

* FAMILY SUPPORT CENTER

Mission: to provide free, solution focused, brief therapy to students and families that result in improved outcomes, including academic achievement, change in behaviors, personal situations and/or family functioning.

* What Is The Family Support Center

- * **Program:** The Family Support Center (FSC) models a program offered through The Partnership for Ontario County, Inc.

First pioneered by the Phelps-Clifton Springs School District in 2001, this unique initiative was designed to improve access to support services for students and their families in Canandaigua City, Marcus Whitman, Geneva and Phelps Clifton Springs School Districts.

<http://partnershipforontariocounty.org/community-programs/family-support-centers/>

- * **Need:** Yates County provides limited access to family based counseling and then at a cost that may be prohibitive to most.
- * **Location:** Penn Yan Academy (effective Oct 2018)
- * **Times:** Weekly family counseling (avg 6-7 sessions up to 10-12) usually 1X per week for 50 minutes during late afternoon/evening hours.

* Priority Areas/Objectives

- * To provide accessible and affordable (FREE) counseling services to students and their families.
- * To use short-term Solution Based Therapy (SBT) as the Counseling model to focus on solutions, rather than problems.
- * To meet individual students and family participants' goals in areas of academic performance, school attendance, family functioning, discipline problems and/or health concerns.
- * To increase participating families' knowledge of and access to community based services.

*Who Provides the Counseling/Training?

- * Our FSC counselors are selected first from within our PYCSD PPS team i.e. psychologists, social workers or school guidance counselors. Additional Counselors will be appointed from professionals within the Mental Health field.
- * Counselors receive training in Solution Focused Brief Therapy. This also includes the Evaluation Scales and process.
- * The program contracts with our Clinical Supervisor who meets with counselors on an ongoing basis for advisory purposes, direct supervision and/or case reviews.
- * Currently PYCSD has (2) teams of (4) trained professional staff as FSC counselors.

*Target Audience and Referrals

- * Our referrals will be from grades K-12 who are Yates County residents, and currently attending Penn Yan CSD.
- * Referrals can be made by school personnel or other service agencies i.e. Child and Family Services, DSS, Probation, etc. or family self-referrals. (see Referral Form)
- * Referrals are submitted through the Program Coordinator who will contact families for a phone Intake. (see next slide *Referral Process)

*Referral Process

Forms: FSC Referral Form

Procedure:

1. A completed referral form must be completed and forwarded to Deb Holland, current Family Support Center Coordinator either via FAX: (585) 396-4520 or emailed to debocyc@gmail.com.* *effective October 2018
2. The FSC Coordinator will contact the family, complete a FSC intake form and schedule the family's first appointment. The FSC Coordinator will also communicate with the family the importance of participating in the evaluation online surveys.
3. The FSC Coordinator will follow up via email/text to confirm their first appointment and to provide the link to the FSC survey and send on to counselors to confirm the newly scheduled appointment.

Penn Yan CSD



Family Support Center Referral Form

Referral Date: _____

Name of referred child/student: _____

School: _____ Grade: _____

Father's Name _____ Home Phone _____ Work/cell _____

Mother's Name _____ Home Phone _____ Work/cell _____

Person with whom the child/student resides: _____

Name of referral source: _____ Referral source phone: _____

Parent Contacted regarding referral to Family Support Center Yes or No Date _____

Reasons for referral (Please check all that apply)

- Behaviors in School
- Behaviors at Home
- Personal Difficulties
- Socialization Issues
- Academic Achievement
- Family Issues
- Other

If other, please describe reasons for referral:

Referral Source: Please check the appropriate statement:

I have asked the family to call Deb Holland at the Family Support Center at (585) 429-0497 _____
The family is expecting a call from the Family Support Center _____

Please **FAX to: (585) 396-4520** or email completed form to:
DebHolland at debocyc@gmail.com .

To be completed by FSC Coordinator:
Family Contact: _____

FSC Assigned: _____ Date: _____

Counselors assigned: _____ First Appointment _____

* Family Post-Responses to FSC Program

Majority of respondents strongly agree or agree that:

- * they learned skills while working with their counselor and have used the skills/strategies
- * participating in counseling helped them and their family to cope with future difficulties.
- * the counseling was effective in resolving issues and improving their family's functioning.
- * they noticed an overall positive change in their family and their child(ren).