

SUPPORTING EARLY CONNECTIONS

Infant Mental Health Court Project

Referring Families to Navos for Child-Parent Therapy Services

Which families qualify for Child-Parent Therapy in the Pilot Project?

- Family has an infant or toddler younger than 30 months at time of referral.
- The infant or toddler is placed in King County (placement may be in-home or out of home).
- One or both parents are motivated to improve their relationship with their infant or toddler.
- Parent(s) and infant are able to engage in the therapeutic process and willing to participate in weekly sessions.
- A dependency petition has been filed within the past six months in King County Superior Court, and the case is heard at the Norm Maleng Regional Justice Center in Kent, WA, in Commissioner Gallaher's court room.
- Assigned social worker works in *either* the King South (Kent) or White Center DCFS Office.
- The parent(s) is willing to engage in the services voluntarily.

How is a family referred to Navos for services?

The parent's attorney is responsible for referring a family to Navos for Child-Parent Therapy. However, other parties may recommend the program to the attorney or family.

1. Parents' attorneys will discuss the program with their clients, explaining how it works and the potential legal risks and benefits of participating.
2. If a parent decides to engage in services, their attorney will fax the form on the backside of this sheet to Dawn Stolworthy, Family Support Specialist, at 206.933.7297. Families can also fax the form in themselves.
3. Navos will conduct a phone screening with the family within a week to insure the family meets the initial project criteria and to set up an in-person intake appointment.

How do families and parties to the dependency find out if the family is enrolled in the program?

If the family meets the initial project criteria, an intake assessment will be scheduled. During the intake assessment process, which may take more than one appointment, the Navos therapist observes the parent and infant, and discusses with the parent(s) directly what it will be like to be enrolled in the program.

If the therapist and the parent agree that Child-Parent Therapy is appropriate for the family, Navos will send an enrollment letter to the parent, with copies provided to all parties to the dependency case, and the court. Then the work will begin!

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Infant Mental Health Court Project
Child-Parent Therapy Services Referral Form

Date of referral: _____

Parent's name: _____

Mother Father

Child's name: _____

Date-of-Birth: _____

Date dependency filed: _____
(must be within the past six months)

Cause number: _____ Next Hearing Date: _____

Child is placed with parent with relatives in foster care other _____
(placement must be in King County)

Parent's phone number(s): _____

Best days of the week/times
to contact parent: _____

Parent's Attorney's name: _____

Parent's Attorney's phone number: _____

Social worker's name: _____

Social worker's phone number: _____

Please fax your completed form to:
Dawn Stolworthy, Family Support Specialist, Navos
206-933-7297