

A faint, stylized illustration of a balance scale is visible in the background. The scale is positioned on the right side of the frame, with its vertical post and horizontal beam extending across the middle. Two pans are suspended from the beam by thin lines. The scale is rendered in a dark brown color, matching the overall theme of the slide.

Youth-Serving Agencies Partnering Across Systems for Better Outcomes

Inyo County
and
Tulare County

Moderator

Meaghan McCamman, Inyo County HHS Assistant Director

Panelists

Jeffrey L. Thomson, Inyo County Chief Probation Officer

Samantha Rottner, Inyo County FIRST/WRAP Program Supervisor

Courtney Sallam, Tulare County CWS Program Manager

Mike Santos, Tulare County Supervising Probation Officer





Describe the Partnership prior to
CCR

How did that Partnership
change with the
implementation of CCR



FIRST

Family Intensive Response Strengthening Team

Inyo County

Families Intensive Response and Strengthening Team (FIRST) Initial Screening Tool for Non-Traditional Wraparound Referrals

Name of Child: _____ Age of Child: _____

Name of Parent(s): _____

Referring Party: _____
Name Agency Phone Number

⊕ Please complete this tool by answering Yes or No to the following questions.

| Yes | No | Family Characteristics |
|-----|----|---|
| | | 1) Family has generational justice system involvement or the parent(s) is/are currently incarcerated. |
| | | 2) There is generational parental separation (e.g. family history of grandparents/relatives raising children). |
| | | 3) There is domestic violence in the home environment currently or within the last 12 months. |
| | | 4) Parent/Caregiver has serious mental health illness. |
| | | 5) Parent/Caregiver has active substance use issue or there is a family history of substance addiction. |
| | | 6) Parent/Caregiver is not engaged in accessing recommended resources for child and/or is not following through with child's recommended treatment. |
| | | 7) Child exhibits extremes in behavior (e.g. aggression or withdrawal) or has behavioral characteristics that are of high concern. [Explain]: |
| | | 8) Child has experienced a traumatic event. |
| | | 9) Child's school/program not attended regularly. |
| | | 10) Child has a high ASQ Social-Emotional score, is developmentally delayed and/or appears to have an attachment issue. |
| | | 11) Housing is not stable. |
| | | 12) Struggles to minimally meet basic needs. |

| | |
|----------------------|-------|
| | Total |
| Family Category | |
| Child Category | |
| Environment Category | |
| | |

Total the number of "Yes" answers. A family category score of 3 or more with a yes in either the child or environment category or an overall score of 6 or more indicates that this family is appropriate for a referral to FIRST.



County of Inyo
Health and Human Services
Referral Form For
FIRST Program

162 J Grace Street, Bishop CA 93514
Telephone (760) 873-6533 FAX (760) 872-2643



Date of Referral: _____

| Client (Youth) Information | |
|---|---|
| Child's Name: _____ DOB: _____ | Address: _____ Telephone: _____ |
| Age/Grade: _____ | Parent(s) Name: _____ |
| School: _____ | Other Adult(s): _____ |
| Individual Education Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No | Address (if different than youth): _____ Telephone: _____ |
| Date of last IEP: _____ | History of CPS Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current |
| Other Children in Home: Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____ | History of Probation Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current |
| Referring Agency | |
| Referred by: <input type="checkbox"/> Child Protective Services (Date Youth Designated At Risk STRTP: _____) <input type="checkbox"/> Juvenile Probation (Date Youth Designated At Risk STRTP: _____) <input type="checkbox"/> Inyo County Behavioral Health <input type="checkbox"/> School <input type="checkbox"/> Other: _____ | Other Agencies Involved: ___ Toiyabe Family Services ___ Bishop Paiute Tribe Social Services ___ Kern Regional Center ___ North Star Counseling ___ California Psych Care ___ Great Steps Ahead ___ Wild Iris ___ Other: _____ Contact Person: _____ Telephone: _____ |
| Reason for Referral | |
| Behaviors of concern and other issues of concern not identified in screening tool: | |
| <i>High Risk Family Referrals Only (Non Probation or CPS)</i> | |
| Family Category Score: _____ | A family score of 3 or more with a yes in either the child or environment category or an overall score of 6 or more indicates that this family is appropriate for a referral to FIRST. <i>Please include the completed Initial Screening Tool with referral</i> |
| Child Category Score: _____ | |
| Environment Category Score: _____ | |
| Total: _____ | |
| <i>Probation/Child Protective Services Referrals Only</i> | |
| Is youth currently in placement: <input type="checkbox"/> Yes <input type="checkbox"/> No | Probation PACT Level: _____ |
| If so, is placement at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Protective Services SDM Level: _____ |

- Releases of Information have been signed by the youth and parent(s)
- I have contacted the parent/caregiver(s) regarding this referral and the parent/caregiver(s) will be contacting the FIRST Team
- Please contact the parent/caregiver(s). **They have been made aware** that you will contact them.
- Please contact the parent/caregiver(s). **They have NOT been made aware** that you will contact them.

Please follow-up with this referral by contacting the FIRST Team at (760) 873-6533



241.1 Staffings

Probation and CWS

Tulare County



Partnership and Recruitment Process



Describe your
partnership and how
it has enhanced
CCR





Different Strategies for developing and strengthening partnerships

Where do we start....

Tulare County
Inyo County



Lessons Learned

Training

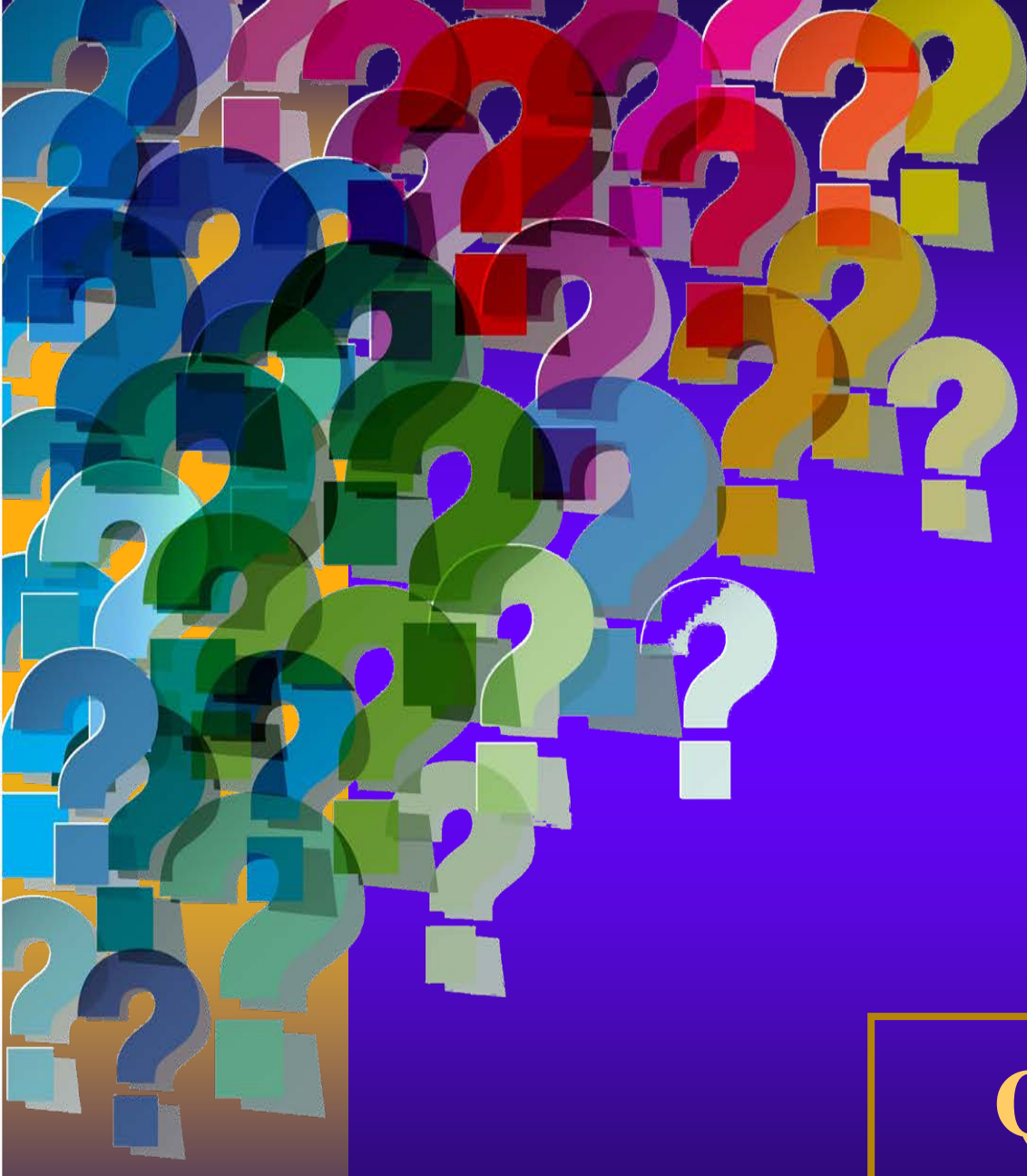


CCR
RFA
CANS

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QUESTIONS

Reserved for Q&A