable the child, youth and family to repair and re-establish relationships and support with extended family members. Such relationships can be impaired due to the mental illness of the child or youth, and other difficulties that may affect the family. The role of family in the recovery process also may be a function of the cultural context. For example, for many Native Americans, the treatment of the child, youth and family is often seen as a process involving the entire community.

## Definition (cont'd)

Conversely, in some cultures, seeking help outside of the family may be taboo. Care should be taken to explore the cultural context and identify a level of family or community participation that is both culturally congruent and reflects the wishes of the client and family.

## Implementation Strategies

- Connect the child or youth and family to natural and community supports. Be aware that families may isolate themselves due to fear of disclosing the illness to others in their community.
- Communicate with the family members regarding their fears and experiences in response to the child's or youth's behavioral disturbances.
- Educate members of natural and community support systems to interact and embrace the family without stigma and judgments.
- Encourage the child or youth and family to develop constructive and supportive relationships with natural and community supports.
- Model behaviors that build supports and resiliency for the child, youth and family.
- Be aware of the cultural context when promoting community connections.
- Identify supports that are culturally responsive.
- Identify resources including but not limited to special events, cultural ceremonies, spiritual celebrations, and musical festivals, for any unserved or underserved high risk groups.

# Wraparound Principles

## Purpose

To use wraparound principles as a successful example of FSP principles in action.

## Definition

*Wraparound principles* include family voice and choice, team-based decision making, use of natural supports, collaboration, community-based service, cultural competence, individualized plans, strength-based interventions, persistence, and outcome-based strategies.

“Wraparound service” is further defined by the California Welfare and Institutions Code 18250.(a), which states: “It is the intent of the Legislature that all counties be authorized to provide children with service alternatives to group home care through the development of expanded family-based services programs. “

## Definition (cont'd)

These programs shall include individualized or “wrap-around” services, where services are wrapped around a child living with his or her birth parent, relative, adoptive parent, licensed or certified foster parent, or guardian. The wrap-around services developed under this section shall build on the strengths of each eligible child and family and be tailored to address their unique and changing needs.

## Implementation Strategies

- Elicit the perspective of the child, youth and family intentionally during all phases of treatment.
- Develop a team that consists of individuals agreed upon by the family and that is committed to them through information and formal relationships.
- Seek and encourage full participation of team members who are drawn from the family’s natural supports.
- Share responsibility among all team members for developing, implementing, monitoring, and evaluating the plan.
- Implement services and supports in the most inclusive, accessible, and least restrictive settings possible.
- Respect and build upon values, preferences, beliefs, culture, and identity of the child, youth and family and their community.
- Develop and implement a customized set of strategies, supports, and services.
- Identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, youth and family, their community, and other team members.
- Persist in working toward the goals in the plan, despite challenges, until the team reaches agreement that the goals are achieved or no longer appropriate.
- Tie goals and interventions to observable or measurable indicators of success, monitor progress, and revise the plan accordingly.

# Use of FSP Funds for Non-Mental Health Services and Supports

## Purpose

To understand the Mental Health Services Act California Code of Regulations, Title 9, Section 3620(a)(1)(B), authorizing use of a portion of FSP funds for non-mental health services and supports. These funds are part of an approach to doing “whatever it takes” to help clients achieve their recovery goals.

## Definition

*Use of FSP funds for non-mental health services and supports* is money set aside to assist in paying for resources when traditional mental health funding is inadequate. Programs identify, from the outset, the types of expenses for which they will set aside such funds to ensure optimum use. Because these funds are limited, they must be used for making a critical change that can be self-sustaining without the need for ongoing funds.

## Implementation Strategies

- Identify in the planning process how the FSP funds for non-mental health services and supports will be authorized and used.
- Consider the following key uses for these funds:
  - Moving expenses specific to providing safe, affordable, and adequate living arrangements for the child, youth and family.
  - Transportation to and from services and/or community support opportunities.
  - Child-care costs as necessary to promote participation in treatment.
  - Home improvement projects that promote and/or enhance the safety and adequacy of the living environment of the child, youth and family.
  - Community services expenses that allow the child, youth and family to participate in meaningful community services.
  - Skill-building lessons that enhance the independent living skills of the child, youth and family.
  - Educational expenses that promote the child's or youth's success in school.
  - Medications necessary to assist the child, youth and family in achieving and maintaining mental and physical well-being.
  - Emergency food, shelter, or clothing for children, youth and families experiencing unexpected immediate hardship.
  - Emergency household item purchases for children, youth and families in immediate need.
  - Other expenses that the FSP considers appropriate and are previously approved in the program plan.

# Successful Transitions

## Purpose

To help the family members develop their unique support system to allow for transition from extensive dependency on the FSP to reliance on their natural and community supports, reducing service needs as appropriate.

## Definition

Children, youth and families are said to make *successful transitions* when they are able to move through developmental stages and levels of service, and place increased reliance on natural and community supports with confidence and positive response. Informal and natural supports are personal associations and relationships, typically developed in the community, that enhance the quality of program services.

## Definition (cont'd)

The term “informal and natural supports” refers to the resources inherent in community environments including, but not limited to, family relationships; friendships reflecting the diversity of the neighborhood and the community; fellow caregivers; spiritual, tribal and community leaders; and participation in clubs, organizations, recreation centers, entertainment outings, hobbies, special interests, faith communities, and other civic activities.

## Implementation Strategies

- Assist the child, youth and family in building informal and natural supports on which they can rely in lieu of formal supports as resiliency and wellness is achieved.
- Integrate natural and community supports with formal supports by providing education to the community.
- Create interdependence with the community to support the shift from inter-system care.
- Use the knowledge and experience of parent partners to bridge between service providers and community supports.
- Provide opportunities for meaningful participation in the child’s or youth’s and family’s community of choice.
- Encourage participation in policy groups, civic groups, and advocacy groups to build empowerment.

# Resource Guide

Each of the tools listed below has specific resources that you can locate in the general resource section on pages 78-80. This guide enables you to focus on the pertinent resources linked directly to each tool.

Name of Tool	Resource Number(s)
Child, Youth and Family Shared Decision Making	<a href="#">3</a> , <a href="#">7</a>
Supportive Family Functioning and Living Environments	<a href="#">2</a> , <a href="#">5</a> , <a href="#">7</a>
Successful Education and Meaningful Activities	<a href="#">2</a> , <a href="#">7</a>
Supporting Resiliency in Children and Youth	<a href="#">1</a> , <a href="#">5</a> , <a href="#">8</a>
Building Protective Factors	<a href="#">1</a> , <a href="#">4</a> , <a href="#">5</a> , <a href="#">8</a>
Being Fully Served, Ensuring Integrated Experience	<a href="#">6</a>
Services and Supports Offered	<a href="#">2</a>
Reconnecting with Family and Community or Natural Supports	<a href="#">1</a> , <a href="#">5</a> , <a href="#">8</a>
Wraparound Principles	<a href="#">9</a> , <a href="#">10</a> , <a href="#">11</a> , <a href="#">12</a> , <a href="#">13</a>
Use of FSP Funds for Non-Mental Health Services and Supports	<a href="#">2</a>
Successful Transitions	<a href="#">1</a> , <a href="#">5</a> , <a href="#">8</a>

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# Resources

## ✓ Articles:

1. Bernard, B. (1991). Fostering resiliency in kids: Protective factors in the family, school, and community. Retrieved from <http://hopeworks.org/formation/documents/FosteringResiliency.pdf>
2. California Department of Mental Health (DMH). (2005). Vision statement and guiding principles for DMH implementation of the Mental Health Services Act. Retrieved from [http://www.dmh.ca.gov/Prop\\_63/MHSA/docs/Vision\\_and\\_Guiding\\_Principles\\_2-16-05.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/docs/Vision_and_Guiding_Principles_2-16-05.pdf)
3. Eber, L., Hyde, K., Rose, J., Breen, K., McDonald, D., & Lewandowski, H. (In press). Wraparound service and positive behavior support. Extracted from Chapter 27: Completing the continuum of schoolwide positive behavior support: Wraparound as a tertiary-level intervention. In W. Sailor, G. Dunlap, G. Sugai, R. Horner (Eds.), *Handbook of positive behavior supports* & 'Wraparound: Description and case example' by Eber, L. (2005) in George Sugai & Rob Horner (Eds.), *Encyclopedia of behavior modification and cognitive behavior therapy: Educational applications*, (pp. 1601–1605). Retrieved from: [http://www.pbis.org/school/tertiary\\_level/wraparound.aspx](http://www.pbis.org/school/tertiary_level/wraparound.aspx)

## Resources (cont'd)

### ✓ Articles (cont'd):

4. Meichenbaum, D. Understanding resilience in children and adults: Implications for prevention and interventions. Retrieved from <http://www.melissainstitute.org/documents/resilienceinchildren.pdf>
5. National Network for Family Resiliency, Youth and Families Network, CSREES, USDA. (1995). Family resiliency: Building strengths to meet life's challenges. Retrieved from: <http://www.extension.iastate.edu/Publications/EDC53.pdf>
6. The California Department of Mental Health. (Letter on August 1, 2005). MHS Community Services and Supports (CSS) Plan three-year program and expenditure plan requirements. Retrieved from <http://www.dmh.ca.gov/DMHDocs/docs/letters05/05-05CSS.pdf>
7. VanDenBerg, J., Osher, T., Lourie, I. Child, adolescent, and family issues: Team-based planning and the wraparound process. Retrieved from: <http://www.psych.uic.edu/uicnrtc/cmhs/pcp.paper.youth-family.doc>

### ✓ Book:

8. Fraser, M. (Ed.). (1997). *Risk and resilience in childhood: An ecological perspective*. Washington, DC: NASW Press.

## Resources (cont'd)

### ✓ Websites:

9. Blueprints for Violence Prevention:  
<http://www.colorado.edu/cspv/blueprints/index.html>
10. National Wraparound Initiative: <http://www.nwi.pdx.edu/>
11. Office of Juvenile Justice and Delinquency Prevention:  
<http://www.ojjdp.gov/mpg/>
12. SAMHSA Guide to Evidence-Based Practice:  
<http://www.samhsa.gov/ebpWebGuide/index.asp>
13. The California Evidence-Based Clearing House for Child Welfare:  
<http://www.cachildwelfareclearinghouse.org>

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# Domain #3

## Team Structure

The *Team Structure* domain discusses how Child, Youth and Family FSP teams are composed, and describes the structure to ensure they are successful. Team member roles and service approaches are explained.

# Child, Youth and Family Staff Ratio

## Purpose

The purpose of this tool is to guide providers in developing programs and strategies that ensure appropriate resources to meet the core principles of FSPs.

## Definition

The term *child, youth and family staff ratio* refers to determination of appropriate levels of staffing to ensure caseload accommodation while expecting the need for flexibility of service duration.

## Implementation Strategies

- Determine caseloads using the following considerations:
  - Staffing availability
  - Caseload acuity and need
  - Prescribed caseloads within evidence-based practices used
  - Necessary caseloads to meet expected outcomes
  - Primary language (often the provision of care to a non-English speaking family requires extra time due to translation services or more difficulty identifying and accessing ancillary services)
- Maintain flexibility to adjust caseloads as necessary and appropriate.
- Consider these most common caseload ratios:
  - 1:10 (average)
  - 1:15 (maximum)

# Designing Multidisciplinary Team Structure – Role of Parent Partners, Natural Supports, and Community Collaboration

## Purpose

To facilitate the identification of meaningful goals from the child, youth and the family in a collaborative process.

## Definition

*Designing multidisciplinary team structure* means developing a team that includes, in addition to the child, youth and family, as many of the following as possible: a psychiatrist, a mental health clinician, a rehabilitation specialist, a case manager, an educational advocate, a parent partner or family advocate, social support member(s), peer mentors, culturally defined healers, community or tribal leaders, and/or spiritual leaders.

## Implementation Strategies

- Develop and implement the role of parent partners and advocates who can share their experiential knowledge and skills of navigating the system. Parent partners ideally come from the same community as the child, youth or family, and can help identify culturally relevant resources and bilingual resources.
- Engage informal or natural supports – personal associations and relationships typically developed in the community that enhance the quality of program services.
- Develop community collaborations through educating and building the community as an adjunct to the full service partnership.

# Team Meeting Structure and Process

## Purpose

To use a consistent and effective team meeting structure and process to provide consistency of communication.

## Definition

*Team meeting structure and process* involve developing a formal approach to assembling the multi-disciplinary team frequently and consistently to direct the service delivery on a day-to-day, week-to-week basis.

## Implementation Strategies

- Hold team meetings with a level of frequency that ensures meaningful participation of all team members as appropriate and necessary.
- Ensure fidelity of evidence-based practices through the use of appropriate meeting protocols.
- Consider the following team meeting topics:
  - Review of progress and issues since last team meeting
  - Level of acuity
  - Interventions and activities planned until the next team meeting
  - Discussion of medication and health needs
  - Crisis planning and after-hour service needs
  - Review of treatment plan goals
  - Identification of natural and informal supports
- Use team meetings as the connector of case communication and to foster an ongoing team process outside of the team meeting.

# Team Service Approach

## Purpose

To translate the FSP philosophy into day-to-day operations so providers and team members understand how to accomplish this each step of the way.

## Definition

The term *team service approach* means development of a formal and consistent approach to team functioning by ensuring that each team member has knowledge of basic philosophy of FSPs, and carries out the agreed-upon service delivery model in all aspects of service.

## Implementation Strategies

- Provide services that are child-, youth- and family-directed and culturally relevant.
- Take into account the cultural values, beliefs, roles, expectations, decision-making practices, and communication style of the family.
- Be available to the child, youth and family as appropriate to their service needs.
- Provide intensive services and supports when needed.
- Give considerable personal attention to the child, youth and/or family member.
- Respond to the needs of the child, youth and family 24 hours a day, 7 days a week, and be prepared to offer crisis intervention on demand.
- Assign team members known to the child, youth and/or family members to respond to their needs after normal working hours.
- Focus services on psychosocial rehabilitation and resiliency principles.
- Provide “extensive mental health service” by including a case manager and a multidisciplinary treatment team.
- Create personalized treatment plans.
- Make appropriate referrals.
- Develop a support system consisting of friends, family (natural and community supports) through which children and youth can engage in meaningful belonging and participation in their chosen community.

# Opportunities for Children's or Youth's and Families' Input into Program Operations, Policies, and Procedures

## Purpose

To help the child, youth and family voice their specific program needs by honoring their requests and ideas about the FSP program and/or service system as a whole.

## Definition

Creation of *opportunities for children's, youth's and families' input into program operations, policies and procedures* results from encouraging them to participate in worthwhile activities and to become decision makers in setting policy, developing programs, and ensuring quality management.

## Implementation Strategies

- Develop advisory boards and invite participation.
- Include roles for children, youth and family members on agency boards.
- Engage in targeted efforts to recruit ethnic and cultural minority clients and family members to serve on decision-making bodies.
- Develop program quality assurance committees and processes that include family members in meaningful activities, including evaluating programming and services and assisting in policy development.
- Conduct surveys and create other mechanisms that allow families to make suggestions about programs, with assurance of consideration through formal processes.
- Offer venues for communicating changes, decisions, and policies made in response to the suggestions of children, youth and families.
- Identify and support opportunities for children, youth and families to become involved in community activities that are meaningful and culturally appropriate, and that support wellness and resilience.

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## Resource Guide

Each of the tools listed below has specific resources that you can locate in the general resource section on pages 93. This guide enables you to focus on the pertinent resources linked directly to each tool.

Name of Tool	Resource Number(s)
Child or Youth and Family Staff Ratio	<a href="#">2</a> , <a href="#">3</a>
Designing Multidisciplinary Team Structure – Role of Parent Partners, Natural Supports and Community Collaboration	<a href="#">1</a> , <a href="#">2</a> , <a href="#">3</a>
Team Meeting Structure and Process	<a href="#">1</a> , <a href="#">2</a> , <a href="#">3</a>
Team Service Approach	<a href="#">1</a> , <a href="#">2</a> , <a href="#">3</a>
Opportunities for Children’s or Youth’s and Families’ Input into Program Operations, Policies, and Procedures	<a href="#">1</a> , <a href="#">2</a> , <a href="#">3</a>

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# Resources

## ✓ Article:

1. VanDenBerg, J., Osher, T., Lourie, I. Child, adolescent, and family issues: Team-based planning and the wraparound process. Retrieved from <http://www.psych.uic.edu/uicnrtc/cmhs/pcp.paper.youth-family.doc>

## ✓ Handbook:

2. Miles, P., Bruns, E. J., Osher, T. W., Walker, J. S., & National Wraparound Initiative Advisory Group. (2006). *The wraparound process user's guide: A handbook for families*. Portland, OR: National Wraparound Initiative, Research, and Training Center on Family Support and Children's Mental Health, Portland State University. Retrieved from [http://www.nwi.pdx.edu/pdf/Wraparound\\_Family\\_Guide.pdf](http://www.nwi.pdx.edu/pdf/Wraparound_Family_Guide.pdf)

## ✓ Website:

3. National Wraparound Initiative: <http://www.nwi.pdx.edu/>

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## Domain #4

# Community Functioning and Supported Living Environments

The *Community Functioning and Supported Living Environments* domain describes how FSP programs support and assist children, youth and families in using the resources available to them and creating and sustaining environments that foster the success of the child, youth and family.

# Rapid Access to Housing

## Purpose

To meet the need for assistance, ranging from providing emergency shelter needs to improving an existing living environment, in order to make it safe and conducive to wellness and resilience.

## Definition

*Rapid access to housing* refers to assisting the family in securing appropriate living environments. FSPs are not housing programs, but providing “whatever it takes” services can include helping families quickly find affordable temporary and permanent housing. In addition to financial assistance, the FSP team is prepared to make referrals to community resources for housing and supported living assistance with which it is familiar.

## Implementation Strategies

- Make referrals to shelters that best meet the family's immediate need. Take into account neighborhood safety issues, the primary language of the child or youth, respect of sexual identity, and means to keep extended family members together when culturally congruent.
- Provide temporary financial assistance for rent, security deposits, and other necessary expenditures.
- Assist in navigating legal and social services.
- Connect families to community resources that offer assistance with rent, utilities, food, and other living expenses, and that assist families as well as children and youth.
- Assist the family in establishing a household, and obtaining furniture, appliances and other household items through financial assistance or solicitation of donations.
- Create safe play spaces the child, youth and family can use.
- Help the child, youth and family to develop and refine skills in cooking, cleaning, budgeting, decorating, basic home maintenance, and other functions that enable maintenance of a safe and successful home.
- Help gain access to low-cost or no-cost housing alternatives and/or housing assistance programs.
- Fund skill-building classes or lessons to assist the family in maintaining a successful living environment.
- Provide other specific traditional or non-traditional supports that promote safe and welcoming home environments for the child, youth and family.

# Supportive Living Environments

## Purpose

To help the child, youth and family achieve self-sufficiency over a lifetime.

## Definition

*Supportive living environments* are settings that model actions to promote and sustain self-sufficiency.

## Implementation Strategies

- Model a supportive living environment by:
  - Identifying and using opportunities that promote wellness and resilience and that increase assurance that opportunities will be repeated and sustained over time throughout the family
  - Celebrating individual successes of the parents and individual family members
  - Bringing attention to positive changes within the family
  - Accepting the child, youth and family at their present stage of development, and then support movement at a pace that is reasonable and safe for them
  - Encouraging behaviors that promote healthy living, including nutritional diet, exercise, and rest and relaxation
  - Gaining access to and taking advantage of adequate medical care
  - Helping families reconnect with their cultural heritage, and with cultural and ethnic supports within the community
  - Accessing and using psychological assessment and services for all family members in need
  - Engaging support and services, when necessary, for parents and family members experiencing PTSD
  - Helping families navigate acculturation obstacles
  - Partnering with school personnel to enhance academic success
  - Creating and participating in positive, culturally relevant rituals and traditions
  - Helping clients develop competency in general life skills and coping skills
  - Encouraging clients to connect or reconnect with extended families and communities of choice
  - Inviting clients to participate in community events
  - Identifying and using natural and community supports

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# Resource Guide

Each of the tools listed below has specific resources that you can locate in the general resource section on page 100. This guide enables you to focus on the pertinent resources linked directly to each tool.

Name of Tool	Resource Number(s)
Rapid Access to Housing	<a href="#">2</a>
Supported Living Environments	<a href="#">1</a> <a href="#">2</a>

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# Resources

## ✓ Handbook:

1. Miles, P., Bruns, E. J., Osher, T. W., Walker, J. S., & National Wraparound Initiative Advisory Group. (2006). *The wraparound process user's guide: A handbook for families*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Retrieved from [http://www.nwi.pdx.edu/pdf/Wraparound\\_Family\\_Guide.pdf](http://www.nwi.pdx.edu/pdf/Wraparound_Family_Guide.pdf)

## ✓ Website:

2. Mental Health Services Act – 2010 Updates:  
[http://www.dmh.ca.gov/prop\\_63/mhsa/default.asp](http://www.dmh.ca.gov/prop_63/mhsa/default.asp)