

MANAGING CROSS-OVER YOUTH

Transitioning to Brighter
Futures through Informed
Planning



Enterphase

Child & Family Services

E.C.F.S. Mantra - Know Your Kid!!!

- Comprehensive Primary Assessment
- Prenatal Factors
- Previous Assessments and Recommendations
- Diagnosis
- Functioning level – Cognitive and Adaptive
- Medical History
- Medication(s) and information regarding them.




LIFE EXPERIENCE

- **Previous family experience with police and authority figures – Judges, lawyers, probation...**
- **Abuse**
- **Neglect**
- **Domestic Violence**
- **Parental Substance Abuse**
- **Number of moves/reasons for moves**



THIS WORK LEADS TO THE DEVELOPMENT OF A INDIVIDUAL SAFETY PLAN

Safety Plan components include:

- **Things that harm others**
 - **Things that harm yourself**
 - **Situations that make you become a victim**
 - **Triggers to aggression**
 - **Assessment of risk for dangerous behaviours**
 - **Current coping skills**
 - **Warning signs**
 - **Preferred interventions**
 - **Individual plan to reduce the use of restraint**
 - **Level of supervision and support required**
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Collaborative Planning




WHEN POLICE INVOLVEMENT IS FELT TO BE HELPFUL...

- All parties informed of plan in advance
- Act proactively/ try not to be done in a crisis situation
- ECFS along with community officers decide if uniforms should be worn or not and where the intervention should take place – residence, main office, police station
- Police will follow up either at the residence or at the main office depending on the client and the seriousness of the behaviour.

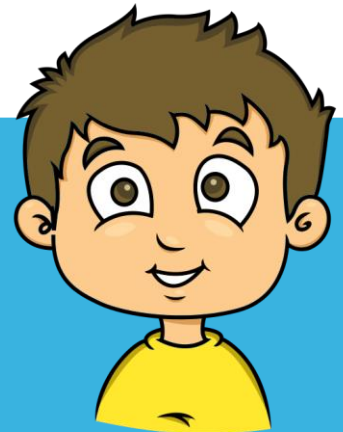
**Plan -> Intervention -> Follow up -> Assess
outcome**

QUESTIONS TO ASK PRIOR TO INVOLVEMENT OF POLICE OR PROBATION SERVICES

- **Why are we doing what we are doing?**
 - **Will this support the treatment plan?**
 - **How will this be helpful in providing either a corrective experience or a therapeutic experience?**
 - **Is the child capable of making use of this intervention at this time?**
 - **Who is the best person to oversee this intervention at this time?**
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EMERGENCY MENTAL HEALTH BOOKLET

- **Name**
- **Date of Birth**
- **Health card number with version code**
- **Allergies**
- **Medical Conditions**
- **Provisional Diagnosis**
- **Team Leader contact information**
- **Clinical Manager Contact Information**
- **On Call cell phone number**
- **All Medications with Dosage, times and reason for prescription**
- **Urgent needs (Suicide risk, self harm, harm to others, AWOL, risk of being kidnapped)**
- **Is client able to return to ECFS residence**



EMERGENCY MENTAL HEALTH INFORMATION PACKAGE

- ✓ **Interpretive Summary**
- ✓ **Individual Safety Plan**
- ✓ **Internal Psychotropic Medication Review notes**
- ✓ **Assessments**
- ✓ **Serious Behavioural Problem Assessment**
- ✓ **Incident Reports**
- ✓ **Miscellaneous**



THANKS FOR YOUR TIME.....

DID I MAKE THE 5-8 MINUTE TIMELINE?

