Behavioral Health Program Manual

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Caring for Kids, Inc. *(CFK) is a private, non-profit, full-service adoption and foster care agency operating since 1995. CFK specializes in diverse and inclusive birth parent, foster care, adoption and behavioral health services.*

Our mission *is to surround those impacted by adoption and foster care with compassionate and competent care.*

Our vision *is to care for every child, every family, every step of the way, through integrity-based, client-centered, and trauma-informed services that* ***C.A.R.E****.*

*(**C**elebrate uniqueness, **A**dvocate for equity, **R**espect differences, and **E**mpower all Voices).*

Caring for Kids' (CFK) behavioral health services help individuals and families develop the knowledge, skills, and supports necessary to manage behavioral and mental health disorders, cultivate and sustain positive, meaningful relationships with peers, family members, and the community, develop self-efficacy, and promote whole-person wellness.

CFK seeks to serve a wide range of individuals impacted by foster care and adoption who are in need of mental health support through our behavioral health services. Children in foster care, in adoptive placements, birth parents, and those who have achieved permanency through adoption, legal custody, or reunification are able to access services. Clients must have Medicaid insurance or be willing to enter into a private pay agreement to cover the cost of services rendered. In home behavioral health services require the family to live within 60 minutes of the agency. CFK works to rule families in rather than out whenever possible. All inquiries are evaluated on a case-by-case basis. Once the above criteria have been met, the client must be found to have a mental health diagnosis during the diagnostic assessment process if services are to be billed to insurance.

CFK staff engage and motivate clients in a nonthreatening manner by demonstrating sensitivity to the needs and personal goals of the client and respecting the client and family's autonomy, confidentiality, sociocultural values, personal goals, lifestyle choices, and complex family interactions. CFK staff pride themselves on being flexible while maintaining appropriate boundaries. Clinicians assist clients in exploring and clarifying the presenting concerns or issues, voicing the goals they wish to achieve, identifying successful coping or problem-solving strategies based on the individual's strengths, formal and informal supports, and preferred solutions, and realizing ways of maintaining and generalizing the individual's gains.

This Program Manual is provided to staff as a part of their trainings as well as being available to persons served, their family, significant other and the public.

Personnel:

Qualifications

CFK Support Specialists, who provide case management and therapeutic behavioral services, are required to be certified as a Qualified Behavioral Health Specialist which typically requires a bachelor's degree in a human services field, a bachelor's degree with appropriate experience, or a high school diploma with three years' experience providing mental health services.

CFK Family Life Navigators, who provide case management and support to families, must be appropriately educated and licensed according to the type of work they are providing. Some are considered Qualified Behavioral Health Specialists while others are more clinical in the services they provide.

CFK Clinical Case Managers, who provide behavioral health services in addition to foster care case management, are preferred to have an advanced degree in social work or counseling prior to hire. However, exceptions are made for those with a bachelor's degree and two years relevant experience or those who are in the process of obtaining an advanced degree. They are provided the necessary supervision and training for the role.

CFK Counselors, who provide mental health therapy to individuals, families, and groups, are required to have, at a minimum, a bachelor's degree in social work or a master's degree in counseling or the equivalent and be licensed. Professional experience is preferred, but can be provided upon hire alongside trainings and supervision.

CFK Supervisors of Foster Care and Behavioral Health are Independently Licensed Masters Level Social Workers and Counselors with a minimum of three years' experience in direct services to children and families. In some circumstances, candidates may be considered for a supervisory position while in the process of obtaining their independent licensure with the expectation it will be in place prior to independently supervising other clinicians.

CFK's Senior Supervisor of Foster Care and Behavioral Health is an Independently Licensed Masters Level Social Worker or Counselor with a minimum of five years' experience in direct services to children.

CFK's Director of Foster Care and Behavioral Health is an Independently Licensed Masters Level Social Worker or Counselor with a minimum of five years' experience in direct services to children with serious emotional needs and their families.

Employees

The agency employs one Director. Other positions are filled according to the needs of the agency and current number of clients.

At minimum, one qualified behavioral health service provider will be employed full-time when 30 or more youth are open for therapeutic behavioral services.

Training

CFK staff who provide behavioral health services are trained in:

- principles and practices of person-centered care
- skills and strategies for engaging, partnering with, and supporting individuals and family members, including those who are difficult to reach or are disengaged
- working as and coordinating services with interdisciplinary teams
- linking service recipients with community referrals, as needed
- the use, management, and side effects of psychotropic medications
- the youth psychiatric rehabilitation process
- psychosocial rehabilitation
- understanding the needs of special populations such as LGBTQ youth
- characteristics and treatment of mental illness
- recovery and vulnerability to risk of relapse including recognizing the early stages of decomposition
- vocational issues
- crisis intervention

CFK staff who provide behavioral health services are also trained at least every two years on First Aid and age-appropriate CPR. This training is done in person by a certified CPR instructor and completed with a hands-on CPR skills assessment.

In addition, all CFK staff who provide behavioral health services are trained in the evidence-based practice, Trust Based Relational Intervention.

Clinical staff, such as Counselors and some Family Life Navigators and Clinical Case Managers depending on education, licensure, and job responsibilities, are provided additional trainings. For instance, training in TF-CBT, an evidenced based practice, is provided to clinical staff who qualify for the training opportunity such as needing a Master’s degree or being enrolled in a Master’s Degree program. Other training topics for clinical staff include:

- psychosocial perspectives
- criteria to determine the need for more intensive services

- methods of crisis prevention and intervention, including assessments of suicide risk and other safety risks
- human development and individual and family functioning
- identification and building of strengths and protective factors
- physical health conditions as well as social factors commonly associated with mental health
- clarifying the values and preferences of individuals and families and working collaboratively to develop and implement person or family centered service plans
- recognizing and working with people with co-occurring conditions

Compassion Fatigue

CFK counteracts the development of compassion fatigue by:

- promoting healthy boundaries through flexible scheduling and generous paid time off
- educating staff on trigger identification and coping skills
- providing around the clock supervision and support
- encouraging respectful collaboration and support among staff members, and
- promoting self-care for staff both individually and through the agency's health and wellness programs
- informing personnel about treatment services, as needed

Procedures and criteria used for assigning and evaluating workloads:

Workloads are assigned by the department supervisors. The supervisors take into account professional discretion based on caseload size, the need or extent of the need for behavioral health services, and a clinician's experience and/or expertise with certain needs and behaviors when assigning cases. Open communication occurs between the supervisors and clinicians when new cases are assigned to ensure clinicians also feel they are able to take on a new case or new cases based on their current workload and caseload demographics.

CFK works to reduce the impacts of multiple workers by maintaining children with their Clinical Case Manager or Family Life Navigator and support staff as often as possible. Staff are assigned at intake and reassignment of cases only occurs if absolutely necessary such as when requested by a client or when a staff member leaves the agency. Staff workloads and assigned tasks are reviewed and assessed regularly to ensure that everyone is managing an appropriate number of responsibilities and that clients' outcomes are being achieved.

Procedures for the Use of Therapeutic Interventions:

Prior to providing any therapeutic interventions, CFK staff identify and explain potential benefits, risks, side effects, and alternatives to the client or a legal guardian as appropriate to minimize risk as needed. CFK obtains written informed consent of the individual or their legal guardian to provide therapeutic services, including a Diagnostic Assessment, Community Psychiatric Supportive Treatment, Therapeutic Behavioral Services, and Counseling. CFK ensures that prior to providing therapeutic services to youth or families, staff receive sufficient training, and/or certification when it is available on therapeutic interventions utilized at CFK and monitors the use and effectiveness of therapeutic interventions used.

Should an intervention be found to produce adverse side effects or is deemed unacceptable according to prevailing professional standards, the use of said intervention is discontinued immediately.

Policies for Prohibited Interventions:

CFK policy prohibits corporal punishment, confinement to a room without means of exit as a form of discipline, the use of aversive stimuli, and interventions that involve withholding nutrition or hydration or that inflict physical or psychological pain. The use of demeaning, shaming or degrading language or activities, forced physical exercise to eliminate behaviors, and unwarranted use of invasive procedures or activities as a disciplinary action are also prohibited. This includes, but is not limited to, intentional misgendering and conversion or reparative therapies. There is also to be no punitive work assignments, punishment by peers, or group punishment or discipline for individual behavior.

For further details on Prohibited Interventions, please see the agency's Behavior Support and Management policy.

Screening and Intake Procedures:

Clients are screened at intake and the client or their legal guardian is informed about how well their treatment needs match CFK' services, what services will be available and when, as well as rules and expectations of the program. CFK makes every effort to accommodate the needs of clients inquiring about services. For instance, staff work primarily in the evenings to accommodate school and work schedules, and weekend appointments can be offered for certain services. In addition, virtual service delivery is available when appropriate to the client's needs. Refer to CFK's Telehealth Policy for detailed information regarding the provision of virtual services.

Whenever possible, cases are assigned when being screened or immediately at the time of intake in order to provide continuity of care and minimize the number of staff assigned throughout the family's time with the agency. CFK determines, regularly reviews, and adjusts staff caseloads to support goal achievement or other desired outcomes of service delivery for clients. Frequency of contact is taken into consideration as well as what service needs of individuals and families have been identified. Please see 'Procedures and criteria used for assigning and evaluating workloads' above for additional details.

CFK's intake practices are prompt and responsive. They ensure equitable treatment of all clients, give priority to urgent needs and emergency situations, identify intensity of services needed, support timely initiation of services, and enable access to a comprehensive assessment process. Intake procedures also facilitate the identification of individuals and families with co-occurring conditions and multiple needs. Prospective clients who cannot be served, or cannot be served promptly, are referred outside the organization or connected to appropriate resources to meet their needs. When appropriate, clients can be placed on a waiting list, if desired.

During intake, CFK staff gather information to identify critical service needs, emergency situations, and determine when a more intensive service is necessary. Information gathered includes personal and identifying information, emergency health needs, and safety concerns, including imminent danger or risk of future harm. If needed, immediate action is taken to facilitate immediate access to stabilization or harm reduction activities.

Assessment and Reassessment Procedures:

CFK's diagnostic assessment process is a comprehensive process that is strengths based and culturally and linguistically responsive to increase the engagement of the client, and family as applicable, and allows for identification of natural supports, helping networks, available resources, and individualized needs. The assessment process is directed at concerns identified in the initial screening, and focuses on material pertinent for meeting service requests and objectives. Assessments are usually conducted in-person and in the client's home. If clients prefer another location, every effort is made to honor their request.

Assessments are completed by the twenty-first day after opening a case. Assessments are conducted based on the age and developmental level of the client, are trauma informed, and include a combination of interviewing and observation of the client, and family when appropriate. The Diagnostic Assessment includes an evaluation of the client's mental health status including the symptoms a client is currently experiencing, intensity, frequency and duration of symptoms, treatment history, trauma history, and, when applicable, substance use. Assessments explore values and social factors that may be influencing the mental health or treatment of clients, including natural and formal supports, systems of care, and other factors known to impact individuals and families, as well as any barriers to change or progress. Diagnostic Assessments also include a comprehensive trauma assessment and risk evaluation by a trained staff member. Further, service requests and objectives are considered as a part of the Diagnostic Assessment process. Other areas assessed annually include medical and developmental history, physical health needs, and how healthcare needs impact family functioning.

Assessments include but are not limited to physical health, behavioral health, emotional stability, adjustment, behavior, educational status, development, family relationships, community and social support service needs and goals, past or present connection to the criminal justice system, individual and family strengths, risks, and protective factors, substance use, recent or historical trauma exposure, gender identity, sexual orientation, and history of human trafficking as is appropriate for a client's age and developmental level. Unmet medical or specialized care needs identified in the assessment are addressed by referral to a provider local to the client. These include, but are not limited to:

- screening and ongoing monitoring for chronic medical conditions
- medication monitoring and management
- physical examinations or other physical health services
- medical management of withdrawal symptoms
- laboratory testing and toxicology screens

- specialized screenings, assessments, or tests
- other diagnostic procedures

Areas of special relevance to various groups, such as women, older adults, young children, or adolescents, are addressed as applicable to each individual client. Interviews for assessments help staff gain a better understanding of the client's experiences, learn about times the client has managed challenging situations successfully, identify competencies and existing resources that can be built upon in our work with the client, and identify resources that can increase service participation and achievement of agreed-upon goals. Assessments, screenings, or information provided by referral sources and other service providers are reviewed and included in the Diagnostic Assessment as applicable.

The goal of the assessment process is to engage with and learn about individuals and families for the purpose of service planning. Engaging with and assessing clients is done in a non-threatening manner with sensitivity to the individual and/or family's willingness to be engaged. Throughout the assessment process, staff members are persistent in engaging and gathering information while demonstrating respect for the client, and family when applicable, their autonomy, and confidentiality while remaining flexible to best meet the needs of the client.

CFK staff assess individuals who participate in behavioral and mental health services to determine any immediate safety concerns including imminent danger or risk of future harm such as suicide, self-injury, neglect, exploitation, and violence toward others. When there is a risk of suicide indicated, CFK staff complete a suicide risk screener, which is an evidence based comprehensive assessment tool assessing the desire to complete suicide, intent, means, capability, including history of attempts, and any protective factors. If indications that any of these immediate safety concerns are present, safety goals are included on the Treatment Plan, as applicable, to respond to these risks and manage any future risk. Additionally, clients are referred to more intensive service providers if necessary.

At the conclusion of the diagnostic assessment process, an individualized, comprehensive written report is created which concludes with a summary of symptoms and diagnoses based on a standardized diagnostic tool.

Unmet medical needs identified in the assessment are referred out to a provider local to the client since CFK does not employ medical doctors or nurses. Examples of medical services that may be identified as needed include, but are not limited to, medication monitoring and management, medical management of withdrawal symptoms, physical examinations or other physical health services, medical detoxification, laboratory testing and toxicology screens or other diagnostic procedures. Other areas of specialization,

such as gender identity, speech, or occupational therapy, are also referred out for assessment by an appropriate provider.

Reassessments are conducted as necessary, according to the needs or preferences of the client, and are conducted yearly at a minimum. Reassessments inform revisions to the Treatment Plan as needed.

Service Planning and Monitoring Procedures:

An individualized treatment plan is developed by the treatment team lead within 30 days of initiation of services with the full participation of the client, and their family when appropriate. Expedited treatment planning is available when crisis or urgent need is identified. The treatment plan is based on the client's diagnostic assessment, and includes agreed upon goals, desired outcomes, and timeframes for achieving them, and services and supports to be provided, and by whom. During treatment planning, CFK staff explain available service options, how CFK can support the achievement of desired outcomes, and the benefits, alternatives, and risks or consequences of planned services. Topics to be address in the treatment plan can include, but are not limited to:

- psychological and emotional needs
- educational goals
- cultural interests
- developmental of life skills including preparation to work or attend schooling
- improving client's quality of life
- improving client's skills to live in the community

The treatment plan also addresses unmet service and support needs, possibilities for maintaining and strengthening family relationships, and the need for support of the client's informal social network as appropriate. Treatment plans are signed by the client, family members or legal guardians as applicable, the clinician, and a supervisor.

Review of treatment plans occurs at minimum every 90 days with the client to assess progress, evaluate the client's engagement in their treatment, and adjust treatment goals and objectives as needed, and can be reviewed earlier when requested by the client or necessitated by the needs of the case. Family members and significant others or legal guardians, as appropriate and with the consent of the client, are invited to participate in case conferences and included in reviewing ongoing progress. These treatment plan updates are also signed by the client, family members or legal guardians as applicable, the clinician, and a supervisor.

In addition, the clinician and a supervisor review the case quarterly, at minimum, to assess treatment plan implementation, progress toward achieving treatment goals and desired outcomes, and the continued appropriateness of the agreed upon treatment goals.

Procedures for Evaluating Level and Intensity of Care:

Clinicians, with the oversight of supervisors, determine the optimal level and intensity of care, including clinical and community support services needed, based on the intensity and frequency of symptoms and the disruption to everyday functioning. Clinicians

coordinate care with other service providers, including primary care providers, when appropriate and with the consent of the client or legal guardian. Clinicians and supervisors consult on the potential need to involve a psychiatrist in the treatment team when clinically indicated. A referral is provided when clients are experiencing symptoms such as hallucinations, an inability to get out of bed or leave the house due to anxiety or depression, frequent or extreme mood swings, or other mental health symptoms that prevent the client from being able to function in their daily lives. The clinician follows up when an evaluation for psychotropic medications has been recommended

Crisis and Safety Planning Procedures:

In the case of a crisis during business hours, CFK staff provide immediate intervention and stabilization as they are able to do so. A CFK clinician will provide safety planning in collaboration with the client and any appropriate family members or significant others as needed. Each safety plan is individualized to the needs of the identified client and focuses on their strengths while developing the necessary steps to establish and maintain safety. Safety plans include triggers and warning signs to be aware of as well as coping skills and strategies to utilize when triggers and warning signs occur and formal and informal supports to reach out to as needed. “No suicide” or “no harm” contracts are not to be included as a part of any safety plan written or agreed upon by CFK. On occasions when more intensive services are needed, staff will either instruct clients on who to contact or will make emergency contact with appropriate providers, such as emergency responders and specific crisis stabilization units, to handle the crisis situation. If staff are able to stabilize a client in the moment, but feel that more intensive services are needed for long-term success, information and referral to more intensive service providers, such as residential facilities, is given to the client. Referrals provided take into consideration any special precautions needed for the client’s safety. All licensed employees are mandatory reporters and follow through with their duty to report any information they are required to share.

For crises that occur outside of business hours, families are given an informational page during intake that includes numerous crisis support and hotline resources both for general crisis support as well as specific issues such as domestic violence, sexual assault, and suicidal ideation.

Procedures for Care Coordination

CFK plays an active role in coordinating and advocating for our clients to best support their needs. CFK works to link clients with community providers, including follow up when necessary. CFK staff also coordinates and communicates with those treatment providers as appropriate to provide continuity of care. CFK communicates with youth and families regarding the treatment services they are receiving across systems, as well as needs that are identified throughout the life of the case.

Services outside of CFK's scope of practice are referred out to ensure client's needs are met. This includes public assistance (such as food, clothing, and housing), income maintenance, work-related services and job placement, financial services, legal advocacy and representation, education related services, respite care, and transportation. Additionally, coordination of behavioral and physical health care with other community-based providers occurs to increase client's access to needed services. Contact with other health services is promoted through referrals to psychiatrists, dentists, and primary care providers, among other health providers, local to the client's location. CFK staff communicate with medical providers as needed about treatment planning and to assist in linking clients to other services to best meet their overall health needs.

When clients are found to have co-occurring behavioral health and substance use disorders, a referral is discussed with the family or custodial county to ensure that clients are receiving the appropriate substance use services in their area to treat those needs that CFK does not address therapeutically.

In collaboration with the client and the client's primary caregiver and/or legal guardian as applicable, CFK also coordinates with the client's family, the child welfare system, the juvenile justice system, courts, and the school system as needed. Staff work to ensure active involvement with all needed service providers is a priority to assist in achieving the best possible long-term outcomes.

CFK's behavioral health staff engage clients to identify any barriers to receiving coordinated services. Barriers are addressed by the staff as applicable and referrals to other community-based providers are made as needed to assist with said barriers. A list of community resources of various types is maintained by CFK staff and interns which is updated as new resources are identified and at least annually. Typically, referrals are made to providers with whom CFK has a previously established working relationship; However, CFK staff will also explore new community-based providers when an appropriate provider does not exist in CFK's resource database.

Care coordination activities are documented in the case record, including linkages to community providers, as well as completed follow-up, when possible, communication with partnering providers both internally and externally, and communication with the client.

Services:

CFK's behavioral health program offers the following services to clients and families:

- Clinical Counseling (psychotherapy and psychoeducation)
- Case Management
- Support Services/Social Rehabilitation (including coping skills training)
- Community Building Activities
- Respite Services (*please see CFK's Behavioral Health Respite Manual for details)*

The overarching purpose of the program as a whole is to build on strengths, enhance self-reliance and productivity, and celebrate success. Services are provided both individually as well as in group settings when appropriate. Clients are offered a variety of activities throughout CFK's service array to assist in goal achievement. The variety allows clients to find the best way for them to develop skills and achieve competence.

Core service components focus on helping clients improve and manage the quality of their lives through:

- Development of self-care and independent living skills
- Medication compliance and an understanding of how to manage their condition
- Socialization and use of leisure time
- Effective Communication
- Organizational skills
- Anger management
- Coping skills
- Conflict skill training

When age and developmentally appropriate, the following are also included:

- Management of finances
- Housing
- Education
- Family support services
- Vocational development

All services, regardless of type or format, are provided in an effort to teach clients how to develop personal awareness, relate positively to others, experience peer support and feedback, and engage in positive problem-solving methods. In addition, some services allow clients to develop their skills in anticipating and controlling behaviors that interfere with inclusion in the community.

Numerous services and supports are available within the program to family members of the client who is formally enrolled in services. These can include family psychoeducation, emotional support and therapy, linkage to community services, self-help referrals, and care coordination as is needed to promote optimal functioning for each family served.

When other services are needed, such as alternative therapies, relapse prevention, acute care, support groups, withdrawal management, detoxification, inpatient care, intensive outpatient care, medical care, psychiatric services, or peer support services, clients are referred out to other local service providers with the coordination of the county that holds custody or the client's family.

Schedule for Services

CFK's behavioral health services are available:

Monday through Thursday - 8:30am to 7:30pm

Fridays from 8:30am until 5:30pm

Clinical Counseling

Clinical counseling services at CFK offer a range of therapeutic and psychoeducational interventions to meet the assessed needs of each individual client. Clinical counseling services take into consideration each family's preferences, beliefs, values, readiness to make changes, age and developmental level, and the client and family's goals. Therapeutic services are provided in individual, family and group sessions, as appropriate. Evidence based or culturally relevant, evidence supported approaches are used and tailored to the needs of adults, children, and families.

Clinical counseling services promote whole-person wellness and help individuals and families to develop the knowledge, skills, and support necessary to manage mental health, cultivate and sustain positive meaningful relationships with peers, family members and the community, and develop self-sufficiency. Services are discontinued immediately if they produce adverse side effects or are deemed unacceptable according to prevailing professional standards.

Counselors assist individuals and families to explore and clarify the concern or issue, voice the goals they wish to achieve, identify successful coping or problem-solving strategies based on their strengths, formal and informal supports, and preferred strategies, and realize ways of maintaining and generalizing gains.

CFK services focus not only on the identified client, but often on the family unit as a whole. In cases where the client is in foster care, services help bond new placements to

their foster families and bring stability to placements. All family members can be included in sessions, as appropriate, and sessions are scheduled to accommodate the needs of the family. When Counselors are completing family therapy sessions, psychoeducation and discussion about the topics being discussed occurs to help the family members best understand the "why" behind the work and how the strategies being used can be helpful with their family. In sessions, Counselors model skills and behaviors taught to clients and family members while also encouraging in session practice of said skills. Counselors provide positive reinforcement and corrective feedback as needed to assist in this skill building and encourage regular practice of skills outside of sessions to ensure mastery and proper use when needed. Discussion of how to best use skills across situations, managing any setbacks that occur and ways to avoid future crises also occur to best support our clients and families.

Case Management

When clients are in need of assistance with services or benefits, CFK provides what physical supports are available through the agency's programs such as 'The Caring Closet' and makes appropriate referrals to outside services and supports as needed. These can include but are not limited to referrals of housing, public benefits, or educational services.

In order to cultivate and maintain a supportive environment for our clients, CFK works to identify both natural and formal support networks to cultivate and sustain a supportive community for clients and their families. One way of doing this is through the agency's Community Building Activities (described below). In addition, during each client's Diagnostic Assessment and ongoing case management visits, already existing supports are identified and plans to utilize these supports are encouraged.

Families and caregivers are provided training opportunities, parenting workshops, and individualized parent coaching when needed. Foster families are given a per diem to help cover the cost of caring for the children that are placed in their homes. This may include the cost of child care, educational services, and recreational services, among other things.

Support Services/Social Rehabilitation

Supportive services involve a variety of cognitive, physical, and social activities that promote or restore healthy functioning for clients. These services can be provided at home or in the community to clients individually or in group settings with family or peers. Services tend to focus on coping skill development, affect recognition and management, social functioning, daily functioning, and identification of strategies or treatment options. However, other topics may be covered as well as appropriate to the individualized needs of the client.

Community Building Activities

CFK provides a variety of opportunities for youth and their families to engage in Community Building Activities. The goal is to promote the development of natural support networks with meaningful relationships and support community integration for clients and their families.

Groups, such as Teen Connection Club and CFK's Summer Camp, exist both to assist in skill development and goal achievement while also promoting the development of friendships and the sharing of similar experiences with peers to normalize the lived experience of clients.

Movie nights are hosted at CFK which are open to CFK clients. Youth are given the option to attend to watch the movie and participate in the transfer of learning group activity or can volunteer their time to serve food or assist with a younger age group to practice their leadership skills.

Other activities that open to the community at large, such as Trunk or Treat, are also hosted at the agency. Youth are given the opportunities to participate either as an attendee or by hosting a trunk to practice their social skill development by handing out treats to community members.

In addition to opportunities hosted by the agency, a Facebook group is maintained for clients and their caregivers which is used to regularly disseminate local, state, and national activities and events that promote social, recreational and educational development. Prior opportunities include camps, support groups, and trainings including those which promote youth's ethnic and cultural heritage.

Evaluation of Services:

CFK engages in ongoing evaluation of services. At intake, a client's preferred services are documented. An assessment is then completed within 30 days where client preferences and needs are again taken into consideration and documented. Also within 30 days, a treatment plan is developed in collaboration with the client and their guardian when one exists. Confirmation of agreement with planned services is done through the collection of a client's signature on their treatment plan and subsequent updates which are conducted every 90 days. Assigned staff regularly check-in with clients between treatment plan updates to assess if services are meeting their needs and adjustments are made accordingly. As needed, supervisors will also check-in with families to evaluate if the services being provided are appropriate and satisfactory to their needs and desires. Additionally, supervisors are responding to any complaints or problems that develop during the course of service delivery. If supervisors are unable to resolve the concerns, clients can speak with a department director or the agency's grievance officer as appropriate.

Case Closing Procedures:

CFK staff collaborates with the client and family or legal guardian, as applicable, in case closing. Other appropriate parties can be included when needed. Planning for case closing begins at intake, is clearly defined, and includes assignment of staff responsibility, as necessary. If a client is asked to leave CFK's behavioral and mental health counseling program, CFK makes every effort to link the person with appropriate services upon case closure. CFK notifies any collaborating service providers upon case closing, including the courts, as appropriate. If a client has to leave CFK services unexpectedly or before they have completed their treatment plan, every effort is made to provide appropriate referrals to services to provide continuity of care for that client.

When the client receiving services is a foster child placed in a CFK foster home, CFK's contracts with custodial counties do not include aftercare planning or follow-up. In lieu of follow up, CFK conducts a formal termination of service evaluation in the form of a final treatment plan and discharge summary which makes note of any unmet needs. The written documentation is provided to the custodial county as appropriate to the current contract. The same documentation is completed for other clients and maintained in their electronic health record and is available upon request.

Procedures That Address Continuation of Services for Persons Whose Third-Party Benefits Have Ended:

When a person's third-party benefits or payments end, CFK will continue to provide services until appropriate arrangements are made for continuity of care. As needed, CFK can work with a client or family to determine a fee for service plan or other funding source to be able to continue providing services to the client. If termination or withdrawal of service is probable due to continued non-payment, CFK works with the client or family to identify other service options and makes appropriate referrals.

Aftercare and Follow-Up Procedures:

CFK staff begin informal aftercare planning with clients from the initiation of services, discussing their goals which will lead to successful case closure, optimal functioning, and an orderly transition from services. Aftercare plans take into consideration both short-term and long-term goals and identify services needed or desired by the client or family, as applicable, and specify steps for obtaining these services such as referrals to other community resources. CFK staff explore suitable resources and contact service providers when appropriate. When possible, CFK staff follow up with clients on their aftercare plan, as appropriate, and with the permission of the client or legal guardian.