**Northeastern Region Initiative Coordinator Meeting**

**Fox Valley Technical College**

**Appleton, WI**

**February 9, 2016**

**Issues Basket**

1. Meeting times: schools can only meet after school
2. 1-2 members only participate, members don’t show, or a major player in the plan does not show up
3. How to use Crisis Intervention Training in the plan. The Crisis Plan isn’t working and members feel that there are no other options
4. Parents don’t show up or are not involved
5. Kids don’t want parents there (young teen)
6. Child is not involved – child’s choice
7. Different agendas, different systems can’t get on the same page, different roles
8. Strategies across systems: make sure all are doing the strategy in all environments
9. Lack of informal supports, or parents are not willing to include natural supports
10. Everyone does not get the same information at the same time, time sensitive information
11. Too many social workers

**Scenarios**

1. **Key natural support who doesn’t want to be part of the team**

**Owen’s grandmother lives nearby and was very supportive and involved in the past, but felt taken advantage of and hasn’t been involved in the family’s life for the past 3 months.**

**Grandma (Ruth) and Owen have had a lifelong trusting relationship, and she has provided a safe and positive environment for Owen especially after school. It appears that she would be a key factor in the successful long-term planning for Owen; and her participation on the team would be extremely important. But after an initial call from Jane and the Service Coordinator she is refusing to be part of the team.**

**What are some possible steps in initial meetings that might help in getting her involved?**

1. Conversation with grandma on how she felt taken advantage of
2. Explore what her worries/fears are for getting involved
3. Revisit positive relationship with Owen
4. Have her agree to be “passive” participant
5. Share family vision
6. Is she willing if there are boundaries set. What can she do.
7. Participate/listen via phone
8. Engage Owen in this process
9. Share what team says are roles, strengths, goals
10. **Natural support who is viewed as a “bad influence” – include on the team or not?**

**Jane’s best friend Sue who she meets at the corner bar at least 3 times per week has been asked by Jane to be on the team. Two of the team members know Sue and are concerned that she is more of a “drinking buddy” than a supportive friend. In particular, the therapist states to the Care Coordinator prior to a team meeting that she is adamant that if Sue is part of the team, it will affect her own participation in the team. Brainstorm ideas that can be used to address this situation before and during the team meetings**.

1. Review basic concepts of CST
2. Question professionalism of therapist
3. Speak with therapist to find out more details about concerns
4. Talk with mom about what Sue could bring to the team
5. 1st team meeting: roles, strengths, goals
6. Basic team guidelines re: drinking
7. Sue might end up being a positive role model
8. We don’t know Sue’s history, she might be a parent/peer specialist
9. **Service provider who appears to be supportive, but then throws a wrench in the team’s planning process.**

**The Juvenile Justice (JJ) worker made the original referral to CST. At the last team meeting, the team developed a POC that includes plans for Owen to have more involvement in social and recreational activities with youth his own age. You are currently facilitating the next team meeting in which the JJ worker states that he was initially supportive, but now says that there needs to be more limitations and restrictions and indicates the court order supports this approach. What are some ways that you can address the situation?**

1. Clarification of limitations and restrictions
2. Was there a recent (negative) event that happened?
3. Education to JJ worker on safeguards that have been put in place
4. Open-minded
5. JJ worker to educate the team on the court order (provide the order to team members)
6. **Unforeseen “crisis” situations not identified during the assessment of needs and strengths**

**As part of the POC, Mom is providing transportation for Owen to appointments. The plan is finally beginning to work and at the next meeting Mom arrives late, angry and finally shares with the group that she was arrested for drunk driving this past weekend. As a team, what are possible changes to the POC you would make?**

1. School needs
2. Bus route
3. Carpooling
4. Grandma
5. Medical needs
6. MA transportation
7. Metro bus vouchers
8. Grandma
9. Flexibility of location of appointments
10. Establish local resources (therapy/county providers)
11. Other needs
12. Groceries
13. Other informal or natural supports
14. **Lack of specific service providers**

**The team has identified anxiety and sleep issues as significant needs for Owen. Given his experience of trauma, the family physician is specifically recommending that Owen see a therapist who specializes in Cognitive Behavioral Therapy, as well as a child psychiatrist to prescribe and monitor medication. There is a shortage of both types of providers in the area. You are currently facilitating the meeting in which the team is developing the POC. What can the team do?**

1. What services can school offer
2. Would a sleep study help
3. Look at transportation options to outside of the area
4. Check with other team members re: other resources
5. Ask team member to check local hospitals
6. Check physician referral options
7. Telehealth
8. Online therapy options
9. Check NAMI, Wisconsin Family Ties
10. Ask family physician (or nurse) to attend team meeting