

This page provides the descriptions of the Behavioral Health Services (BHS) available to our foster children/youth

- + CFTM (Child and Family Team Meeting):** Child and Family Team (CFT) meetings are a primary intervention are the process of bringing together the Child/youth, parent(s) or other caregiver(s) and the family's network for a specific purpose in order to develop a plan to address worries and next steps.

Purpose:	Why specifically we are meeting today
Context:	Is there anything that might pull our attention away from our focus today
Group Agreements	How do we want to work with each other
Network/Stakeholders	Is everyone here who should be here? If not, what should we do to get them here?
Desired Outcome:	What do we want to walk away with from this meeting (plan, decision, etc.)?
Content:	Related to our purpose for the meeting
Next Steps	What steps do we need to take? Who does what? By when? Next meeting date?
- + FIT (Flexible Integrated Treatment):** strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health services to children/youth with serious emotional disturbance, and at-risk eligible children and youth under the age of 21 years. Services will incorporate temporary, short-term homelessness interventions, as appropriate. Services include assessment, case management/brokerage, collateral, medication support, plan development, rehabilitation, therapy, intensive care coordination (ICC) to facilitate CFT meetings, and intensive home based services. FIT and Wraparound **CANNOT** be opened at the same time. Referrals can be made by anyone to Access.
- + PCIT (Parent Child Interactive Therapy):** a proven parent-child treatment program for parents who have children with behavioral problems such as aggression, non-compliance, defiance, and temper tantrums. The treatment program focuses on promoting positive parent-child relationships and interactions, and teaching parents effective child management skills. PCIT has been adapted as an intervention for many different types of families, including those receiving child welfare services or exposed to violence, those with children on the autism spectrum, adoptive families, foster family and those from other countries or who speak other languages. Appropriate referrals are children between the ages of 2-7 years who are exhibiting challenging, disruptive behaviors. Referrals can be made through Access. There are a number of FIT providers who offer PCIT, including River Oak, Sacramento Children's Home, Stanford Sierra, Turning Point, UCD CAARE and Capital Stars.
- + TBS (Therapeutic Behaviors Services):** provides short-term one-to-one assistance to children or youth under age 21 who have behaviors that are too difficult for their families or foster placement to handle, such as tantrums, assaultive behavior or destruction of property. TBS **DOES NOT** provide 24/7 crisis intervention. TBS is an adjunctive service, meaning the child/youth must be linked to a primary mental health provider, such as FIT or Wrap. Referrals are made from the primary mental health provider (FIT or Wrap) to Access.
- + Wraparound:** Services will be designed to address placement stability and permanency in family style settings and decrease utilization of congregate care, inpatient hospitalization, juvenile justice and out of home placement. Services will include family voice and choice and be provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth (such as schools, probation, child welfare, health care, etc.). A CFT must be convened to determine whether Wrap services are appropriate for the child/youth **PRIOR** to submitting a referral.

Contact the child(ren)'s social worker for more information and/or a referral to be submitted