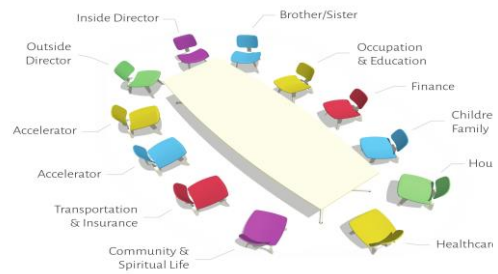




The Open Table Model



Referral Partner FAQ

How does our organization get started if we want to refer candidates to Open Table?

First, review this document. If you have any questions, please contact us through this link:

<http://tinyurl.com/ot-helpdesk>. A member of our Referral Partner staff will quickly contact you.

What is our first step to become a referral partner?

You'll need to submit an online [Referral Partner Organization Form](#). Open Table cannot accept referrals without this information. You can find it at this <http://tinyurl.com/ReferralOrganizationForm>

Each Referral Partner is required to appoint a staff coordinator who can connect with Open Table to provide referrals and with congregations when your knowledge and/or community network may be needed or in the case of an emergency. Staff Coordinators must be easily accessible for referral and other requests and have the ability to access your staff and resources. If your agency has an active case management plan in place, your Staff Coordinator will work with the Table to schedule the required meeting to discuss the current case plan. This is done so we can work in coordination with current goals and not duplicate the work your agency is already doing with the candidate.

How does our staff become familiar with Open Table, our role and the referral process?

We present the Open Table model to Case Managers/Workers, usually by video-conference or conference call. The presentation time is one hour, which includes time for Q&A.

Before we present the model, each meeting attendee is required to go to the following links in order to have a foundational understanding of the Open Table model. These resources are all found on the website resources page – just follow the links. We suggest the information be reviewed in this order:

1. National Brochure: [National Brochure](#)
2. Saginaw, Michigan System of Care Initiative Video: [Saginaw Michigan System of Care](#)
3. Dr. John VanDenBerg Research Report: Research Report: [Dr. John VanDenBerg Research Report](#)
4. Readiness Assessment Policy: [Readiness Assessment Policy](#) (attached)
5. Referral Organization Process: (attached)

Once attendees have reviewed the Open Table information, the agenda for the Open Table information meeting will include:

1. Introductions
2. Referral Partner overview of its organization
3. Overview of the Open Table model

4. Outcome expectations
5. Referral Process Q&A

How do we share the Open Table opportunity with our clients?

Please note: In Open Table, clients are called “Brothers” and “Sisters” to communicate the community and reciprocal relationships that will be formed.

You’ll want to identify candidates that are the most ready for the Open Table experience. Open Table uses an assessment based on Prochaska’s Theoretical Model of Change (stages of change). All candidates must be 18+ years old. Adult candidates, 24+ years old, must be assessed as in the “preparation” or “action” stages of change to be invited to a Table. Young adults of any stage can be invited. Please see the “Readiness Assessment Policy” for details: [Readiness Assessment Policy](#).

Clients most likely to be ready for Open Table:

- Has a projection of at least 6 months stable housing.
- Free of ‘active’ substance abuse for at least 18 months (for Young Adults this may differ; see Readiness Assessment Policy attached).
- Compliant with medications (if applicable – for mental health or physical health).
- Is goal oriented as demonstrated by:
 - Proactively searching for employment or currently employed
 - Proactively researching or involved in educational opportunities
 - Past or present commitment to services, groups and/or mentoring

How does Open Table alert us when a referral is needed?

When a Table at a faith community is ready for a referral, they will notify Open Table by completing an online request form. This form will also be emailed directly to your Staff Coordinator.

Your Staff Coordinator is required to respond to our request within 48 hours and let us know the approximate length of time needed to fulfill the faith community’s request. If we don’t hear within 48 hours, we will invite other referral partners to refer a candidate. It is of critical importance to quickly provide a referral. You may want to develop a list of possible referrals now so you are ready.

How do we inform potential referrals about Open Table?

Case Managers/Workers provide candidates with the National Brochure and explain Open Table to them and why they may be a good candidate. You may want to invite them to visit the Open Table website: [Open Table](#).

How do we submit a referral to Open Table?

If the potential candidate wishes to be referred, the Referral Partner completes an online referral form by clicking on this link: [Candidate Referral Form](#). Upon entering “SUBMIT”, the form is transmitted directly to the Open Table Review Team.

The Referral Review Team meets weekly to review all Open Table referrals. If the team has questions or requires clarification, Open Table will connect with your Staff Coordinator for further clarification. The process may not proceed until the requested clarification is received.

How do we know if our referral can proceed in the candidate process?

After the Open Table Referral Team review is complete, Open Table will notify your Staff Coordinator if your referral is invited to enter into the assessment process.

If our referral is invited to join a Table, what happens next?

You'll inform the candidate that they will be contacted by Open Table for an information meeting. This meeting includes an overview of the candidate assessment/approval process. Please verify that the contact information you provided for your referral is current. Inform us right away if there is a change.

How does our referral complete the assessment process?

We and members of the congregation facilitate the assessment process. One of us will contact the referral directly.

How are we notified of the results of the assessment?

We will notify your Staff Coordinator whether or not your referral is invited to join a Table.

What happens if we have an active case management plan in place for the candidate?

If there is an active case management plan, our policy is the Referral Partner Case Manager/Worker, Brother/Sister and a representative from the Table meet to:

- Discuss the plan to ensure there is no duplication of efforts
- Develop a plan for ongoing communication and coordination
- Form an understanding that it is the role of the Brother/Sister to communicate about their Table experience with their case manager; not the role of Table members
- Affirm that no conversations will take place between the Table and Case Manager without the presence of the Brother/Sister
- Discuss Case Manager's recommendation for potential available services to assist the Table
- Celebrate and encourage the Brother/Sister for the road ahead
- A Table representative will contact the Case Manager to arrange this meeting.

Will we be called upon to discuss the case plan during the course of a Table?

Periodically during the course of a Table there may be an instance when the Brother/Sister calls upon the Table to assist with the case management plan. If this occurs, the Case Manager/Worker is called upon to consult with the Table. This will always be at the request of the Brother/Sister who will be present during this consultation.

Consultation is usually conducted by phone but may also be done in person if the Case Manager is available and willing.

An example of a consultation is to discuss confusion about a benefit or responsibility that is an element of the Brother/Sister's active case management and has asked the Table to assist them.

As changes or challenges develop over time, the Table Members will encourage open communication with the Brother/Sister and their Case Manager/Worker in support of the young adult's needs and well-being, and always in accordance with the Brother/Sister's wishes. This may occur through periodic check-ins as determined by the Brother/Sister as outlined in the previously agreed upon plan and it also may

occur “in the moment” depending upon the circumstances. For example, with significant events pertaining to a young adult’s physical or mental health, housing, employment or other key domains of functioning, a Table Member may ask the young adult if they have shared particular information with their Case Manager/Worker and may encourage or support the young adult in doing so if relevant to the young person’s case management plan and current needs.

The wishes of the Brother/Sister will always be respected in determining if/how such consultations occur. Likewise, the Case Manager/Worker will encourage the young adult to share relevant information with their Table Members in the same manner. The more consistency and alignment a Brother/Sister can experience from their support system, including natural supports, unpaid supports and professional supports, the more coordinated the approach will be to helping the young adult achieve their goals.

Will we receive feedback about how our client is progressing on the Table?

Tables are not able to provide updates to the Referral Partner on the specific progress of the Brother/Sister without the Brother/Sister’s consent and the presence of the Brother/Sister when feedback is provided. To the extent that the Brother/Sister welcomes the Table to join in supporting the agency’s case management plan and welcomes the Case Manager/Worker to provide support in the relationships with the Table Members, coordination and communication among those working to support the Brother/Sister is encouraged.

What is the relationship between the Brother/Sister and the Table?

Open Table is a voluntary process for both the Brother/Sister and Table members at all times. Either may elect to end their Table participation at any time without notification, though the hope is that all will choose to participate for the full time the Table meets, generally about one year. Open Table determines if the Table is ready to operate and may halt or end the operation of the Table at any time and without notice.

The information in this Referral Partner FAQ is subject to change without notice.



Important Candidate Information
for Faith Community Staff, Coordinators and Table Members

Open Table Uses Psychological Assessment to Assist in Identifying Candidate Readiness for Participation in the Open Table Process
Some candidates may not be ready for the Open Table process.

Psychology, and the Open Table experience, has taught us that people change when they are ready to take action. When ready, candidates freely engage in the Open Table process and are able to utilize the resources available to them through their Table. Powerful changes may occur as these Brothers/Sisters move toward stability in the community.

Open Table uses an assessment process because the success of the Table depends on the readiness of the Brother/Sister to take action. In the Open Table assessment process, best practice transitional organizations refer candidates to Open Table. Next, based upon broadly accepted psychological theory and methods, an assessment identifies candidates who are ready for the intensive work of the Open Table model. With a core value of “do no harm,” the Open Table assessment also helps identify candidates who may have been referred to a Table before they are ready and allows Open Table the opportunity to help direct these candidates toward paths and resources more appropriate to their current stage in the change process. While these candidates would not be able to participate on a Table at that time, change is an ongoing process and, should candidates move toward action, future consideration is possible.

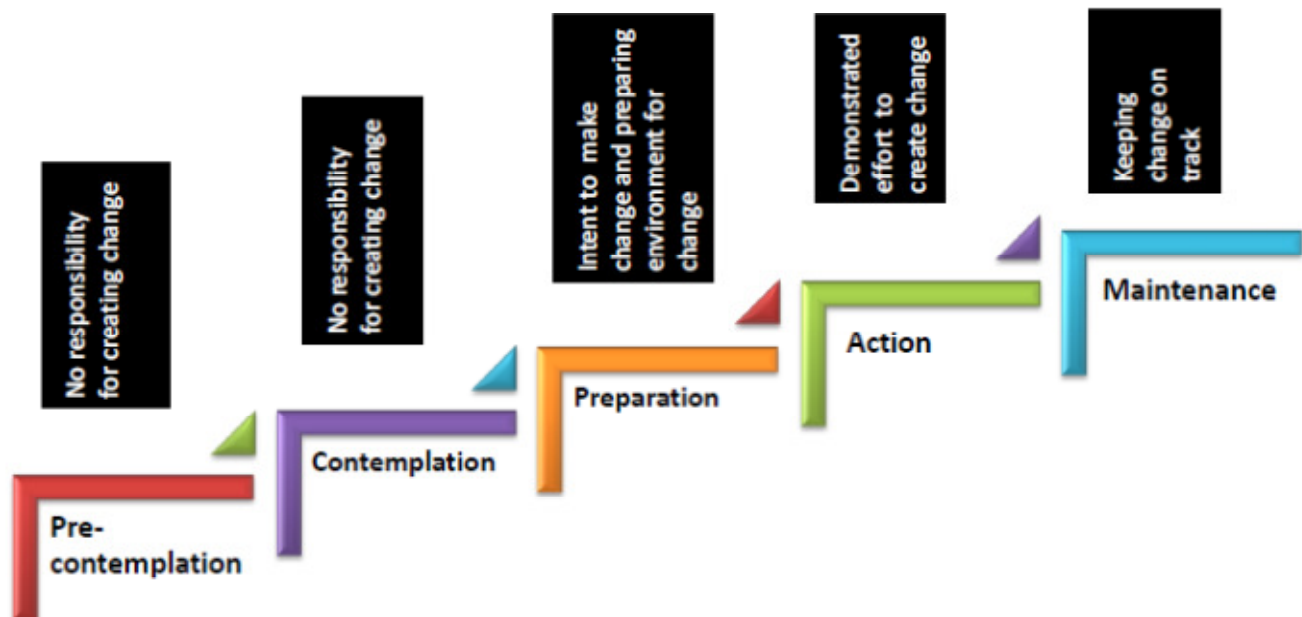
Key objectives on a Table include assisting Brothers/Sisters in building those character traits most helpful in sustaining themselves in the community – learning from failure, building trust, developing and maintaining motivation, confidence, and resilience. Without the readiness to take action, Brothers/Sisters are not equipped to engage successfully in the Open Table model and could misinterpret failure as a lack of their own abilities and blame themselves. Many candidates who are not ready at the time of testing can be ready in the future. Understanding and respecting where people are in the change process, rather than projecting onto them where we think they should be, is the first step toward becoming effective servants to people in poverty. Licensed psychologists have developed the Open Table readiness assessment process. The Center for Psychology and Poverty and two other behavioral health centers guide it. The readiness assessment process is based on James O. Prochaska’s Transtheoretical Model of Behavior Change, originally developed in the late 1970's at the University of Rhode Island. The foundation of Prochaska’s theory is that change is a process; we journey through different stages in order to arrive at successful change...and each of us travels through change at our own speed.



We each create life change at different speeds.

Stages of Change

There are five states of change: pre-contemplation, contemplation, preparation, action and maintenance:



Candidates in the preparation and action stages on the Stages of Change continuum are at an optimal place on their change journey to benefit from a Table. Their commitment to change, combined with action, can leverage the resources of a Table to successfully implement a Life Plan designed with the Table. These are the candidates who are eligible to be served by a Table.

Though psychologically they are in a very dynamic stage, candidates in the pre-contemplation and contemplation stages have not made the kind of commitment to change that helps create action. Without accepting responsibility for change or making a commitment to it, they will not be able to develop a viable plan or leverage the resources of a Table to achieve it.

The Open Table model was developed to support the change people are already making. The model is not designed to foster change in people who are not yet ready to create change in themselves. This being the case, candidates in pre-contemplation and contemplation are not eligible to be served by a Table but can return in the future after they move further through the Stages of Change with one exception: ***the Stages of Change assessment process is used to determine a stage of change but not eligibility for entry into Open Table for young adults aged 18 to 24 years of age.***

Young adults are in a naturally occurring time of transition. Young adults emerging from foster care, poverty, or similar situations frequently lack the social, emotional and cognitive scaffolding (foundation) of their peers with higher levels of social and/or economic supports. As a result, these young adults tend to have realistic fears about what the future holds for them.

Given their need, this is a best time for these young people to be in relationship with consistent, predictable and empathic adults. Adults who let them know that they have potential, can make worthwhile contributions to the world around them and have the ability to learn how to access and use those resources that are necessary for success.

This messaging is vital for them to hear and experience regardless of when they actually begin to take steps toward life changes.

Can we move our Brother/Sister from Pre-Contemplation/Contemplation to Preparation/Action?

Prochaska & DiClemente (1983) posited the Transtheoretical Model and identified six stages of change that people pass through on their way to positive and long-term personal development. These stages include Precontemplation, Contemplation, Preparation, Action, Maintenance, and Termination.

According to Prochaska and DiClemente, personal change is primarily an internal, cognitive process that unfolds over time. Each stage builds upon the work completed in earlier stages and culminates when the person has the will, courage, and energy necessary to make and maintain significant changes in how s/he thinks, feels, and acts.

A key assumption within the Transtheoretical Model is that progress through the early stages *cannot and will not* be sped up through external coaching, motivation, resource allocation, manipulation or pressure. Instead, external attempts to speed the early change process actually tend to slow the process down and in many cases reverse the gains that may have been made. Instead of helping, strategies that intend to move the person forward quickly are actually counterproductive and in some cases destructive.

In keeping with the Transtheoretical Model, the Center for Psychology and Poverty has

determined that adults in either the Preparation or Action stages are best equipped to positively utilize the opportunities and resources available through the Open Table Model. Adult candidates who have been assessed to be in either Precontemplation or Contemplation have significant and valuable work to do internally and need to be allowed to do that work apart from external pressure or well-meaning acceleration attempts.

Waiting and trusting the process to unfold as it will is oftentimes difficult for people who are intent on helping. Sometimes, they may fail to recognize that they, too, went through early stages of change on their way to creating, maintaining, and fully integrating new behaviors.

Those who want to help must manage their urge to “move things along so that good work can be done by trusting that good work is *already* in process. That work, however, is internal, cognitive and only becomes visible much later in the process. Please remember that help should be defined by the person being helped. Simply be in relationship with the person in earlier change stages, practice good, non-judgmental listening skills, and don’t try to control the process.

Addiction & Recovery: Impact on the Candidate Referral Process

Addiction issues are also an important consideration in the referral and admission process. Individuals with an identified addiction must have 18 or more months of sobriety and active, ongoing participation in a 12 Step or Celebrate Recovery program in order to be considered a candidate for Open Table. Individuals with less than 18 months of sobriety and active, ongoing 12 Step/Celebrate Recovery support will not be considered because they are typically unprepared to take advantage of the resources available through Open Table. They will not be considered for candidacy. The National Institute on Alcohol Abuse and Alcoholism notes that at least one year of sobriety is necessary for the brain to repair key cognitive processes damaged by substance abuse and addiction. The brain’s ability to utilize working memory, visuospatial functioning, attention and problem-solving are critical skills necessary for success in Open Table. The 18 month standard has been chosen to allow the brain six months of additional healing and individuals more time to solidify the gains made during their first year of sobriety. Rather than a drawback to success, these individuals in recovery from addiction would be wise to view their sobriety and 12 Step/Celebrate Recovery work as foundational preparation for more dramatic changes ahead, potentially with Open Table.

Late Adolescent and Early Adulthood Experimentation with Alcohol, Tobacco, and Marijuana

The Age of "Trying"

Late adolescence and early adulthood marks a time of "trying." "Trying new things" means taking on different personas to see what fits, what doesn't, and which of the many choices made should be kept and which should be avoided in the future. Along this "trying" path, many young people experiment with and use substances like alcohol, tobacco, and marijuana. This experimentation marks a right-of-passage, an entry into the broader community, and the first signs of adulthood and independence.

It is during this time of "trying" that Open Table enters these young people's lives and our entry occurs while they are still in relationship with people for whom alcohol, tobacco, and marijuana are common ways to address hopelessness and depression. For many young adults, these substances are a primary way to enter into, and be in relationship with others. They know no other way.

Interestingly, "trying" can be developmentally appropriate for this age group and can be expected in the young people who Open Table serves. The longing for self-determination in combination with a still maturing brain leads many to experiment with substances that, in later life, they will likely view as immature or a poor choice. For the vast majority of young people, involvement in "trying" soon leads to boredom and a decline in both fascination and use. Maturity and positive affiliation with others tends to aid young adults in positively navigating their identity development and need to belong.¹

Experimentation and Use vs. Chronic Abuse and Addiction

From a psychological perspective, there is a notable difference between adolescent and early adulthood use of alcohol, tobacco, and marijuana and chronic substance abuse and addiction. The former (experimentation and use) is common, generally time-limited, while the latter (chronic abuse and addiction) is much less commonly seen, is of a longer duration, and leads to significant difficulties both personally and in relationship with others.

For this reason, Open Table treats chronic abuse and/or addiction differently than simple experimentation and/or use. For those who historically or currently evidence chronic abuse and/or addiction, an 18 month (12 months for early adults) period of abstinence and active participation in a 12-Step or Celebrate Recovery program is required prior to being considered as a candidate for Open Table.

Our Challenge as Table Members

For some of us, the use of alcohol, tobacco, and marijuana are viewed as negative behaviors that require both a swift response and the rapid extinction of the behavior. Getting people to "stop" these

¹ Erikson, Erik H. (1959) Identity and the Life Cycle. New York: International Universities Press.

Erikson, Erik H. (1968) Identity, Youth and Crisis. New York: Norton.

behaviors through confrontation, shaming, and the threat of ending relationship could quickly become a primary focus of concern and effort.

The Open Table paradigm, however, is based on James Prochaska's Transtheoretical Model which posits that when ready for change people will naturally go about altering their lives in increasingly prosocial ways.² The challenge for Table members, then, is to avoid judgmental attitudes and behaviors and instead offer acceptance and affirmation so that genuine relationship and community develops over time. A primary goal is to support Brothers/Sisters in ways that result in their leaving behind potentially self-defeating behaviors.

Within Open Table these prosocial changes occur when relationships with our young brothers and sisters are so compelling that substances such as alcohol, tobacco, and marijuana become irrelevant as markers for independence and identity. As we implement relationship and community through the model, we will offer, and live out with them a much better understanding of self in relationship with other, one in which making oneself numb is seen for what it is: unnecessary.

Within the Open Table paradigm then, low level use of alcohol, tobacco, and marijuana are understood as within the spectrum of developmentally appropriate behaviors seen in youth in poverty. The Open Table Young Adult Model offers Table Members the opportunity to build a solid relationship with their Sisters/Brothers and, in the process, help their Sister/Brother develop a new understanding of community in which their need for affiliation, independence and self-determination can be met in healthy ways while self-defeating behaviors can be left behind. ***As a result, low level use of alcohol, tobacco and marijuana would not necessarily preclude a young adult from being served by a Table.***

² Prochaska, J. O. (1995). An eclectic and integrative approach: Transtheoretical therapy. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies: Theory and Practice* (pp. 403-440). Guilford Press.

IMPORTANT NOTICES AND DISCLAIMERS

NOTICE – Safety Policies

The Open Table model does not replace or modify your congregation's safety policies for congregation-sponsored activities. Please review your congregation's policies with staff prior to the launch of your Table.

DISCLAIMER

Center for Psychology and Poverty

Open Table Candidate Testing

The Center for Psychology and Poverty in Houston, Texas provides a candidate psychological testing process to Open Table. The testing is intended to provide pertinent psychological information to Open Table and its licensees. This assessment, in combination with the recommendation of a referral partner, seeks to identify candidates with a likelihood of being able to use the tools developed in the Open Table model.

While the Open Table testing process may predict general trends and behaviors, it does not predict future actions, thoughts, feelings or behaviors. The testing process utilized by Open Table qualifies as a “*screeener*” and provides broad and general strengths-based information about each candidate. It serves to identify a person’s readiness for change, personality strengths, and potential occupational interests.

The assessment itself is designed to provide both the brother/sister and Table members with information that can be useful as they work together to develop relationships, implement a plan and form decision making processes. The assessment cannot, however, guarantee that any candidate will successfully complete the Open Table program as many internal and external variables not measured by the test factor into a person’s behavior.

Assessment Limitations

1. The assessment provides broad and general strengths-based information about each candidate, *It is a basic psychological screener*. The assessment cannot specifically predict exact behaviors, thoughts or actions.
2. The assessment is not designed to identify mental illness or disorders of personality.
3. As an assessment screener there is the potential for selection error. It is possible that viable candidates could be missed and that unprepared candidates could be allowed to enter. No assessment process is accurate 100% of the time.

Referral Organizations Process

1	Identifying Potential Referral Partners	<p>Referral Organization submits the following form to provide information about their organization http://tinyurl.com/OTReferralPartnerIntroduction</p> <p>Once this form is received an information call will be scheduled by Open Table to verbally share about the Open Table and Referral Agency partnership.</p>
2	Appointing a Referral Coordinator	<p>Referral organization submits online form at the following link: http://tinyurl.com/ReferralOrganizationForm which includes the name, title and contact information of the staff member appointed by the agency to receive candidate requests and make referrals to Open Table. Open Table cannot accept referrals without this information. The Referral Coordinator is responsible for facilitating the referral process and answering questions from Open Table on a timely basis. NOTE: following the information call the referral organization form will be provided to the appropriate Mission leader.</p>
3	Presentation to Case Managers/Workers	<p>Open Table presents the Open Table model to Case managers/Workers, usually by video- conference or conference call. The presentation time is one hour, which includes time for Q&A.</p> <p>The agenda for this information meeting:</p> <ol style="list-style-type: none"> 1. Introductions 2. Overview of Open Table 3. Outcome expectations 4. Role of referral Organization/Agency & Case Workers/Managers and Referral Process 5. Discussion of upcoming referral opportunities 6. Q & A
4	Sharing the Open Table Opportunity with Potential Candidates	<p>Referral organization identifies candidates most likely to be successful in the Open Table journey.</p> <p>The following are some of the characteristics of an ideal candidate:</p> <ul style="list-style-type: none"> ● At least 18 years old. ● Has a projection of at least 6 months stable housing. ● Free of ‘active’ substance abuse for at least 18 months (for Young Adults this may differ see Readiness Assessment Policy attached). ● Compliant with meds (if applicable – for mental health or physical health). ● Is goal oriented as demonstrated by: <ul style="list-style-type: none"> ○ Proactively searching for employment ○ Proactively researching educational opportunities ○ Past or present commitment to services, groups and/or mentoring

5	Informing the referral organization of a request for a candidate referral	The Congregation Mission Leader will notify the Referral Partner Coordinator of the readiness for a referral by submitting https://form.jotform.com/52307949797978 , the referral request form Referral Coordinator responds – within 48 hours - to the candidate referral request by email with the approximate length of time needed to fulfill the request. If this notification is not received, Open Table will contact an alternate agency.
6	Informing the Proposed Candidate	The Referral Agency describes the model to its potential candidate and invites them to consider voluntarily joining a Table.
7	Submitting the referral to Open Table	If the potential candidate wishes to be referred, the referring agency completes an online referral form by clicking on this link: http://tinyurl.com/candidatereferralform Upon entering “SUBMIT”, the form is transmitted directly to the Open Table Review Team. The Referral Review Team meets weekly, to review all Open Table referrals. If the team has questions or requires clarification, Open Table will connect with the contact person identified on the referral form, for further clarification. The process may not proceed until the requested clarification is received.
8	Approval to enter the assessment process	After the Open Table Referral Team review is complete, Open Table notifies the Referral Agency Coordinator whether the referred candidate has been approved to enter the assessment process.
9	Referral agency connects candidate with Open Table representative	Referral Agency informs candidate they will be contacted by Open Table for an information meeting. This meeting includes an overview of the candidate assessment/approval process.
10	Referred candidate completes assessment process	Open Table and members of the licensed congregation facilitate the completion of the assessment process.
11	Approval of referral	Open Table notifies the Referral Agency Coordinator whether or not the candidate has been approved to join a Table.

<p>12</p>	<p>If the referral agency has an active case management plan in place</p>	<p>Open Table requires that the Referral Agency Case Manager, Brother/Sister and a representative from the Table meet to:</p> <ul style="list-style-type: none"> • Discuss the plan to ensure there is no duplication of efforts • Develop a plan for ongoing communication and coordination • Form an understanding that is the role of the Brother/Sister to communicate about their Table experience with their case manager; not the role of Table members • Affirm that no conversations will take place between the Table and Case Manager without the presence of the Brother/Sister • Discuss Case Manager recommendations for potential available services to assist the Table • Celebrate and encourage the Brother/Sister for the road ahead <p>A Table representative will contact the Case Manager to arrange this meeting.</p>
<p>13</p>	<p>Case Manager /Worker Consultation</p>	<p>Periodically during the course of a Table there may be an instance when the Brother/Sister calls upon the Table to assist with the case management plan. If this occurs, the Case Manager/Worker is called upon to consult with the Table. This will always be at the request of the Brother/Sister who will be present during this consultation.</p> <p>Consultation is usually conducted by phone but may also be done in person if the case manager is available and willing.</p> <p>An example of a consultation is to discuss confusion about a benefit or responsibility that is an element of the Brother/Sister’s active case management and has asked the Table to assist them.</p> <p>As changes or challenges develop over time, the Table Members will encourage open communication with the Brother/Sister and their Case Manager/Worker in support of the young adult’s needs and well-being, and always in accordance with the Brother/Sister’s wishes. This may occur through periodic check-ins as determined by the Brother/Sister as outlined in the previously agreed upon plan, and it also may occur “in the moment” depending upon the circumstances. For example, with significant events pertaining to a young adult’s physical or mental health, housing, employment or other key domains of functioning, a Table Member may ask the young adult if they have shared particular information with their Case Manager/Worker, and may encourage or support the young adult in doing so if relevant to the young person’s case management plan and current needs. The wishes of the Brother/Sister will always be respected in determining if/how such consultations occur. Likewise, the Case Manager/Worker will encourage the young adult to share relevant information with their Table Members in the same manner. The more consistency and alignment a Brother/Sister can experience from their support system, including natural supports, unpaid supports and professional supports, the more coordinated the approach will be to helping the young adult achieve their goals.</p>

14	Feedback to the Organization/Agency	Tables are not able to provide updates to referral Organization/Agency on the specific progress of the Brother/Sister without the Brother/Sister's consent. To the extent that the Brother/Sister welcomes the Table to join in supporting the agency's case management plan and welcomes the Case Manager/Worker to provide support in the relationships with the Table Members, coordination and communication among those working to support the Brother/Sister is encouraged.
15	Acceptance of Candidates	Open Table reserves the right to accept or reject any referred candidate.

Open Table contact for referral questions:
Judith Fritsch,
National Executive Director
623-203-8723
<http://tinyurl.com/ot-helpdesk>

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