



Scope of Service

Homeless/Runaway Emergency Action Response Team (HEART)

Service Area:	Butte County
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Program Philosophy
To do “whatever it takes” to provide safety for youth and family members of youth experiencing homelessness or a runaway episode so that they can acquire the skills, resources, and opportunity they need to transition into healthy independent living, adulthood and/or return to their primary caregiver. Services are driven by the client and their individual goals.

Program Goal
Provide physical and emotional safety to minors experiencing a homeless or runaway episode. Reunite runaway youth with their families and strengthen family bonds. Promote stable living conditions for runaway and homeless youth, including youth that are at risk from separation from their families. Design, implement, and maintain a services delivery system that is responsive to the unique needs of the runaway and homeless youth in Butte County.

Program Description	
Service Type:	Crisis intervention, individual and family counseling, rehabilitation services, case management, care coordination for youth and families. Intensive clinical case management for youth and their families who need longer-term services.
Service Location:	Various locations that meet the needs of the youth. Common sites include the home, community, school sites, and at the Behavioral Health’s Crisis Stabilization unit.
Administrative Location:	260 Cohasset Rd. Suite 120 Chico, CA 95926 (530) 877-1965
Population Served:	Homeless, runaway youth under the age of 18 or those at risk of becoming homeless or runaways and their families in Butte County.
Hours of Operation:	24/7 support. In case of emergency contact the HEART on-call line: 1-877-4-Runaway (478-6292)

Service Abstract
Services include 24-hour crisis intervention, access to temporary shelter, assistance accessing social services, basic needs such as food, clothing and hygiene items, counseling, brief family counseling conflict mediation, family reunification, and community education. Mental health services include assessment and evaluation, therapy (individual and group), rehabilitation, plan development, and case management. A variety of educational and recreational workshops are available to participants including such topics as, art, cooking, budgeting, stress management, and others through

partnerships with the 6th Street Center for Youth, Stonewall Alliance, and the African American Family Cultural Center.

HEART encourages community support and awareness of the challenges facing homeless youth through conducting presentations on the need for HEART and the impact it is having in the community. HEART has an outreach team consisting of three youth employees and an Outreach Coordinator. The HEART outreach team seeks to develop young community leaders and encourage youth experiencing a homeless or runaway episode to access services. The outreach team is responsible for street outreach and community education including working shifts at the 6th Street Center for Youth, tabling at community events, and participating on planning committees. Presentations may include the following audiences: schools, local community and public radio, law enforcement, non-profits, service organizations, and faith-based organizations. Strong and effective collaborative partnerships with key programs and services that cater to the youth population are developed to provide seamless services for youth who may need to access services from a variety of providers.

Entry and Exit Criteria

Entry to the program is based on the client's willingness to participate in program services and the determination that they qualify for services under federal grant funding requirements. The client exits services based on the reduction of crisis needs related to incidents of runaway or homelessness, or the client has reached the age of 18 years.

Referral, Transition, and Discharge

All referral, transition, and discharge decisions are the responsibility of the services provider and applicable treatment team(s). Referrals will be made and documented throughout treatment, considering clients' and families' abilities and preferences. Transition planning will occur throughout the course of treatment, be discussed with clients and applicable treatment team(s) and be documented. Transition plan will include review of clients' wellbeing, gains achieved, and client and family strengths. Discharge paperwork and client history reports will be completed and reviewed at the end of treatment with clients and caretakers as available and appropriate.

Agency Website:	www.youth4change.org
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