

Kentucky
System
of **Care FIVE:**

Families - Involvement! Valued! Empowered!



2021

TOOLKIT



of Resources and Services

The purpose of this guide is to provide information on the **System of Care Five** grant programs of Mobile Crisis, High Fidelity Case Management and Respite Services. It also includes resources and supports to improve mental health outcomes for children and youth, birth through age 21, and their families.

Child welfare-involved families are those for whom a child abuse and/or neglect investigation results in a substantiation and/or services-needed and for whom DCBS DOES NOT have custody.

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SAMHSA



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What is System of Care?

A system of care (SOC) is a spectrum of effective community-based services and supports for children and transition-age youth with or at risk of behavioral health needs or other challenges, and their families. SOC is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life.

System of care is not a model or a program that can be replicated, but instead an organizational framework that supports sustainable system change. Kentucky is one of few states with an organized infrastructure focused on the development, implementation, and oversight of the system of care.

System of Care Core Values and Guiding Principles

The system of care philosophy is built upon core values and guiding principles. The core values and guiding principles should guide the development, implementation, expansion, and evaluation of the regional system of care. The core values of the system of care philosophy specify that the system of care should be:

Youth- and Family-Driven:



Valuing and ensuring that youth and families are full partners in all aspects of service delivery and have a primary decision-making role in their care, beginning in the planning phase when policies and procedures are developed.



Youth and families are involved in implementation activities, such as choosing culturally and linguistically appropriate supports, services, and providers; setting goals; designing, implementing, and evaluating programs; monitoring outcomes; and partnering in funding decisions.



Youth-and Family-Driven System of Care engages and supports that youth and families with lived experience are trained and hired as peer support professionals to decrease gaps, help in retention of services and let other youth and families know they are not alone.



Youth-and Family-Driven means family members and youth are engaged, supported, and respected as equal partners. Their “voice” and lived experiences add valuable perspectives in planning, implementation, and monitoring, which result in shared accountability for outcomes.

Community Based:



Ensuring high quality services are accessible to families in the least restrictive, clinically-appropriate setting possible and are available at home or close by.



A community-based system of care requires systems to see the home, school, and neighborhood of the family from an asset perspective, and to identify the natural supports in these familiar surroundings as part of a strengths-based approach.

Culturally and Linguistically Responsive:



Ensuring services are developmentally, culturally and linguistically responsive with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve.



This includes having staff that are from the local area and are similar to service recipients in regard to gender, race, ethnicity, language, and other cultural attributes.

Trauma-Informed:



Seeking to actively resist re-traumatization by recognizing the potential presence of trauma symptoms and acknowledging the role that trauma may play in an individual's life.



Being trauma-informed means fully integrating knowledge about trauma into policies, procedures, and practices.

At the heart of the effort is a shared set of guiding principles. The implementation of these guiding principles reflects the common goals of the agencies, parents, youth, and the community to ensure the well-being of children, transition-age youth and families.

System of Care Guiding Principles include:

- A comprehensive array of effective, community-based services and supports
- A service planning process that is strengths-based and individualized
- Evidence-informed and promising practices
- Services and supports delivered in the least restrictive, most normative environments possible
- Partnerships with families, youth, and other caregivers
- Effective care management supports
- Developmentally appropriate services
- A continuum of behavioral health promotion, prevention, early identification, intervention, and recovery services and supports
- A system that supports provider accountability and quality improvement tracking
- Protection of the rights of children and families
- Services and supports that are provided without discrimination

Stroul, B. & Friedman, R.M. (1986). A system of care for children and youth with severe emotional disturbances (rev ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.





HELPLine

- A 24-hour Crisis line 1-800-223-8913
- 270-842-HELP (4357)
- The HELPLine services a ten county area: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren Counties.

What are Mobile Crisis Services?

LifeSkills, Inc. offers a wide range of Emergency Mental Health services to individuals in crisis. The major function of these services is to assist individuals in their return to a pre-crisis level of functioning.

Walk-In Crisis Services

- Appointment-free mental health services available free of charge to individuals in crisis. Open 24 hours a day, seven days a week. A provider is available for consultation and linkage to appropriate treatment modalities, as needed.

Mobile Crisis Services

- 24-hour Mobile Acute Crisis Service is available 24/7/365. Mobile Crisis offers an immediate response to individuals who may need support to prevent a crisis or are currently experiencing a crisis.
- Mobile Crisis evaluations are voluntary, HIPPA compliant, and conducted in locations that are considered safe such as DCBS offices, police departments, hospital emergency rooms, schools, etc.
- Licensed clinicians respond to mobile crisis calls and conduct thorough evaluations. Evaluations are based on models of mental status examination, clinical interviews and any other assessment tools deemed necessary. After completing evaluations, clinicians provide recommendations for services and assist in linking individuals to those services.
- Mobile Crisis response is initiated by a phone call to LifeSkills Helpline (270)843-4357 from any agency or community partner in the LifeSkills 10-county region. Staff will gather basic identifying information by phone and dispatch an evaluator to the site as soon as possible.

For more information about LifeSkills Crisis Services, contact:
LifeSkills 24-hour Crisis line at 270-843-4357
or 1-800-223-8913

What is the Children's Crisis Stabilization Unit?

- Children's Crisis Stabilization Units are available 24 hours per day to provide crisis intervention in the form of an assessment and recommendations.
- Children and youth admitted may receive a brief respite from the crisis situation to allow time to settle down for only a few days and/or up to a week for observation and assessment after which family and team meetings can process recommendations for aftercare.
- Juveniles in need of a quick and intense treatment to avoid home removal and family disruption may stay for several weeks, during which they will receive intensive therapy, daily group and milieu treatment and 24-hour monitoring and observation. Often transient issues can be resolved during this period of time.

Criteria for LifeSkills Children's Crisis Unit

- Ages 6 to 17
- Only minimal assistance required for personal hygiene
- Medically stable with medication in original container
- Willing to comply with program and house rules
- Be manageable by staff

For more information on LifeSkills, Inc. Children's Crisis Stabilization Unit, contact:

LifeSkills Children's Crisis Stabilization Unit (CCSU)

501 Chestnut Street
Bowling Green, KY 42101
Ph: 800-223-8913 or 270-901-5712
Fax: 270-781-8987



What is the Adult Crisis Stabilization Unit?

- May have a diagnosis of a serious mental illness and/or experiencing a situational crisis that appears to have the potential to deteriorate without intervention.
- May be experiencing suicidal/homicidal ideation.
- May be discharging from a psychiatric facility and require continued assistance in a less restrictive environment.
- Must be a voluntary candidate and willing to be compliant with the ACSU program and house rules.
- This service is limited to individuals with severe mental illness who need additional support within the community to access necessary resources such as food, clothing, housing, medical care, and entitlement benefits. Available in all ten counties.

Criteria for LifeSkills Adult Crisis Unit

- 18 years old and up
- Able to perform all activities of daily living
- Have all lifesaving medications with them in proper container
- May NOT be in active withdrawal from alcohol

For more information on LifeSkills, Inc. Adult Crisis Stabilization Unit contact:

LifeSkills Adult Crisis Stabilization Unit (CCSU)

822 Woodway Drive
Bowling Green, KY 42101
Ph: 800-837-3954 or
270-901-5000 Ext. 1301
Fax: 270-783-0609

National Crisis Services and Supports

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress and provides prevention and crisis resources for you or your loved ones, and best practices for professionals.

- Telephone: 800-273-8255
- En Español: 888-628-9454
- Deaf and Hard of Hearing 800-799-4889
- Veterans call 800-273-8255 and Press 1.

Lifeline Chat is available 24/7 across the U.S.

<https://suicidepreventionlifeline.org/chat>

What Happens When I Call The Lifeline?

- First, you'll hear a message telling you that you've reached the National Suicide Prevention Lifeline.
- We'll play a little hold music while we connect you.
- A skilled, trained crisis worker, who works at the Lifeline network crisis center closest to you, will answer the phone.
- This person will listen to you, understand how your problem is affecting you, provide support, and share any resources that may be helpful.

<http://www.suicidepreventionlifeline.org>

Crisis Text Line

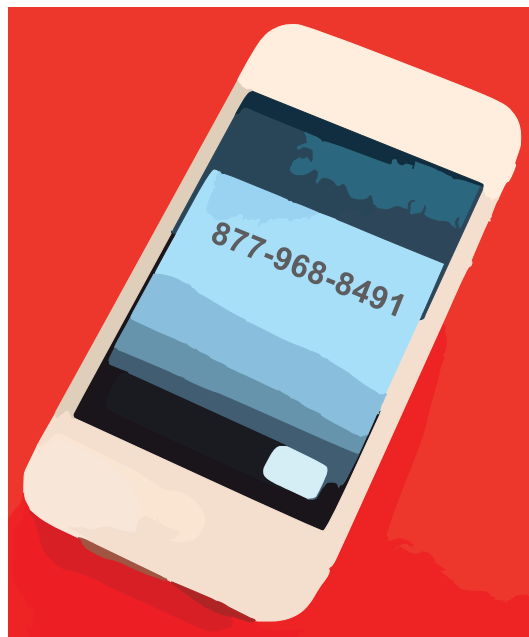
Text **HOME to 741741** from anywhere in the United States, anytime.

Crisis Text Line is here for any crisis. A live, trained Crisis Counselor receives the text and responds, all from a secure online platform. The volunteer Crisis Counselor will help you move from a hot moment to a cool moment.

Youth Line

Youth Line is a free 24-hour, peer-to-peer youth crisis and support service via phone, text, chat, and email. The helpline is answered by youth daily from 4 p.m. - 10 p.m. and by adults at all other times.

- Telephone: 877-968-8491
- Text teen2teen to 839863
- Chat now. Email: YouthL@LinesforLife.org





Your Life Your Voice

24-hour teen crisis hotline for pre-teens, teens and young adults.

- Telephone: 800-448-3000, 24-hours, Spanish speaking counselors available.
- Text VOICE to 20121 every day, 12 Noon to 12 Midnight Central Standard Time. Chat Sunday-Thursday 6 p.m. to 12 Midnight Central Standard Time
- Download the My Life My Voice Mood Journal mobile app in the App Store or Google Play

<http://www.yourlifeyourvoice.org/Pages/home.aspx>

National Sexual Assault Hotline

A national hotline and chat service providing free confidential help 24/7 to connect callers to more than 1,000 local sexual assault service providers across the country.

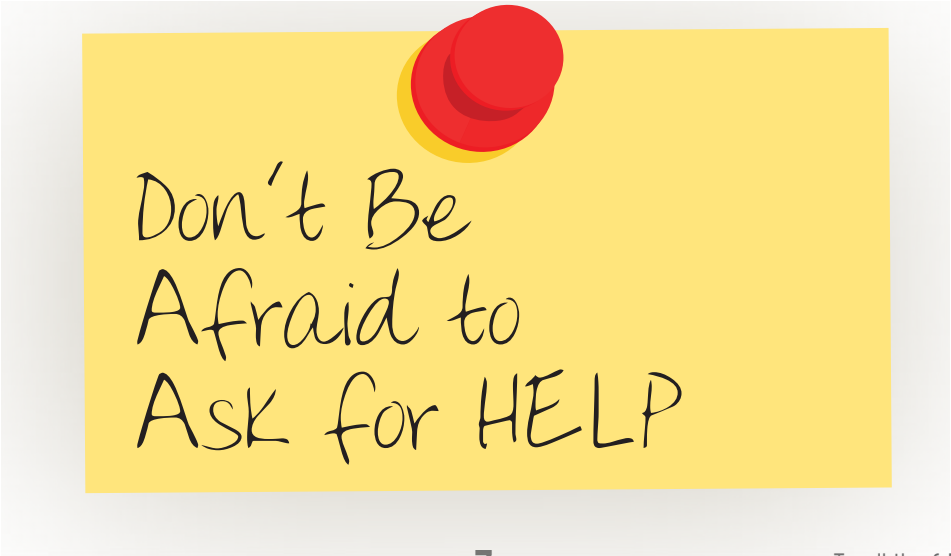
- Hotline: 800-656-4673
- Chat: <https://hotline.rainn.org/online>
- En Español: <https://hotline.rainn.org/es>
- English : <https://www.rainn.org/>

National Parent Helpline

Being a parent is a critically important job, 24-hours a day. It's not always easy. Call the National Parent Helpline to get emotional support from a trained Advocate and become empowered and a stronger parent.

- Helpline: 855-427-2736 Hours: Monday – Friday from 1 p.m. to 8 p.m., Eastern Time.

<http://www.nationalparenthelpline.org/>



Don't Be
Afraid to
Ask for HELP



What is High Fidelity Wraparound?

Wraparound

Wraparound is a planning process that follows a series of steps to help children and their families realize their hopes and dreams. The Wraparound process helps make sure children and youth grow up in their homes and communities. It is a planning process that brings people together from different parts of the whole family's life. With help from facilitators, people from the family's life work together, coordinate their activities, and blend their perspectives of the family's situation.

High Fidelity Wraparound includes traditional services provided by multiple child-serving agencies (for example, child welfare, behavioral health, juvenile justice, special education), as well as informal and natural supports that are available or developed in the community (for example, county extension office, youth sports league, mentoring program, extended family, faith community).

Wraparound teams are unique to each child/youth and family, consist of people who are closest to the family, and should include both service providers and natural supports. The child/youth and family are integral members of the Wraparound team and should take the lead in selecting other team members.

Wraparound operationalizes the System of Care Values and Principles at the individual child/youth, and family level. The research demonstrates that the best outcomes for children/youth and families are achieved when the utilization of Wraparound adheres most strictly to the model, that is, with a high degree of fidelity.

The Wraparound philosophy promotes inclusive decision making and planning. No decisions will be made about your family and no planning will be done for your family without your family's participation.

Ten Principles of the Wraparound Process

1. Family voice and choice
2. Team based
3. Natural supports
4. Collaboration
5. Community based
6. Culturally competent
7. Individualized
8. Strengths based
9. Unconditional
10. Outcomes based

How Wraparound Works

- Identifies goals that are most important to the family.
- Builds on the strengths of each family member and the people important in their lives.
- Uses outcomes to guide the need for changes to the plan.
- Seeks to ensure families have community supports they may need when more formal supports and services end.

For more information on High Fidelity Wraparound, Contact: Abby Freeman
High Fidelity Wraparound Supervisor
Ph: 270-901-5000 Ext. 1337
Email: afreema@lifeskills.com

What should you expect from Wraparound?

- You will be asked to help develop a team of your supports and make decisions with that team.
- You will be asked to identify your family's strengths and needs.
- Your Wraparound plan will change regularly.
- Throughout the process, you can expect to be respected and your voice to be heard.
- You will be an active member of your team and every team member will have a task.
- You and your team will consider a variety of actions to meet needs.
- You and your team will get an opportunity to evaluate whether your plan is getting the results or outcomes you want.



What is Therapeutic Foster Care (TFC)?

LifeSkills, Inc. TFC provides safe and secure therapeutic foster homes for children and adolescents from birth to age 21 within the 10-County Barren River Region.

- LifeSkills, Inc. TFC offers an array of services such as highly-trained therapeutic foster parents, case management, mental health therapy and 24/7 on-call support. TFC prides itself on being caring, compassionate, team oriented and highly supportive.
- Therapeutic Foster Parents are specially trained to work with children and adolescents with social, emotional and/or behavioral needs; receiving initial and ongoing training related to the needs of the foster youth.
- TFC placement allows children to receive intensive mental health services while still residing in the community and attending public schools.

LifeSkills, Inc. TFC offers two types of placements:

- Managed Care recipients who have medical coverage. Guardian retains full and legal custody of the child while utilizing this intensive program.
- Department of Community-Based Services (DCBS). Youth who are in either temporary or permanent custody of DCBS.

What are Respite Services?

LifeSkills, Inc. Respite care provides parents and other caregivers with short-term child care that offers temporary relief, improves family stability and reduces the risk of abuse or neglect. Respite services are intended to be temporary and can be provided on an hourly, overnight, and/or emergency basis.

- Respite provides temporary, individualized supports and/or assistance with a variety of social skills such as: cooking, meal planning, shopping, budgeting, bill paying, banking, laundry, self-advocacy, solving day-to day-problems, developing friendships, interacting with neighbors, household tasks, recreational planning, accessing community resources, personal care, emotional support, medication administration and transportation. Respite also promotes and encourages personal growth and self-esteem.
- A program that provides parents and children with a resource that could decrease the chances of children being removed from their homes, hospitalized or placed in residential treatment programs is a real asset to our community. Even though most families take joy in providing care to their children, the physical, emotional and financial demands can be overwhelming.

**For more information
on LifeSkills, Inc.
Therapeutic Foster Care and
Respite services, contact:
Sherry Roy-Hunton
Program Manager
Ph: 270-901-5000 Ext. 1169
Email: shunton@lifeskills.com**





What are iHOPE Services?

- iHOPE is a statewide network of programs identifying youth with symptoms of psychosis as early as possible, providing support and treatment.
- iHOPE is continually improving Kentucky's response to early symptoms of psychosis.
- iHOPE partners with local, state and national entities to learn from emerging research and the experiences of iHOPE participants. Services are evidence-based practices and available regardless of a client's ability to pay.

What Does iHOPE Offer?

- Training and consultation for organizations and individuals
- Outreach, specialized assessment and linkages to appropriate care
- Coaching young persons to succeed in school and elsewhere
- For youth with ongoing symptoms, an intensive two-year program with a team, including: medical professionals, therapists, case managers, and peer support specialists.

Who Does iHOPE Serve?

- iHOPE identifies and supports young people and their families whose symptoms are consistent with schizophrenia or bipolar disorder with psychosis. iHOPE helps clarify diagnosis and assure access to appropriate care.
- Acute symptoms of psychosis include hallucinations – seeing and hearing things others don't, disturbances to speech, changes in how emotions are expressed and movement. Onset of these symptoms usually occurs gradually.
- Without early identification, young people with psychosis are at greater risk of school drop-out, loss of social support and ability to function, long-term trauma, legal involvement, disability and poverty. With early intervention and support, most of these consequences can be prevented and most individuals graduate from school, enter the workforce, and live a full and meaningful life.

**Anyone can refer to iHOPE or get information anonymously.
iHOPE can meet at school, home, or other convenient locations.**

Referral Guidelines

- Age 12-30
- Acute symptoms lasting no longer than 12 months
- IQ over 70
- Symptoms not known to be caused by a medical condition or drug use

What to do if Someone Has Psychosis Symptoms?

**Call LifeSkills 24-hour Crisis line
270-843-4357 or 1-800-223-8913**

For more information on LifeSkills iHOPE Services contact:

**Rachel Wyatt
Program Manager
330 East 10th Street**

**Bowling Green, KY 42101
Ph: 270-901-5000 Ext. 1233
Email: rwyatt@lifeskills.com**

EASA Early Assessment and Support Alliance. (2016). Retrieved from <http://www.easacommunity.org/>

What are Family and Youth Peer Support Services?

What are Youth Peer Support Specialists?

Youth Peer Support Specialists (YPS) are transition-age youth or young adults with lived experience recovering from an emotional, social, behavioral, and/or substance use disability.

- Youth Peer Support Specialists are honest about their own experiences.
- Youth Peer Support Specialists share their stories to help other youth create their own recovery stories.

A Day in the Life of a Youth Peer Support Specialist:

While no two days are the same for Youth Peer Support Specialists, here are some typical activities they might participate in with youth in an effort to bond, as well as to share lived experiences, while out in the community:

- Park Outings
- Swimming
- Library Visits
- Bowling
- Board Games
- Community Events

What are Family Peer Support Specialists?

Family Peer Support (FPS) are self-identified parents or other family members who have lived experience with a child who has received services related to a mental health, substance use, or co-occurring mental health and substance use disability from at least one (1) child-serving agency.

- Mental Health Diagnosis
- Medication and Treatment Options
- Social Issues and Concerns
- Community Support Groups and available resources.

A Day in the Life of a Family Peer Support Specialist:

FPS provide encouragement and support to parents/caregivers and promote advocacy skills when needed. They also share their relevant experiences with other parents and primary caregivers.

Family Peer Support can give families hope. As stated by one parent:

"I did not see the light at the end of this journey, but you let me see the light."

The Family Peer Support Specialist said:

"I let her see my walk and gave her hope and showed her that, with structure in her life and in the lives of her children, she CAN make positive changes."

Family Peer Support Specialists and Youth Peer Support Specialists:

- Provide support
- Act as role models
- Encourage socialization
- Use their lived experiences to support parent/guardian and youth in achieving goals.

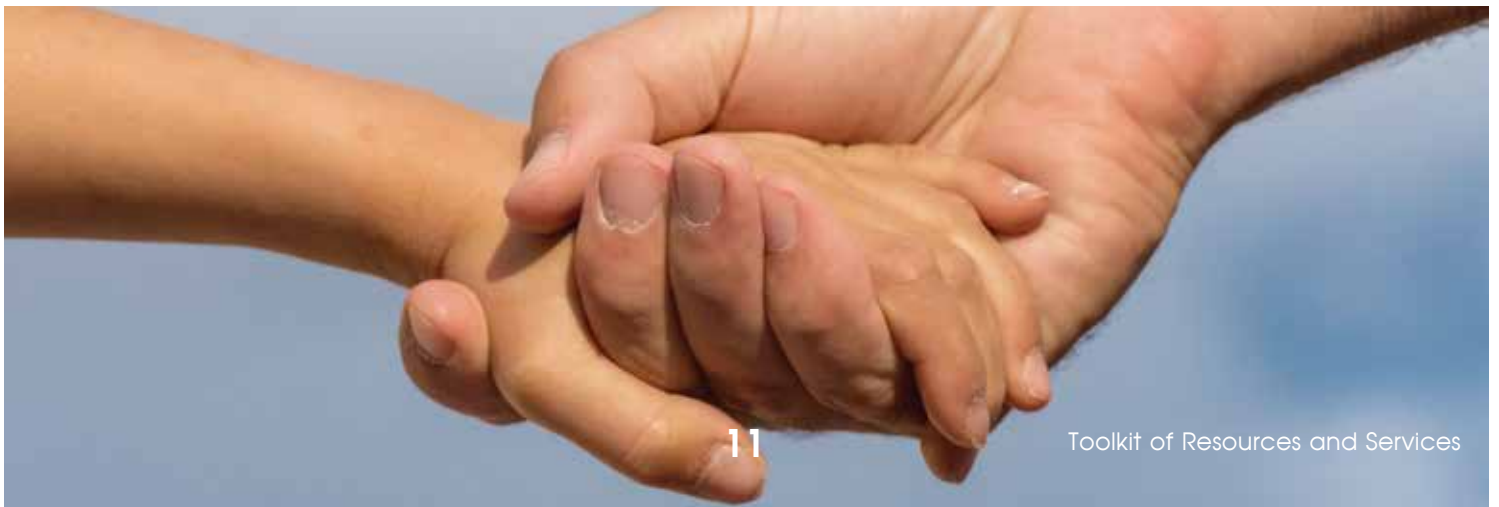


**To learn more,
contact the
LifeSkills, Inc.
Local Resource
Coordinator (LRC):**

Anne Embry

Ph: 270-901-5251

Email: aembry@lifeskills.com



What is the Barren River RIAC?

Barren River Regional Interagency Council (RIAC) operates as the regional locus of accountability for the system of care (SOC), providing a structure for coordination, planning, and collaboration of services and supports to children and transition-age youth with or at risk of developing behavioral health needs and their families.

This structure builds on existing resources of local public and private agencies and community partners within the community to support sustainable policy, practice, and system reform in order to improve the larger system of care for Kentucky's children, transition-age youth, and their families.

System of Care Core Values:

Barren River RIAC adheres to the values of the system of care framework in which services and supports are **family- and youth-driven, culturally- and linguistically-appropriate, community-based, recovery-oriented, and trauma-informed.**

The four primary functions of RIACs are to:

1. **Oversee** planning and operations for the system of care.
2. **Conduct** system-level continuous quality improvement activities.
3. **Expand** system of care services and supports.
4. **Promote** system of care awareness.

Member Agencies:

- Department for Community Based Services
- Community Mental Health Center
- Administrative Office of the Courts
- Education
- Parent of a child with multi-system involvement to address behavioral health needs
- Youth with multi-system involvement to address behavioral health needs
- Department of Juvenile Justice
- Local Health Department
- Other organizations supporting children and young adults and their families



Action Items:

- Sharing data to better address and understand racial disparities
- Participating on FAIR teams to help keep youth out of the court system
- Brainstorming solutions for youth in crisis with no viable placement options
- Involving school systems in the process of better meeting children's behavioral health needs
- Engaging community partners to promote child and family well-being

RIAC Meetings

The RIAC shall meet monthly on the 2nd or 3rd Wednesday of the month at 10:00 a.m. CST via virtual platform. If in person, then at the LifeSkills Corporate Office, 380 Suwannee Trail Street. Bowling Green, KY 42103. This schedule may be altered with consent of RIAC members.

To learn more, contact the
LifeSkills, Inc. Local Resource
Coordinator (LRC):
Anne Embry
Ph: 270-901-5251
Email: aembry@lifeskills.com





LifeSkills, Inc.
PREMIUM HEALTHCARE SERVICES

www.lifeskills.com

LifeSkills Service Center Locations and Contact Information

COUNTY	LIFESKILLS SERVICE CENTER	CONTACT INFORMATION
Allen	512 Veterans Memorial Hwy. Scottsville, KY 42164	Ph: 270-237-4481 or 270-901-5000 Fax: 270-237-4858
Barren	608 Happy Valley Road Glasgow, KY 42142	Ph: 270-651-8378 or 270-901-5000 Fax: 270-651-9248
Butler	222 Industrial Drive North Morgantown, KY 42261	Ph: 270-526-3877 or 270-901-5000 Fax: 270-526-2929
Edmonson	205 Mohawk Drive Brownsville, KY 42210	Ph: 270-597-2713 or 270-901-5000 Fax: 270-597-9194
Hart	118 West Union Street Munfordville, KY 42765	Ph: 270-524-9883 or 270-901-5000 Fax: 270-524-0437
Logan	433 Shelton Lane Russellville, KY 42276	Ph: 270-726-3629 or 270-901-5000 Fax: 270-726-3620
Metcalfe	112 Sartin Drive Edmonton, KY 42129	Ph: 270-432-4951 or 270-901-5000 Fax: 270-432-5054
Monroe	200 N. Crawford Street, Suite 3 Tompkinsville, KY 42167	Ph: 270-487-5655 or 270-901-5000 Fax: 270-487-5948
Simpson	1031 Brookhaven Road Franklin, KY 42134	Ph: 270-586-8826 or 270-901-5000 Fax: 270-586-8828
Warren	380 Suwannee Trail Street Bowling Green, KY 42103	Ph: 270-901-5000 Fax: 270-842-9988

What is Kentucky Partnership for Families and Children (KPFC)?

In April 1998 the Statewide Partnership of Kentucky for Effective Support (SPOKES—a statewide parent group) and the Kentucky Family Based Services Association (KFBSA—a statewide professional group) merged to become **Kentucky Partnership for Families and Children, Inc.**

This merge allowed KPFC to provide a united voice dedicated to improving services for children in Kentucky with emotional, social, and behavioral challenges. As the name implies, bringing the parents and professionals to the table to truly work in partnership is an important part of KPFC.

KPFC's united voice works to:

- Effect policy changes at the state level.
- Educate legislators about the needs of children with severe emotional disabilities.
- Improve services so that all children and families will be able to receive appropriate services in their home and communities.
- Give a voice to the youth and families that live with this disability every day.

KPFC provides many ongoing trainings, cafés and supports for parents, guardians, youth and community partners. Some of these trainings are:

- Dad's Café
- Youth Café
- Community Café
- Family and Youth Peer Support joint meetings
- Family Leadership Training
- Core Competency Training

For more information on KPFC services and supports, contact: Kentucky Partnership for Families and Children (KPFC); 600 Teton Trail; Frankfort, KY 40601; Ph: 502-875-1320 or 1-800-369-0533

Kentucky Partnership for Families and Children Two Rivers Region Peer Support Center

KPFC Peer Supports Coordinators provide the following services and supports:

- Advocacy and consultations
- Family, Adult and Youth Peer Support
- Family Events
- Individual Peer Support
- Leadership Opportunities
- Networking and empowering families and youth
- Nurturing parenting classes
- Parent, youth and recovery Café
- Partnering with family- and child-serving agencies
- Support Groups including: SMART Recovery; SMART Recovery Family and Friends
- System and resource navigation
- Fun, Free and Safe environment

Counties Served: Allen, Barren, Butler, Daviess, Edmonson, Hancock, Hart, Henderson, Logan, McLean, Metcalfe, Monroe, Ohio, Simpson, Union, Warren and Webster Counties.

For more information on Peer Support Center, Contact:

Gayla Lockhart
Peer Support Coordinator
600 Teton Trail
Frankfort KY 40601
Ph: 270-776-4004
Email: gayla@kypartnership.org
Website: kypartnership.org

Katrina Crume
Peer Support Coordinator
600 Teton Trail
Frankfort KY 40601
Ph: 270-363-4786
Email: katrina@kypartnership.org
Website: kypartnership.org



What is the Department for Community Based Services (DCBS)?

- DCBS services are administered through nine service regions and offices serving all 120 Kentucky counties. In addition, DCBS uses a network of contract officials to deliver services, such as child care. Service is enhanced through a close relationship and coordination with community partners.
- The department provides family support; child care; child and adult protection; eligibility determinations for Medicaid and food benefits; and administration of an energy cost-assistance program.
- The department administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.
- With offices in every county, the department provides services and programs to enhance the self-sufficiency of families; improve safety and permanency for children and vulnerable adults; and engage families and community partners in a collaborative decision-making process.
- The department was formed in the Cabinet for Families and Children in 1998 to give local offices more decision-making authority and the ability to collaborate more effectively with other community service providers.

Programs & Services

- Child/Adult Protective Services Reporting System
- Find Child Care
- Kentucky Faces—
Kentucky Foster Adoptive
Caregiver Exchange System
- Kynect benefits
- Food Stamps (SNAP)
- Domestic Violence Prevention
- Medicaid



Department For Community Based Services

Barren River Region Offices

COUNTY	FAMILY SUPPORT (Food Stamps, Medical, Welfare, Inc.)	PROTECTION & PERMANENCY (Child & Adult Abuse & Neglect, Foster Care & Adoptions, etc.)
Allen	29 Hillview Drive P.O. Box 250 Scottsville, KY 42164-0250 Ph: 855-306-8959	29 Hillview Drive P.O. Box 250 Scottsville, KY 42164-0250 Ph: 270-237-3101
Barren	746D East Main Street Glasgow, KY 42141 Ph: 855-306-8959	746-C East Main Street P.O. Box 1687 Glasgow, KY 42142-1687 Ph: 270-671-8396
Butler	333 Gardner Lane Morgantown, KY 42261-0627 Ph: 855-306-8959	333 Gardner Lane Morgantown, KY 42261-0627 Ph: 270-526-3833
Edmonson	1122 Highway 259 South P.O. Box 539 Brownsville, KY 42210 Ph: 855-306-8959	1122 Highway 259 South P.O. Box 539 Brownsville, KY 42210 Ph: 276-597-2163
Hart	50 Quality Street P.O. Box 489 Munfordville, KY 42765-0489 Ph: 855-306-8959	50 Quality Street P.O. Box 489 Munfordville, KY 42765-0489 Ph: 270-524-7111
Logan	88 Robins Way Russellville, KY 42276 Ph: 855-306-8959	88 Robins Way Russellville, KY 42276 Ph: 270-726-3516
Metcalfe	100 Thompson Street P.O. Box 357 Edmonton, KY 42129-0357 Ph: 855-306-8959	100 Thompson Street P.O. Box 357 Edmonton, KY 42129-0357 Ph: 270-432-2721
Monroe	201 West Paige Street P.O. Box 578 Tompkinsville, KY 42167-0578 Ph: 855-306-8959	201 West Paige Street P.O. Box 578 Tompkinsville, KY 42167-0578 Ph: 270-487-6701
Simpson	210 West Cedar Street Franklin, KY 42134-2161 Ph: 855-306-8959	210 West Cedar Street Franklin, KY 42134-2161 Ph: 270-586-8266
Warren	356 Suwannee Trail Street Bowling Green, KY 42103 Ph: 855-306-8959	356 Suwannee Trail Street Bowling Green, KY 42103 Ph: 270-746-7447



Bellewood Community Based Services

Independent Living

Our Independent Living program seeks to help young adults who are homeless but were in State's care on their 18th birthday or are currently committed to the State's care system. Serving disadvantaged youth ages 18 to 21, the program provides a safe home, with expenses paid—provided the young adult is either working or attending school—or both. The program also provides assistance with:

- Career development
- Higher education
- Development of independent living skills

The primary goal of the program is to help ease the transition from state custody, foster homes or residential programs into true self-sufficiency. In order to become and remain eligible for the program, all young people must be either working toward the completion of a high school diploma or GED, college or have steady employment.

This program is an essential part of ensuring a continuum of care to our youth to guarantee they become successful, contributing members of society. Ultimately, the goal for every youth is to learn the skills needed to become a successful, independent adult.

Family Preservation

The Family Preservation Program (FPP) is a short-term, family-based crisis intervention program designed to assist families in crisis by improving parenting and family functioning while keeping children safe. Bellewood recognizes that separating children from their families is often traumatic, and we seek to avoid these measures through therapeutic interventions and support.

The program is designed to help at-risk families by positively intervening to keep children safe so they can remain in their homes. To qualify for FPP services, families must be referred by the Department for Community Based Services and be at imminent risk of child removal or have a child in foster care returning home, and reside in the following Kentucky counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren.

Kentucky's FPP has been successful in reducing re-entry into out-of-home care, accelerating family reunification and promoting family well-being.

Funding for this program is in whole or in part from federal, CHFS, or other state funds.

Intensive In-Home Services

Intensive In-Home services can be provided to young people in the home, in the community or in offices. Designed to help families prevent out-of-home placements and/or inpatient hospitalizations, these outpatient mental health services are available for children and adolescents who are experiencing ongoing behavioral and emotional problems.

The Intensive In-Home method is designed to concentrate on behaviors where they take place — in the home, in the community or in school. Services include:

- Individual and family therapy
- These services can assist in improving specific behaviors and increasing overall family functioning

Bellewood ■ 918 State Street ■ Bowling Green, KY 42101 ■ Ph: 270-796-2012

Website: bellewoodandbrooklawn.org

FACT SHEET FOR YOUTH

Major Understandings about Mental Illness



Johnson, R.W. (n.d.). Early detection and intervention for the prevention of psychosis program. In *Early detection and intervention for the prevention of psychosis program*.

FACT SHEET

Severe mental illness in adolescents and young adults

The challenge

While the causes of severe mental illness are still not perfectly understood, the scale of the problem—for adolescents and young adults, their families and friends, communities, and society at large—is increasingly clear.

- Approximately 2.5 percent of youth and young adults in the United States will develop schizophrenia or a severe, psychotic mood disorder, with most cases developing after age 12.
- 75 percent of people who have schizophrenia go on to develop a disability.
- Less than 20 percent of people suffering from schizophrenia are gainfully employed.
- An estimated 12 to 15 percent of people who suffer from a psychotic illness complete suicide, and as many as 75 percent of youths with psychotic level symptoms make an attempt.

For adolescents and young adults suffering from a severe mental illness, the impact can include:

- Lower academic achievement or dropping out of school
- Behavior problems
- Substance abuse
- Reduced job opportunities and/or difficulty performing job tasks
- Impaired relationships with friends, family, and co-workers
- Isolation from friends and the broader community
- An ongoing need for intensive care and frequent hospitalization



Beyond these challenges, many adolescents and young adults who develop a serious mental illness end up trapped in a cycle that robs their ability to attain a good quality of life, denies them the tools to cope with their illness and places additional burdens on the family and community to provide what care it can.

(Johnson, R.W. (n.d.). Early detection and intervention for the prevention of psychosis program. In *Early detection and intervention for the prevention of psychosis program*).

What are the Early Symptoms of Psychosis?

Some feelings or behaviors listed here might indicate a brief reaction to stressful events. On the other hand, these changes could be early symptoms of a developing mental illness. It is important that the person in question be assessed by a professional, especially if the symptoms last longer than a few weeks, the changes in the person's behavior are sudden, or seem very out of character or bizarre. Early symptoms or new experiences can occur on or off over time.

It is the combination of several symptoms (that are new and/or increasing over time) rather than any one symptom that puts a person at risk.

Feeling "something's not quite right"

- Feeling like your brain is just not working right
- Not able to do school work or one's usual job
- Heightened sensitivity to sights, sounds, smells or touch

Hearing sounds/voices that are not there

- Feeling like your brain is playing tricks on you
- Intermittently hearing, seeing, smelling, and feeling things that others don't
- Somatic illusions

Jumbled thoughts and confusion

- Trouble with focus and attention
- Fear that others are putting thoughts in your brain or reading your mind
- Forgetfulness and getting lost
- Bizarre preoccupations or obsessional thoughts
- Having the sense that the world, other people, and/or you aren't real at times

Declining interests in people, activities, and self-care

- Withdrawal from friends and family
- Loss of motivation and/or energy
- Dramatic changes in sleeping and/or eating habits
- Lack of interest in things you used to enjoy
- Not caring about your appearance

Experiencing fear for no good reason

- Worrying that others are thinking bad thoughts about you
- Thinking others wish to harm you or are watching and following you
- Feeling uneasy around people or suspicious of them

Having trouble communicating

- Losing track of conversations
- Difficulty speaking and/or understanding others
- Increased vagueness or focusing on small details in conversations
- Trouble with reading comprehension and writing

The following symptoms require immediate attention:



- ❗ Suicidal or homicidal thoughts
- ❗ Dramatic change in sleep or appetite
- ❗ Hearing voices commanding you to do certain things
- ❗ Believing without reason that others are plotting against you
- ❗ Extreme unreasonable resentments or grudges
- ❗ Severely disorganized communication

How Do Kids Respond in **Crisis?**

Cognitively:

- Inattentive, difficulty with memory, irrational/having difficulty with reasoning or thinking processes, hypersensitive, not taking responsibility or blaming others.

Behaviorally:

- Hyperactivity that was not previously present, sleep disturbances (increase or decrease), accident prone, acting without thinking.

Physically:

- Shortness of breath, sweaty palms, tics, nausea, vomiting, headaches, pacing.

Emotionally:

- Anxiety/nervousness, aggression/anger, low self-esteem, depressed mood, hopelessness, apathy.

Situational Triggers:

- Loss/death
- Traumatic experience
- Abuse/neglect
- Environmental stressors
- Domestic violence
- Substance abuse
- Mental illness of parent/guardian
- Financial issues
- Legal issues

Early Signs of Trauma Based on Child's Age:

Children up to age 6:

- Changes in mood, behavior, personality
- Regression in behavior
- Separation anxiety
- Somatic complaints
- Specific fears

Children ages 6 to 11:

- Changes in mood, personality:
- Disruptive behavior
- Regressed behavior
- Somatic complaints
- Hypersensitivity
- Retelling of story

Youth ages 12 to 18:

- Acting out, defiance, risky behaviors
- Changes in mood, withdrawn/avoidance
- Personality changes
- Appearance
- Values
- Changes in peer group
- Negative view of the world



CAUTION

WHEN DEALING WITH YOUTH WHO ARE IN CRISIS

Keep in Mind

- You may need to avoid touching
- If verbal communication is ineffective, write questions down, offer them a pen and paper, if applicable
- Work quietly and gently
- Use short simple questions (What is your name? vs. Give me your identification.)
- Enter their world—sit down with them and complete a task they are doing—doing repetitive behaviors with them (building a relationship)
- Ask motivating people to assist or use motivating items, toys, foods, etc. to encourage interactions

Building relationships with children/youth in crisis:

- Be aware of stereotypes, isms, and own personal biases.
- Be mindful of facial expressions and nonverbal cues
- What to do vs. what not to do when interacting with children.
- Active listening and use of soothing tone (unless it's a safety issue)
- Patience, understanding, finding the meanings behind behaviors.
- Validation strategies and empathetic responses.
- There's dignity and respect that comes with a badge, so use it wisely.
- Due diligence and making an effort.

Things to remember:

- Meet the child at their level—enter their world if possible.
- Kids just want to be heard
- Children look to YOU for the answers
- Fight, Flight, or Freeze
- Approach slowly and try to comfort their needs the best you can
- Be aware of your body language and verbal communication, also be aware of others
- Give reassurance
- Be mindful and aware of your environment
- You never know everything these kids have been through in the past when first interacting with them
- DO NOT shout, argue, criticize or insult the person
- DO NOT block the doorway or not allow the person free movement
- DO NOT appear overly emotional or judgmental



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Crisis Phone Lines in Kentucky

Agency	Crisis Line	Counties Served	Hospital Number
Four Rivers Behavioral Health	1-800-592-3980	Ballard, McCracken, Carlisle, Graves, Marshall, Hickman, Fulton, Livingston and Calloway	Western State 1-270-889-6025
Pennyroyal	1-877-473-7766	Crittenden, Caldwell, Lyon, Hopkins, Trigg, Christian, Muhlenberg and Todd	Western State 1-270-889-6025
River Valley Behavioral Health	1-800-433-7291 or 1-270-684-9466	Union, Henderson, Webster, Daviess, McLean, Hancock and Ohio	Western State 1-270-889-6025
LifeSkills, Inc.	1-800-223-8913	Butler, Edmonson, Hart, Logan, Warren, Barren, Metcalfe, Simpson, Allen and Monroe	Western State 1-270-889-6025
Communicare, Inc.	1-800-641-4673	Breckinridge, Meade, Grayson, Hardin, Larue, Nelson, Washington and Marion	Central State 1-502-253-7000
Seven Counties	1-800-221-0446	Jefferson, Bullitt, Spencer, Shelby, Oldham, Henry and Trimble	Central State 1-502-253-7000
NorthKey	1-877-331-3292	Boone, Campbell, Kenton, Gallatin, Carroll, Owen, Grant and Pendleton	Eastern State 1-859-246-7000
Comprehend, Inc.	1-877-852-1523	Bracken, Mason, Robertson, Fleming and Lewis	Eastern State 1-859-246-7000
Pathways, Inc.	1-800-562-8909	Montgomery, Bath, Rowan, Menifee, Morgan, Boyd, Greenup, Carter, Elliott and Lawrence	Eastern State 1-859-246-7000
Mountain Comprehensive Care	1-800-422-1060	Johnson, Martin, Magoffin, Floyd and Pike	Appalachian Regional 1-606-439-1331
Kentucky River Community Care	1-800-262-7491	Wolfe, Lee, Breathitt, Owsley, Perry, Knott, Leslie and Letcher	Appalachian Regional 1-606-439-1331
Cumberland River Behavioral Health	1-800-273-8255	Rockcastle, Jackson, Laurel, Clay, Whitley, Knox, Harlan and Bell	Appalachian Regional 1-606-439-1331
The Adanta Group	1-800-633-5599	Green, Taylor, Adair, Casey, Cumberland, Russell, Pulaski, Clinton, Wayne and McCreary	Eastern State 1-859-246-7000
New Vista	1-800-928-8000	Anderson, Franklin, Scott, Woodford, Harrison, Clark, Bourbon, Nicholas, Mercer, Boyle, Lincoln, Garrard, Madison, Estill, Fayette, Jessamine and Powell	Eastern State 1-859-246-7000



Commonly Used Acronyms

National Organizations

ACF	Administration for Children and Families
CMS	Centers for Medicare and Medicaid Services
CWLA	Child Welfare League of America
DHHS	Department of Health and Human Services
DOE	U.S. Department of Education
FFCMH	National Federation of Families for Children's Mental Health
FREDLA	Family Run Executive Director Leadership Association
NAEYC	National Association for the Education of Young Children
NAMI	National Alliance for Mental Illness
NIMH	National Institute of Mental Health
OSEP	Office of Special Education Programs
OSERS	U.S. Office of Special Education and Rehabilitation Programs
SAMHSA	Substance Abuse and Mental Health Services Administration
SSA	Social Security Administration

State Agencies

AOC	Administrative Office of the Courts
CHFS	Cabinet for Health and Family Services
CPE	Council on Postsecondary Education
DBHDID	Department for Behavioral Health, Developmental and Intellectual Disabilities
DCBS	Department for Community Based Services
DJJ	Department for Juvenile Justice
DMS	Department for Medicaid Services
DPH	Department for Public Health
FRYSC	Family Resource and Youth Service Centers (FRC/YSC)
KDVA	Kentucky Domestic Violence Association
KECSAC	Kentucky Education Collaboration for State Agency Children
Kentucky CASA	Court Appointed Special Advocates
KHC	Kentucky Housing Corporation
KSP	Kentucky State Police
KYM	Kentucky Youth MOVE (Motivating Others through Voices of Experience)
LRC	Legislative Research Commission
OCSHCN	Office for Children with Special Health Care Needs
OIG	Office of Inspector General
OVR	Office of Vocational Rehabilitation
P & A	Protection and Advocacy



State Level Organizations

ASAP	Agency for Substance Abuse Policy
CMHC	Community Mental Health Center
KARP	Kentucky Association of Regional Programs
KIP	Kentucky Incentives for Prevention
KPFC	Kentucky Partnership for Families and Children, Inc.
KYA	Kentucky Youth Advocates
KY-SPIN	Kentucky Special Parent Involvement Network
NAMI Kentucky	National Alliance for the Mentally Ill (Kentucky chapter)



Court-Related

CDS	Court Designated Specialist
CDW	Court Designated Worker
CFCRB	Citizen Foster Care Review Board
CIP	Court Improvement Project
COJ	Court of Justice
FAIR Team	Family Accountability, Intervention, and Response Team
GAL	Guardian Ad Litem
TPR	Termination of Parental Rights

Just in Case You Need to Know

TBI	Traumatic Brain Injury
VI	Visual Impairment
BBI	Building Bridges Initiative
CANS	Child and Adolescent Needs and Strengths
EBP	Evidence-Based Practices
EI	Evidence Informed
GMIT	Grant Management and Implementation Team
HIPAA	Health Insurance Portability and Accountability Program
KAR	Kentucky Administrative Regulations
KCHIP	Kentucky Children's Health Insurance Program
KRS	Kentucky Revised Statutes
MCO	Managed Care Organization
NOFO	Notice of Funding Opportunity
OCA	Orphan Care Alliance
QIC	Quality Improvement Collaborative
RFP	Request for Proposal
RGMIT	Regional Grant Management and Implementation Team
ROI	Release of Information
SOC	System of Care
SPARS	SAMHSA's Performance Accountability and Reporting System
TAY	Transition Age Youth (16 - 25 year olds)

Behavioral Health, Developmental and Intellectual Disabilities

ACT	Assertive Community Treatment
ADD/ADHD	Attention Deficit Disorder/Attention Deficit and Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BH	Behavioral Health
BHSO	Behavioral Health Service Organization
CD	Conduct Disorder
CSD	Children's Services Director
CSU	Crisis Stabilization Unit
DBH	Division of Behavioral Health
DDID	Division of Developmental and Intellectual Disabilities
DSM-5	Diagnostic and Statistical Manual of Mental Disorders (5th edition)
ECMH	Early Childhood Mental Health
EMR	Electronic Medical Records
FPSS	Family Peer Support Specialist
FD	Family-driven
HFW	High Fidelity Wraparound
IFBSS	Intensive Family-Based Support Services
IMPACT	Interagency Mobilization for Progress in Adolescent and Child Treatment
IOP	Intensive Outpatient Program
KORE	Kentucky Opioid Response Effort
KSAODS	Kentucky School of Alcohol and Other Drug Studies
LIAC	Local Interagency Council

LRC	Local Resource Coordinator
MOUD	Medications for Opioid Use Disorder
NOS	Not Otherwise Specified
OCD	Obsessive Compulsive Disorder
ODD	Oppositional Defiant Disorder
OUD	Opioid Use Disorder
PDD	Pervasive Developmental Disorder
PRTF	Psychiatric Residential Treatment Facility
PSS	Peer Support Services
PTSD	Post-Traumatic Stress Disorder
QMHP	Qualified Mental Health Professional
RAD	Reactive Attachment Disorder
RIAC	Regional Interagency Council
RPC	Regional Prevention Center
RTF	Residential Treatment Facility
SED	Severe Emotional Disability
SIAC	State Interagency Council
SMI	Severe Mental Illness
SUD	Substance Use Disorder
TCM	Targeted Case Management
TIC	Trauma Informed Care
TX	Treatment
YG/YD	Youth-guided and Youth-driven
YPSS	Youth Peer Support Specialist

Child Welfare

AH	Adoptive Home
APS	Adult Protective Services
ASFA	Adoption and Safe Families Act
CAPTA	Child Abuse and Prevention Treatment Act
CATS	Comprehensive Assessment and Training Service(s)
CCC	Community Collaboration for Children
CMHC	Community Mental Health Center
CO	Central Office
CFS	Comprehensive Family Services
CFSP	Children and Family Services Plan
CFT	Child and Family Team Meeting
CIP	Chaffee Independent Program
CPS	Child Protective Services
CRP	Children's Review Program
CRP	Citizens' Review Panel
CSA	Child Sexual Abuse
CTC	Center for Trauma and Children (UK)
DCS	Division of Child Support
DFS	Division for Family Support
DPP	Division of Protection and Permanency
DV	Domestic Violence
ECO	Emergency Custody Order
EPO	Emergency Protective Order
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FC	Foster Care
FFPSA	Families First Preservation Services Act
FH	Foster Home
FINSA	Families in Need of Service Assessment

FPP	Family Preservation Program
FSOS	Family Services Office Supervisor
FSW	Family Service Worker
HCBS	Home and Community Based Services
ISF	Inter-Systems Framework
ILP	Independent Living Program
IPR	Interested Party Review
JIT	Just In Time Training website
KC	Kinship Care
OOHC	Out of Home Care
PBIS	Positive Behavior Intervention Supports
PRTF	Psychiatric Residential Treatment Facility
QRTP	Qualified Residential Treatment Program
R & C	Recruitment and Certification (Foster and adoptive parents)
RIAC	Regional Interagency Council
SIAC	State Interagency Council
SOP	Standards of Practice
SNAP	Special Needs Adoption Program
SRA	Service Region Administrator
SRAA	Service Region Administrator Assistant
SRCA	Service Region Clinical Associate
SSC	Social Services Clinician
SSW	Social Services
START	Sobriety Treatment and Recovery Team
TFC	Therapeutic Foster Care
TRIS	Training Records Information System
TWIST	The Worker's Information System

Education

504 Section 504 of the Rehabilitation Act

ADA American with Disabilities Act

ARC Admissions and Release Committee

ASL American Sign Language

AT Assistive Technology

BIP Behavior Intervention Plan

CEC Council for Exceptional Children

DB Deaf-Blind

DD Developmental Delay

DHH Deaf and/or Hard of Hearing

EBD Emotional Behavioral Disability

ECE Early Childhood Education

EI Early Intervention

ESL English as a Second Language

ESSA Every Student Succeeds Act

FAPE Free and Appropriate Public Education

FBA Functional Behavior Assessment

FERPA Family Educational Rights and Privacy Act

FMD Functional Mental Disability

GT Gifted and Talented

IDEA Individuals with Disabilities Education Act

IEE Independent Educational Evaluation

IEP Individualized Educational Program

IFSP Individualized Family Service Plan

KDE Kentucky Department of Education

LEA Local Education Agency

LEP Limited English Proficiency

LRE Least Restrictive Environment

MD Multiple Disabilities

MMD Mild Mental Disability

NCLB No Child Left Behind

OHI Other Health Impairment

OT/PT Occupational Therapy/Physical Therapy

PBIS Positive Behavioral Interventions and Supports

PTI Parent Training and Information Center

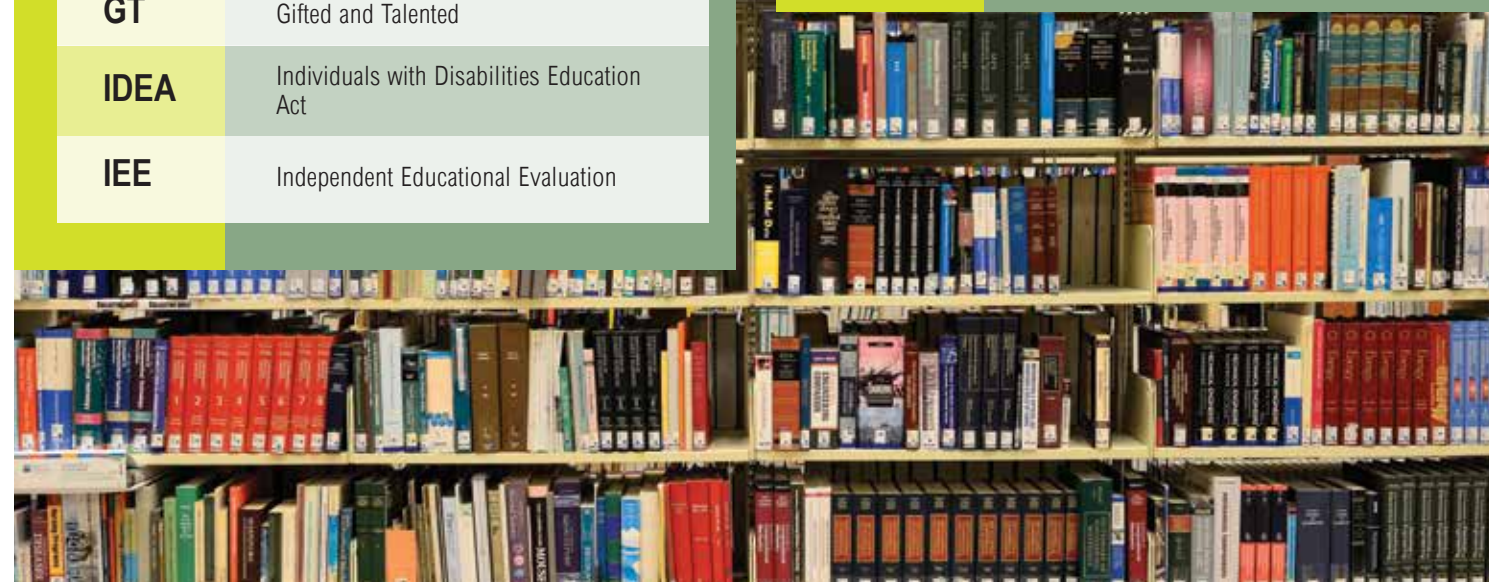
RTI Response to Intervention

SEA State Education Agency

SLD Specific Learning Disability

SLP Speech Language Pathologist

SPED Special Education



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