Adoption Services

TVFS’s Adoption program aims to facilitate the Adoption of children who are placed in foster care under the custody of the Los Angeles Department of Children & Family Services (DCFS). These children may already be living with one of TVFS’s resource families in the foster care program or from the greater pool of the LA County foster care system’s children eligible for adoption. The agency approves a pool of resource families and others interested in “fostering to adopt”.

The Administrator must have a Master's Degree from an accredited or state approved graduate school in social work or social welfare, marriage, family and child counseling, counseling psychology, social psychology or equivalent education and experience as determined by the licensing agency. In addition, the administrator shall have demonstrated ability and leadership through a minimum of three years of experience in the field of child or family services, two years of which have been in an administrative or managerial position. Or the Administrator could have a Bachelor's Degree in a behavioral science from an accredited college or university. In addition, the administrator shall have demonstrated ability and leadership through a minimum of five years of experience in the field of child or family services, two years of which have been in an administrative or managerial position.

Supervisors must have a Master’s degree, in Social Work or other fields approved by the State Department of Socials Services, Community Care Licensing Regulations and two or more years of direct experience in Foster Care or related field. Specific experience requirements are three years of full-time social work or casework employment in the field of family or child welfare services; or two years of full-time social work or casework employment in a licensed foster family or adoption agency.

Social Workers must have a Master’s Degree in a field approved by the State Department of Social Services, Community Care Licensing Regulations or a Bachelor’s degree in a behavioral science from an accredited college or university and three years of experience in a child welfare program and two years of employment in a licensed FFA. They may be granted an exception provided he/she completes the coursework and field experience requirements specified above.

Foster Care Services

TVFS has been contracted by Los Angeles County Department of Children & Family Services (DCFS) to provide the comprehensive bilingual/bicultural services for children 0-24 in out-of-home care. These services include, but are not limited to, short and long-term placement, initial assessment of children’s needs, ongoing case management services, visitation, family reunification services, mental health services, and wraparound services. The aforementioned services are provided by a professional staff that is almost 100% bi-lingual, English-Spanish speaking including licensed therapists, case managers, social workers, administrative and executive staff. Staff members have experience and education as required by Title 22/Interim Licensing Standards, the state regulations related to community care facilities.
Drop In Center Services

TVFS’ Drop-In Center provides timely access for our underserved populations to obtain preventative strategies to reduce negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, and homelessness. We promote the positive benefits of seeking help early and strive to reduce stigma and discrimination associated with mental illness or seeking mental health services.

The Drop-In Center provides a “low-demand, high-tolerance” environment in which youth can find temporary safety and basic supports. TVFS’ Drop-In Center provides direct services, referrals, and linkage for myriad support services that a youth or young adult may need, including but not limited to: housing assistance, substance abuse support and treatment linkage, mental health treatment, wellness groups, financial literacy, educational support, court mandated community service, social benefit support, community events (including job fairs and recreation), tattoo removal, and legal referrals. TVFS’ Drop-In Center has Employment Specialists on site to assist in areas such as job readiness training, resume building, and mock interviewing. Basic support services are available during hours of operation for walk-ins including: food, clothing, showers, and information on employment, education, housing, and health and wellness.

Staffing includes professionals and paraprofessionals, mental health workers, peer support specialists, employment specialists, and volunteers. TVFS ensures the availability of one clinical staff to respond to clinical urgencies, either on premises or on-call, during all hours of operation.

Peer Support Specialists provide outreach and engagement, advocacy support (accessing services to medical, mental health, economic, legal), mentoring, leadership, strengthen interpersonal and communication skills, teach basic life skills, coping skills, and self-help strategies. They provide individualized direct support to youth by respecting the individual’s choice and building confidence, leading to a greater degree of independence. Our Peer Support Specialists interact with the youth by sharing common experiences and modeling resiliency and recovery. They assist youth in understanding components of resiliency and recovery and help them apply the skills to achieve life goals.

Outpatient Mental Health Services

Community Outreach Services:
1. Mental Health Promotion is an activity directed toward:
   a. enhancing or expanding an agency or organization’s knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups; and
   b. providing education and/or consultation to individuals and communities regarding mental health service programs in order to prevent the onset of mental health problems.
2. Community Client Services include activities and projects directed toward:
   a. assisting individuals and families for whom there is no open case record, to achieve adaptive level of functioning through a single or occasional contact; and
b. enhancing or expanding an agency or organization’s mental health knowledge and skills in relation to the community-at-large or special population groups.

All disciplines are able to provide Community Outreach Services.

**Crisis Stabilization and Intervention Services:**

1. Crisis Stabilization is an immediate and targeted response, to or on behalf of a beneficiary for a condition that requires more timely response than a regular scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who meet the crisis stabilization contract, site, and staffing requirements.

2. Crisis Intervention is a quick emergency response service, lasting less than 24 hours to, or on behalf of, the client for a condition that requires more timely response than a regularly scheduled visit. The services enable the client to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible. Crisis Intervention services are limited to stabilization of the presenting emergency. This service does not include Crisis Stabilization.

3. Crisis Oriented Recovery Services (CORS) is a short-term intervention designed to provide immediate crisis intervention, address identified case management needs, and assure hard linkage to ongoing services.

1. MD/DO, PhD/PsyD (Licensed or Waivered), Social Worker (Licensed or registered or waivered), MFT (Licensed or registered or waivered), Professional Clinical Counselor (Licensed or Registered), Student professionals in these disciplines with co-signature by a licensed supervisor are responsible for providing Psychotherapy for Crisis.

2. Crisis Stabilization and Intervention Services. All disciplines are trained to provide crisis intervention.

**Medication Support Services**
The Village Family Services (TVFS) offers psychotropic medication support services based on client need in conjunction with participating in the agency’s therapeutic services. TVFS employees, contractors and interns shall never suggest psychotropic medication prior to or in lieu of attempting age appropriate and culturally sensitive behavioral interventions and other forms of therapeutic treatment. TVFS does not prescribe psychotropic medication as a disciplinary measure. TVFS only prescribes psychotropic medication and does not dispense, administer or control medication.

Psychotropic medication support shall include evaluation, assessment, treatment and monitoring by a licensed psychiatrist under contract with TVFS. Clients displaying symptomology or diagnoses that would benefit from medication shall be referred by their therapist to a contracted psychiatrist to perform an evaluation. All referrals to a contracted psychiatrist must be approved by the therapist’s clinical supervisor.

All TVFS employees, contractors and interns shall abide by applicable local, state and federal laws and regulations pertaining to medications and controlled substances.
Psychiatrists or an appropriate designee if they are unavailable shall be available to all clients receiving medication support services. All clients must have a physical examination before the psychiatrist prescribes medication.

**Mental Health Services (Individual-Group-Collateral)**

Mental Health Services (MHS) are those individual and group therapies and interventions designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhances self-sufficiency and are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Service activities include:

a. **Comprehensive Assessment** is a service activity designed to evaluate the current status of an individual’s mental, emotional, medical, and behavioral health. This shall include but is not limited to one or more of the following: mental status determination; analysis of the individual’s clinical, medical, developmental, and available family history; analysis of relevant cultural issues and trauma history; diagnosis; and the use of testing procedures as needed.

b. **Rehabilitative Services** are activities that include assistance in improving, maintaining or restoring a client’s functioning skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills and support resources and/or medication education.

c. **Plan Development** is a service activity that consists of service planning and intervention strategies, teaming, approval of client plans, monitoring, adapting of a beneficiary’s progress and transition.

d. **Therapy** is a service activity that is a psychotherapeutic intervention focusing primarily on symptom reduction as a means to improve functioning. This service activity may be delivered to a client or group of clients and may include family therapy.

   i. **Individual, Family, and/or Group Therapy** are mental health services provided with an individual client, family, or group designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of the individual or family to promote learning, development, independent living and enhance self-sufficiency.

      1. **Individual therapy** is a MHS activity (other than psychological testing) that is delivered to or on behalf of one client. Family members and other collaterals may be present; however, for billing purposes, only one service claim can be submitted. Services “on behalf” of the client may include such activities as paperwork, case conferences, etc.

      2. **Group therapy** is a face-to-face MHS activity delivered to more than one client at the same time. This service is always face-to-face.

e. **Collateral** is a service activity to a significant support person in an individual’s life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the individual’s treatment plan. Collateral may include but is not limited to consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation, and training of the significant support person(s). The individual (child/youth/NMD) may or may not be present for this service activity.

The following staff are responsible for providing Mental Health Services.
a. Comprehensive Assessment:
   i. The assessments shall be completed by appropriate staff (therapist, social worker, case manager) and where available conducted in the primary language(s) of the client, caregivers and family. When an assessment is used to determine a clinical diagnosis, therapists legally qualified to do so shall make the final clinical diagnosis. The assessment process shall focus on the needs of the client and their family and take into account both individual and family goals as well as future changes to those goals.

b. Rehabilitation Services can be provided by:
   i. Therapists, rehabilitation specialists, in home support specialists and any discipline with required education and experience

c. Plan Development can be provided by:
   i. All disciplines can assist with plan development

d. Therapy can be provided by:
   i. MD/DO, PhD/PsyD (Licensed or Waivered), Social Worker (Licensed or registered or waivered), MFT (Licensed or registered or waivered), Professional Clinical Counselor (Licensed or Registered), Student professionals in these disciplines with co-signature by a licensed supervisor.

e. Collateral can be provided by:
   i. All disciplines can provide collateral

Psychological Testing
- A Client’s Therapist is responsible for completing the Testing Referral Form.
- Clinical Supervisors are responsible for approving referrals for testing.
- Testing Psychologists, PhD/PsyD (Licensed) or doctoral level intern under supervision by PhD/PsyD (Licensed) on staff are responsible for completing the testing.
- The Director of Outpatient Services will be responsible for coordinating testing as needed.

Targeted Case Management Services
Targeted Case Management services are activities provided by program staff to access needed medical, educational, social, prevocational, vocational, and rehabilitative or other needed community services for eligible clients.

Case Managers, Intensive Care Coordinators, Rehabilitation Specialists, In-Home Support Specialists and Therapists can all provide Targeted Case Management and are responsible for providing Targeted Case Management Services as assigned.

Therapeutic Behavioral Services
Therapeutic Behavioral Services (TBS) is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal.

All trained disciplines are responsible for providing Therapeutic Behavioral Services
Wraparound Services

The Village Family Services Wraparound Program provides individualized, needs-based and strengths-based wraparound services to youth and their families, connecting them with intensive mental health services, social services, emergency safety services, and social and recreational opportunities. These services are provided in the family’s home and/or community.

Each client is assigned to a Wraparound Team consisting of a trained and experienced Intensive Care Coordinator, Intensive Home Behavioral Specialist, Parent Partner, and Clinician, ensuring that mental health services work in tandem with other supportive services provided to the client and family. The Wraparound Team utilizes the Shared Core Practice Model to engage formal, informal, family and community supports to form a Child and Family Team (CFT) which meets weekly, monthly or more often as needed to collaboratively to develop the Plan of Care (POC) for the client and their family. Once involved, our staff provides treatment and care until the family transitions from the Wraparound Program.

Intensive Care Coordinators must have a BA/BS in child development, social science or related field or an AA/AS in social science or related field plus 2 years of experience.

In Home Behavioral Specialists (IHBS) must have a Bachelor's degree in a social science related field and at least 6 months of experience in working with emotionally disturbed clients or clients who have a serious behavioral problem; or an Associate’s degree in a social science related field and at least 1 year of experience in working with emotionally disturbed clients or clients who have a serious behavioral problem.

Parent Partners must have a Bachelor’s Degree and at least 1 year of experience or an AA Degree and at least 2 years of experience working with children or families with complex needs.