



**2011-2012**  
**Community Based Services - Ventura**  
**Practicum Training**

**Casa Pacifica**  
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## Information on Community Based Services (CBS-Ventura)

### Focus on the Positive

The focus of CBS is on strengths rather than on pathology; on wellness rather than illness; on the whole person — including that person's assets — not merely the liabilities of their symptomatology. Moreover, in this model, clients are viewed as consumers and play a more active role in determining their goals and the means of achieving them. Within the limits of the clients' capacities and of our resources, and without sacrificing our professional responsibility, it is now the client and/or family who "drives" the system.

There are two main components to the work with Consumers: skill building and environmental resource development, meaning linking Consumers with resources in the community and helping them to make the best use of them. The major intent is to assist youth to maintain home placement with the family, or, if that is not possible, then to maintain placement in the least restrictive environment possible.

Another aspect of our model is that we work with the entire family rather than merely with one person (i.e., we do not endorse the identified patient approach.) In recognition of the critical role family members play, family participation is encouraged and respected. Also included are others in the client's support group (known as natural supports). Still another aspect to our work is in the length and continuity of services: whereas previously clients might remain in individual or group therapy for long periods of time, often many years, the emphasis now is on shorter periods of contact, but with more flexibility in providing service on an as-needed basis. Finally, we take services to where our clients are – their homes, schools, community centers, or even, with homeless clients, to parks or parking lots.



*Mission: We provide hope and help to abused, neglected,  
and at-risk children and their families.*

*Values: Respect – Integrity – Courage – Compassion*

# An Overview of the Program: Wraparound

## Program Philosophy

Casa Pacifica has been the sole Wraparound provider in Ventura County since fiscal year 2003-04. This unique opportunity has afforded the program and staff the ability to specialize in the acute and diverse needs of Wraparound families while ensuring that the philosophy and principles permeate every part of the program. This has been done through intensive training of our staff as well as ongoing collaboration with county partners, community based organizations, natural support systems and the constant implementation of family centered, culturally sensitive practices.



As the Wraparound Process has become more standardized throughout the state and country, researchers with the National Wraparound Initiative have defined the Ten Principles of the Wraparound Process. Casa Pacifica is committed to implementing these Ten Principles of Wraparound, not only in our Wraparound programs, but throughout our entire agency.

Wraparound, as a planning process, follows a series of steps aimed to assist the family in reaching stability, success, and self-sufficiency while promoting, developing and coordinating the use of community and natural supports. The goal of our program is to provide the supports, services, and resources for the youth and family so that once the Wraparound team is no longer in the family's life, the family will be able to continue getting their needs met. While the process may look completely different from family to family, all families follow the same four phases:

## Wraparound Process Engagement (1-3 weeks)

Engagement begins with the initial call from the Family Facilitator to the family within 48 hours of the youth being accepted by the Wraparound Review Committee (WRC). The Family Facilitator coordinates the initial meeting, referred to as the Meet and Greet. All meetings are coordinated based on the family's preference for location, date and time. During the first week of engagement, the Family Facilitator contacts the referring party to gather relevant information and invite their participation in the Meet and Greet and subsequent Child and Family Team (CFT) meetings. The Meet and Greet, most often attended by all the Wraparound team members (Family Facilitator, Parent Partner, and Family Specialist and a County Partner) serves the opportunity to establish rapport, discover information about family and individual strengths, potential needs and safety or crisis situations, family values and potential family or friends to be included on the CFT. The initial Meet and Greet meeting is also the time when intake paperwork is completed. If there are eminent safety issues in the home, an emergency Safety and Crisis plan is developed immediately. Above all, the Engagement phase serves to establish a relationship with the youth and family to facilitate a smooth process going forward.

## Plan Development (1-3 weeks)

The Plan Development stage consists of planning for potential safety and crisis issues as well as developing the family's Plan of Care and Mission Statement.

## Safety and Crisis Plan

For each family involved in the Wraparound process, an individualized Safety and Crisis Plan is developed within 30 days and this plan addresses both PROACTIVE and REACTIVE plans. In addition, as part of our collaboration with the Children's Intensive Response Team (CIRT), a representative may be invited to attend and participate in addressing the safety or anticipated crisis needs. All Safety and Crisis Plans include contact information for natural supports that can assist with safety

or crisis situations as well for local crisis support (i.e., CIRT) and the phone numbers for all team members including Wraparound staff. The family is reminded that they have access to their Wraparound team members 24 hours a day/7 days a week to provide intervention, case management and ensure they have the support they need to deescalate potential safety and crisis situations. Safety and Crisis Plans are revised throughout the process, particularly as unanticipated safety or crisis issues arise.

## **Plan of Care**

An individualized Plan of Care (POC) is developed for each family within the first 60 days. This POC is constantly implemented and revised as the needs of the youth and family change and priorities shift, thus making it a living document. The POC serves as a “roadmap” for the CFT to meeting the family’s needs and achieving their goals. The POC is comprised of twelve established “Life Domains.” After identifying the various areas of needs (including court mandates), the team prioritizes those needs, develops strength based action plans to meet them, and assigns who will be responsible for following through with the plans. The strategies developed include natural supports, community resources and CFT members. Families are the primary drivers of decision making in planning, delivery and evaluation of their POC. The youth and family’s signatures as well as those of the other CFT members appear on all Plans of Care.

## **Mission Statement**

In creating the POC, the family, with the help of the CFT, also comes up with a Mission Statement that captures the vision of the family for their future and definition of success that indicates they have completed the Wraparound process.

## **Plan Implementation (9-18 months: timeline determined by the extent of the family’s needs)**

Plan Implementation is the “action” phase of Wraparound. After the POC has been developed, the CFT is engaged in following through on action items, strategies, and interventions that have been discussed. The CFT meets as frequently as the family needs to review what is working for the family, share any good news, continue to discover and inventory strengths, follow up on completed or in progress action items, incorporate new family needs into the POC, coordinate new community and natural support involvement, and adjust strategies that are not working. When a strategy using the support of Wraparound staff or other formal supports is identified to meet a specific need, the CFT is constantly looking at how the need will be met in the future using natural supports and community resources. As determined by the CFT, Family Specialists and Parent Partners meet individually with the youth and caregiver throughout the week. Each CFT meeting is documented via Child and Family Team meeting minutes that are completed in the meeting and signed by all team members present. In addition to summarizing the content of the CFT meeting, the meeting minutes also document any attempts to link the family to natural and community supports as well as identifying the family’s on-call staff for the weekend. Copies are made and distributed to CFT including referring parties regularly.

## **Transition (2-6 months)**

Transitions are constantly taking place throughout the Wraparound process. When the family reaches a point where they have met their POC goals and feel they have enough supports and resources in place to meet current and future needs, graduation discussions begin and completion of the Wraparound process takes place with the support of the referring party. During the transition process towards graduation, the youth and their family are provided with copies of all plans and interventions used during the process, Safety and Crisis plans are updated, and procedures for reaching out to the supports in the event that the CFT needs to re-convene or Wraparound services need to restart. If they choose, youth and families are provided with a resource book offering additional community resources outside of those resources utilized during the process and individualized to family needs. The entire CFT, including the referring party is engaged in graduation. Upon case closing, a discharge review is presented to the WRC by the Family Facilitator and other available team members.

## **Closing a Case**

When closing a case, the Wraparound team discusses potential graduations/ discharges with the WRC team. This discussion includes a brief history of presenting problems and needs at the time of referral, interventions used during the process, the

family's response, progress, successes, community resources that have been used, and informal supports that were developed to help support the family's progress. The family's current needs and a transition/relapse prevention plan are discussed. All collaborating service providers including HSA, VCBH, Probation, SELPA, and the parent representative participate in the discussion of the post-discharge plan, which has included three months follow up that take place through face-to-face visits or via phone.

Wraparound has a no reject, no eject policy. The Wraparound program never rejects or expels a youth and their family from the program and does not ask families to leave the program. Only the family, the referring party, or the WRC may close a case. If a family leaves Wraparound for whatever reason, every effort is made to connect the family to beneficial services. Examples of this have included participating in Team Decision Making (TDM), Treatment Team (TTM), and Coordinated Assessment Response Team (CART) meetings or helping a referring party identify appropriate living situations for the youth, relative caregivers, respite support, psychiatric assistance, drug and alcohol prevention and treatment resources, counseling, medical care, parenting skills, educational advocacy, support groups, and other community resources as indicated by the youth and family's needs.

## Wraparound Collaboration and Communication

Casa Pacifica and its Wraparound programs prides itself in seeking out, maintaining, and maximizing collaborations with referring agencies, county partners, schools, community based organizations, and other Casa Pacifica programs. We believe that by collaborating throughout the county, we are best equipped to assist the families whom we serve to best get their needs met.

Collaboration begins with the Wraparound Review Committee (WRC) comprised of representatives from HSA, VCBH, Probation, SELPA, and the parent representative. The WRC team meets the second and fourth Monday of each month to screen referrals, agree on enrollments and discharges, review Safety and Crisis Plans as well as Plans of Care, monitor progress toward family goals, and provide guidance and suggestions as needed for families with unique needs.

Referrals to the Wraparound Program come through four gateway sources – HSA (Family Maintenance, Family Reunification, and Permanency Planning), VCBH (for youth under Chapter 26.5), Probation (both formal and informal), and the Adoption Assistance Program (AAP). Through the referral process, commitment by the WRC for all youth and their families begins in that all youth are considered 'shared' by all referring parties and the provider. Should a family be identified by a referring party as benefitting from meeting with a representative of the Wraparound team prior to the referral and a request is made, this will be facilitated to support the youth and family.

After each CFT meeting, the CFT meeting minutes are sent to each family's referring party and the members of their CFT. In addition, members of the WRC team are routinely updated on each family's progress. Informal communication and coordination of care happens continually throughout the Wraparound process. Wraparound team members communicate with each other, the family, and referring party and other members of the CFT as needed to assure completion of the tasks listed in the Plan of Care. Additionally, the Family Facilitator actively follows-up with team members about their success/progress on assigned tasks to ensure that the process keeps moving forward.

As we work with youth and families, one of the most important elements of successful implementation of the Wraparound process and achieving positive outcomes is the development of community resources and natural supports that can be useful to the family long after formal support and professional intervention has ended. This process is based entirely on the spirit of maximizing partnerships and cooperation with other programs within Ventura County. All Casa Pacifica Community Based Services maintain a current central database of available and pertinent resources that can be accessed for the families.

Resources are available to the Wraparound team through our current database and provide support for the families in areas such as:

- Educational Supports (including tutoring)

- Food Banks
- Homeless Shelters and Programs
- Low Cost Childcare
- Low Cost Counseling Services
- Low Income Housing
- Mental Health Support Groups
- Parenting Resources
- Special Needs Services
- Youth Advocacy (including mentors)

If resources needed by the family are not currently available in the database, the Wraparound Team will do research to find the appropriate resources for the family in the community to support the identified need. Individual team members may also develop and share resources that they obtain in the community with the rest of the Wraparound team.

Additionally, where there are needs identified within the community where we cannot seem to locate appropriate resources, we develop that resource for the family. Examples of this include ensuring the youth and their families have access to the Youth Advocates, even if they have not resided in our residential programs, and, most notably, when our team saw the trend that a high percentage of youth who were not doing well were those with substance abuse issues, the Matrix Model Substance Abuse Group was developed specifically for Wraparound youth.

The family's cultural needs are also taken into consideration as we work collaboratively with our community partners. This can be done by providing translators for the family, bilingual teams, helping the family find community supports that cater to the family's culture, seeking out community activities/events that support the family's culture, and ensuring that all interventions, supports, and resources provided to the family by the Wraparound team fit within the family's value system and culture. Families are taught to develop and apply desired and needed competencies in areas that include: life-skills; positive parenting and child rearing; managing a household; communication and maintaining interpersonal relationships; decision making; using appropriate methods of discipline; managing and coping with mood and behavior problems; and, collaborating effectively with children's child care providers or schools.

## Wraparound Youth and Out of County Support

The support we can provide and commitment we have for our youth expand our Ventura County limits. Currently, we have one youth who has been residing in a different county and have worked cooperatively for the past 3 years with the provider agency, the referring party, and the referring agency to establish an agreement of services and payment, set protocols and guidelines as to who is responsible for what duties as they relate to this youth, and maintain oversight of the case. This experience has positioned us well to continue locating providers outside of 25 miles of Ventura County limits to meet the needs of Ventura County youth reuniting with family/caregivers in other counties. Additionally, we are prepared to work with youth and families living within 25 miles of the Ventura County limits. In the true spirit of Wraparound, we will do "Whatever it Takes" to ensure the stability and success of youth referred to our program.

- The program and services must be client-centered and client-driven, incorporating family voice and choice.
- Services should be competency-based with a focus on skills building (for skill deficits).
- The emphasis is on client strengths; the aim is to help the individual work toward lessening barriers to functioning in school, home, and friendship circles.
- Interventions should be efficient, timely and cost effective. This implies time-limited,
- Problem/solution-focused interventions.
- Linkage and referrals to other agencies and programs must be made.

# An Overview of the Program: Children's Intensive Response Team (CIRT)

## Provider mission

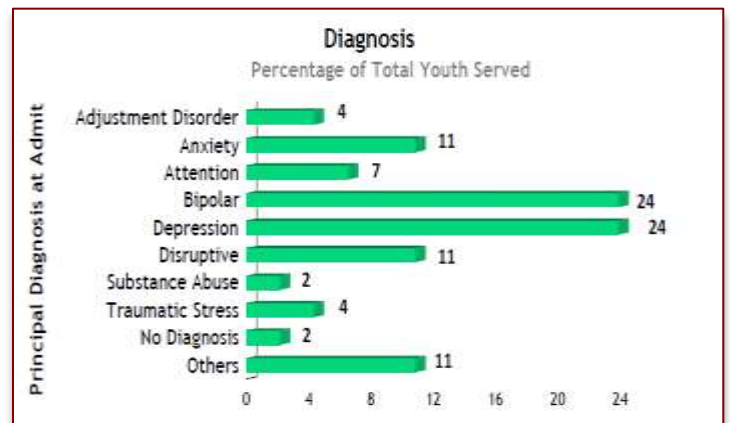
To provide hope and help for abused, neglected, or at-risk children and families.

## Program goals

The goal of the **Children's Intensive Response Team (CIRT)** Program is to keep the youth of Ventura County in the community in the least restrictive setting possible and reduce hospitalizations and the use of other public resources. CIRT strives to achieve this goal by supporting families during crisis situations, by restoring safety in the home, by developing safety and family recovery plans, and by providing linkage to appropriate mental health services, thereby reducing the frequency and intensity of future crises. By working in collaboration with the child's existing treatment team, our program's goal is to prevent psychiatric hospitalization, detention in juvenile detention facilities or placement in out-of-county facilities, and to provide linkage to appropriate mental health services, thereby preserving families as well as community.

## Description of services/activities<sup>1</sup>

CIRT staff are available by phone for children/youth in crisis 24 hours/day, seven days/week. Many calls are placed to the hotline that do not require a face to face response. Often callers need information or resources and are then linked to appropriate services, or de-escalation is provided. Often phone de-escalation is sufficient. It is then determined collaboratively between caller and CIRT staff if a follow up appointment is needed. If the client cannot deescalate then CIRT will respond to the home, school, etc. and request that the parent/legal guardian is present. Staff will be available to respond to a crisis in person usually within 60 minutes. Services are provided irrespective of insurance availability or ability to pay. The program's objective is to provide quick and accessible crisis services to families by providing specialized crisis intervention, in-home support and linkage to county mental health services. CIRT services can be accessed for the purpose of immediate crisis intervention or for initiating 30 day proactive services.



## An Overview of the Program: Kindle Family Finding

### Program Philosophy

The goal of Kindle Family Connections is to reconnect children with their families, heal their emotional trauma, and reestablish relationships based on trust, love, and permanence. Kindle integrates intensive family finding and engagement services with an attachment therapy component, so that family relationship can be developed, strengthened, and supported while addressing a child's early history of attachment loss or disruption.



<sup>1</sup> July 2011 call data

Kindle Family Connections provides children with an understanding of their own personal narrative, expands their network of emotional connections, and enables youths to achieve higher levels of stability and readiness as they approach adulthood.

## Description of Services/Activities

The mission of the Kindle program is to reconnect children with their families, heal their emotional trauma, and reestablish relationships based on trust, love and permanence. The program philosophy is to do all that we can do to help each child develop at least one permanent connection with a stable and supportive adult.

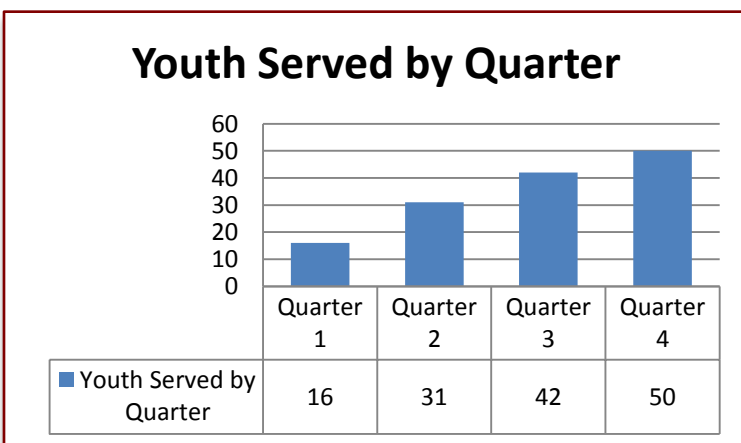
The Kindle program works closely with social workers of Ventura County Human Services Agency, probation and Ventura County clinicians to elicit program referrals. Appropriate referrals are youth of any age with little to no family connections who would benefit from an expanded network of stable and supportive adults in their life. Youth must be willing to participate in the program.

We start by asking the youth about current family relationships to determine goals and desires for family connections in addition to collecting data on family history from social worker and court records. A comprehensive planning process addresses strengths, needs, and goals for the youth and family.

Once family members are identified and located, family team meetings are held to begin the process of engaging the family members and integrating them into the youth's life.<sup>2</sup>

Ongoing communication with the social worker/clinician/probation officer to communicate case progress, discuss case planning, and obtain appropriate consents for family contact with youth is actively done for each youth. The caseworker coordinates with the program manager at least twice a month and more often as needed and attends regular case conferences with other team members such as social worker, clinician, CASA member, foster parent or cottage staff, teacher, and medical staff.

Kindle staff use tools such as a life book, mobility map, and family tree to help a youth develop an understating of his or her personal and family history. These are used therapeutically to help guide the sense of identity and begin the process of healing from earlier attachment trauma. The goal of this therapy is to provide the child with an understanding of his family history, help him heal from early attachment trauma, and assist him in developing the capacity to form healthy, trusting and lasting relationships.



<sup>2</sup> 4<sup>th</sup> quarter data, 2011

# The Training Program

## Goals of the Training Program

- To facilitate the development of skills in the following areas: individual short-term, solution-oriented therapy; plan development; linking clients with community resources; diagnosis; functional assessment; psycho-social assessment; crisis intervention; group therapy; family support and therapy; and writing accurate documentation for inclusion in clients' charts.
- To provide an opportunity to learn how to function as part of a multidisciplinary professional team.
- To provide experience working with youth and families who struggle with various mental disorders, as well as with those who are dually diagnosed with mental illness and a substance abuse problem.
- To help students and interns gain an understanding of, and experience with, political, legal, ethical, cultural and personal issues as they affect the functioning of professionals in a community mental health setting.
- To help students and interns, through supervision, to understand themselves, including their strengths and weaknesses as professionals, and to provide guidance and support for their personal and professional development.
- To enhance students' theoretical and applied knowledge and skills through didactic in-service programs and weekly seminars.
- To contribute to students' understanding of professional issues, including the ethical norms and the laws governing their professions.
- To provide students with a variety of competent and ethical professional role models

## Training Period, Time Commitment, and Vacations

Discipline	Training Period	Scheduled Days	Dates	Weekly Time Commitment	Weeks of Vacation
Psychology Practicum	10 months	M, W, F*	September 7, 2011-July 25, 2012	20 hours	3 (9 days total)
Social Work Intern Year #2	8 months	M,W	September 7, 2011-May 25, 2012	24 hours	2 (4 days total)
Social Work Intern Year #1	8 months	M,W	September 7, 2011- May 25, 2012	16 hours	2 (4 days total)

*\*Six Fridays will be rescheduled to other days due to school curriculum*

### Vacation:

- You are entitled to a combination of two or three weeks of vacation and one week (i.e., the two or three days you are normally in the office) because of illness. Should you be absent because of illness more than one week, those days in excess of the week will be subtracted from your vacation time. If you have already taken your two weeks of vacation and are absent because of illness more than a week, you will be expected to make up the excessive absences either by increasing your hours or remaining past July 25, 2012 or May 4, 2012 (psychology and social work, respectively) until the time is made up.
- Vacation requests must be submitted to Kimberly Frye at least 30 days in advance and must be approved by her and your primary supervisor.
- The necessity for maintaining adequate coverage may affect whether or not your specific request is approved. Vacation requests will be considered in the order in which they are received, so make your request as early as possible.
- No more than two weeks of vacation may be taken at any one time, and no vacation may be taken in the last month of training.

You are responsible for the following:

- Notifying all staff members who would be affected by your absence, including supervisors, Program Managers, and colleagues with whom you work (so that whatever responsibilities you have in the group(s) will be covered in your absence).
- Submitting with your vacation request a coverage list specifying whom you have arranged to provide coverage for your clients in your absence.

## Required Days, Meetings, and Seminars

**Required day:** Wednesday  
**Required hours:** 9:00 – 5:30 p.m.  
**Required meeting:** Staff meeting: Wednesday, 9:00-9:50 a.m.  
**Required training:** Didactic training seminars will be held on Wednesdays from 10:00 – 12:00 p.m. Staff and outside speakers will present on topics related to working with the youth and families, including, among others, assessment and diagnosis, psychopharmacology, family consultation, skills building, relapse prevention, substance abuse, crisis intervention, group therapy, and community resources. Domains of diversity are incorporated in all trainings.

## Required Supervision

All supervision meets at least the basic requirements of the academic institutions from which students and interns are drawn. For interns accruing hours for licensing, the supervision at least meets, and usually exceeds, the requirements of the B.B.S., Board of Psychology, and the National Register of Health Service Providers in Psychology.

### Psychology Practicum Students (referred to as *students* in this document)

Individual	1 hour	Licensed psychologist
Group	1½-2 hours	Licensed psychologist, LCSW or LMFT

### Social Work Interns

Individual	1 hour	LCSW or MSW
Group	1½-2 hours	Licensed psychologist or LMFT or MSW

Supervision groups have no more than six members and are devoted entirely to the presentation of cases and the discussion of clinical and professional issues that the cases raise.

## A Typical Training Week for Students/Interns\*

*These hours may vary and are subject to revision*

Direct Service		Doctoral students 24 hr/wk	Social work 16 hr/wk	Social work 20 hr/wk
	Assessments/EvaluationsOR Crisis Hotline	2-4	2-4	1-3
	Individual and Collateral Therapy	6-8	2-4	3-4
	Group Therapy	4-6		2-3
Supervision				
	Individual	1	1	2
	Group	1½-2	1½-2	1½-2
Seminar				
	Topics vary	1½	1½	1½
Staff Meeting		1	1	1
Case Review		2	2	2

These hours are the minimum requirement. From time to time it may be necessary to spend additional hours doing paper work, scoring/writing up assessments, consulting informally with other staff members, and dealing with crises that require face-to-face or telephone contact with the client and consultation with supervisors. **Students and interns are expected to be flexible in regard to spending additional hours that may be reasonably required from time to time. You will be required to travel to and from community sites for sessions (homes, schools, etc.)** You are not, however, required to respond to client emergencies outside of working hours.

### Stipend

None of the training positions carries a stipend or any other form of remuneration. A company cell phone will be provided and mileage will be reimbursed.