York County Family Engagement Opportunities					
	Family Group Decision Making *Human Services*	**Family Team Meetings** *Human Services*	**CASSP** **Child & Adolescent Service System Program** *Human Services*	**Joint Planning Team** *Service Access Management (SAM)*	**Integrated Practice Team** *Children's Home of York (CHOY)*
Purpose	Evidenced- based model that gives authority to and empowers families by allowing them to have primary role in creating plans that provide for the safety, well-being and permanency of their family.	To create a team of family members, natural supports, and service providers to develop an immediate plan with the primary goal of preventing further agency or court action. The action plans should address safety, well- being and permanency.	CASSP serves as a bridge between service providers and families to navigate and manage multi-systems across York County to meet the moderate-to-severe physical, emotional, behavioral and mental health needs of children and adolescents. . (CASSP is not an Individualized Education Program (IEP) meeting nor a truancy elimination meeting).	A system of activities and coordination of effort designed to help families, children, and youths with complex behavioral healthcare needs, or persistent truancy issues. A longer-term model of family engagement.	The IPT is a family centered, strengths based, team approach of community partners aimed to review innovative solutions to family needs in order to develop an action plan with the objective of keeping the child safely in the home.
Goal of Meeting(s)	To empower the family to be the primary decision makers so they will create and invest in a plan towards positive change.	To work collaboratively as a team to create immediate action plans. The family is viewed as full, participating team members.	To develop and coordinate a plan of care for children and adolescents with **moderate to severe** emotional, mental health or behavioral issues.	To support families in developing an individualized care program to address a child's behavioral health needs and to restore a child to developmentally appropriate levels of functioning.	To develop a comprehensive action plan with the intent of keeping children safely in the home. This model provides direct follow-up support to family and service providers.
Distinctive Element	Family driven, with comprehensive preparation prior to the conference. Family has time alone at the conference to discuss the information shared and create a plan that will work for them. Available to the community without agency involvement.	Quicker coordination time when a critical decision needs to be made. It is team driven and seeks a consensus from the team regarding the safety, permanency, and well-being of the child (including truancy). It is a strength based, solution focused meeting with straight talk about concerns. Critical questions are asked and answered by family and professionals.	A MH/IDD worker will be invited to a CASSP meeting if case management is needed. Services are least restrictive and least intrusive as possible. CASSP focuses on the moderate to severe mental, behavioral, or physical health needs of the youth.	Four distinct phases: engagement, planning, implementation, and transition. Focuses on priority needs and self-efficacy. Includes both a family and a youth support partner to assist the family as needed.	Community partners and families discuss new or alternative solutions to help meet the needs of the families. The process includes the pre-meeting coordination of partners who have been involved with the case as well as identifying potential new partners. An Assistant follows up on goal completion and updates partners after the meeting.
Decision Responsibility	Families are the primary decision-makers.	The team is often more capable of creative and effective decision making than an individual acting alone during critical periods and transitions.	Family is recognized as the primary support system. Family members will be included in decisions regarding the child.	Family has a voice and a choice in the planning and goals. Parent/peer supports regularly check in with family to redefine goals as progress is made.	Carrying out the plan is the responsibility of all who attend the IPT meeting. The family is strongly encouraged to attend and is key to the development of the plan; however, in the event the family is unable to attend, the meeting can still occur.

	FGDM	FTM	CASSP	JPT	IPT
Team Members	Family determines who should participate in the conference.	The team includes family members, natural supports, community partners, stakeholders and service providers. (note: teams will change as the family changes).	Services are planned in collaboration with all of the child-serving systems involved in a child's life.	The team includes family, natural supports, facilitator, family support partner, youth support partner, and service providers.	Family, community service providers, and natural supports.
After meeting Responsibilities	Family meets again with service providers /FGDM coordinator for post-conference within 60 days of the conference. Family incorporates "monitors" in their planning to ensure tasks are being completed, and are responsible to follow up with family monitors to ensure task completion. Follow up calls from coordinator to family 6 months and 12months after conference.	Caseworker and family monitors, supports, and completes tasks assigned on the plan.	CASSP Coordinator provides follow up contact to ensure the service plan is implemented and working.	Caseworker attends monthly meetings as long as the case is open and supports the family in their planning.	The IPT assistant is responsible for following up with team members that have been assigned specific tasks, as well as updating team members upon completion. Follow up will occur as necessary, typically at 30, 60, and 90 days following the meeting.
Referral process	Referrals are completed and submitted with a service authorization (if applicable) to the Family Engagement Unit. Verbal consent with a witness, or signed consent from a parent, guardian, or youth 14 and older.	Referrals are completed and submitted with a service authorization (if applicable) to the Family Engagement Unit. Verbal consent with a witness, or signed consent from a parent, guardian, or youth 14 and older.	Referral is completed and signed release of information form with family is submitted to Family Engagement Unit. Release must be signed by a parent/guardian and youth if age 14 or older.	Psychological/ Psychiatric with a diagnosis. Send referral to York County Human Services. JPT review team will review referral with referring worker before acceptance.	Case Workers from CYF, MH/IDD, EI, JPO, and staff at Hannah Penn k-8 may submit referrals to the Children's Home of York Integrated Practice Team (via ipt@choyork.org, fax, or phone).
Who or when to refer	Any family that needs to develop a plan to address challenges, concerns, or goals by focusing and utilizing their strengths. Families who are able to come together safely. **Least restrictive practice; should be used most often**.	A referral is made when there is an immediate and critical decision needed regarding placement or safety. Referrals can be made when the family needs team planning for positive outcomes. **Refer when FGDM criteria cannot be appropriately met.**	Any child from birth to 21 years old receiving or in need of multiple services. **Refer when FGDM/FTM criteria cannot be appropriately met.**	Families with complex behavioral health and/or truancy needs. **Multi-dimensional issues exist or have been recurring, and prior interventions may not have been sustainable.**	Referral can be made in cases of abuse or neglect of a child, parental/caregiver substance use, housing issues, domestic violence, mental/behavioral concerns of the child, parent, or caregiver, or lockout cases.
Preparation/Duration	Coordinator meets individually with each participant in preparation for the conference. Conferences take approximately 2-4 weeks to coordinate. A conference is on average 2 ½ hours long. A post- conference is approx. ½ - 1 hour long.	Caseworker informs the family of the meeting and gains their availability. The facilitator and caseworker coordinate meeting ensuring meeting time be conducive to the schedules of the most vital participants. Duration of meeting is approximately 1 – 1 ½ hours long.	CASSP meetings take approximately 1-2 weeks to coordinate. Duration of meeting is typically 1 hour long.	Family & service providers meet once a month for about 6-18 months based on the family's need. Family Support Partner and Youth Support Partner meet individually with family more often.	An IPT assistant coordinates the meeting date and time with the family. Once date and time have been established, an invitation is made to all pertinent community partners. Meetings are scheduled within 72 hours and typically occur within two weeks. Meetings can happen within 24 hours of referral in the case of an emergency situation.