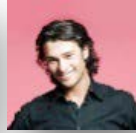


Understanding Child & Family Team (CFT) Meetings



PCWTA is a program of the Academy for Professional Excellence at San Diego State University School of Social Work in collaboration with our University partners, CSU San Bernardino, Loma Linda University and CSU Fullerton



Agenda Overview

- General Timeframes: Morning/Mid-day/Afternoon/Adjournment
 - Toys, books, CFS “Alphabet Soup”
- “Trainers”= impart new info, reinforce prior learning, ACT as Facilitator, ***be transparent***, refer to Coaches
- Coaches= Ongoing application/transfer of learning & support for facilitating CFTMs
- Day One: Overview of Child & Family Team Meetings & demonstration/practice of a meeting

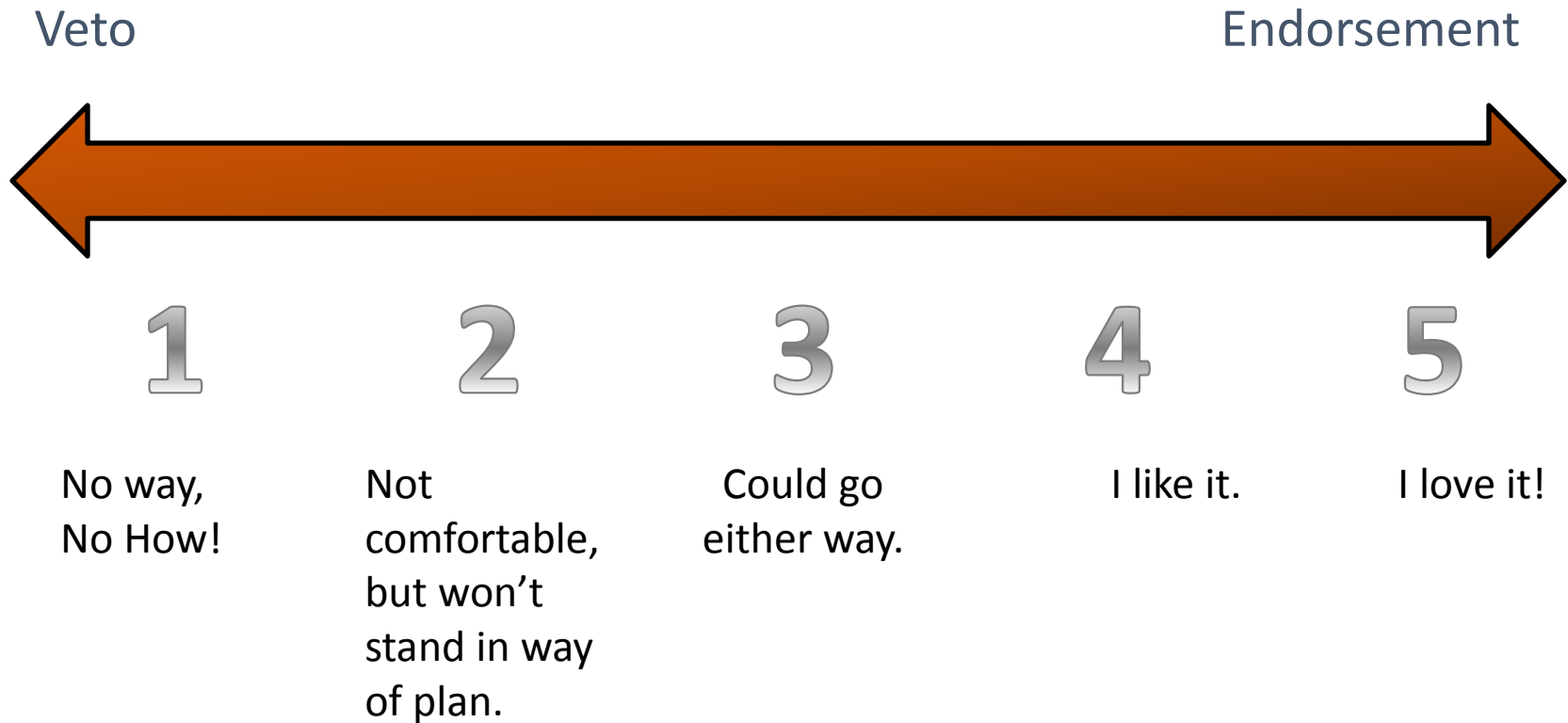
Learning Objectives

- Understand the 3 dimensions of facilitated practice
- Increase skills on building shared understanding and shared agreements
- Understand basic facilitation skills
- Understand respectful engagement of participants in CFTMs
- Facilitate exploration of worries, what's working well and what needs to happen
- Facilitate exploration of safety networks and collaboratively plan with families

Group Agreements

- How will we work together?
- What tools or strategies are helpful for effective dialogue?
- “The Four Agreements”
 - Don’t take anything personally
 - Don’t assume
 - Do your best
 - Be impeccable

Gradients of Agreement (Scale)



OVERVIEW OF KATIE A CORE PRACTICE MODEL

Who is Katie A?

- Katie A was a 14 year old girl at the time the lawsuit was filed She was placed in foster care at the age of 4
- She moved through 37 different placements in the 10 years she spent in foster care
- Early assessments indicated services were needed, but she did not receive trauma treatment or individualized mental health services

The Lawsuit

- July 2002: Katie A. et al v. Diana Bonta et al. filed against CDSS, DHCS and the County of Los Angeles
- Lawsuit filed by young adults who had aged out of foster care in LA county on behalf of a class of children in California
- Seeking improved access to Wraparound services and Therapeutic Foster Care for children in or at risk of placement in foster care or group homes
- Dec-2011: Settlement agreement reached, subclass members identified, and the State is asked to take specific actions

Class and Subclass

- Class members include: children in foster care, children at risk of placement in foster care, children with a mental health condition, children in need of individualized mental health services, and children in an open CWS case (in this county “all our kids on our caseloads, 0-21” w/a few exceptions, e.g.- not safely-surrendered)
- Subclass includes: children with an open CWS case who are full scope Medi-Cal eligible and have an open CWS case AND meet the medical necessity criteria for Specialty Mental Health Services

CFS and DBH Collaboration

- Co-location of DBH Clinicians in CFS Offices
- Mental Health Screenings and Assessments
- Identification of Katie A Subclass Members
- SART
- Health Homes
- Wraparound
- Success First
- Other DBH Contracted Services/Providers
- Need Assistance? **Call (909) 387-7000**

Mental Health Screening Tools

- Universal Referral Form (URF) 234
- URF 235
- URF 235
- **If Child Not Currently Receiving Mental Health Services THEN Screening Is:**
 - *Conducted Initially*
 - *Every Six (6) Months or at Case Plan Update*
 - *Documented in Health and Educational Passport (HEP)*

The State of California Response:

The Core Practice Model (CPM)

- The Core Practice Model (CPM) articulates a family-centered approach that is intended to improve coordination and collaboration among mental health, child welfare and children and families involved with the child welfare system who have mental health needs

Core Practice Model (CPM) Elements

- Teaming with **families** for collaborative planning
- Trauma-informed practice
 - *What's happened vs What's wrong*
- CPM components, standards & activities include:
 - Engagement
 - Assessment
 - Service Planning & Implementation
 - Monitoring & Adapting
 - Transition
- For Subclass Members:
 - ICC, IHBS, Therapeutic Foster Care

California Core Practice Model (CPM) Initiatives

- Working Together To Improve Outcomes for Children and Families
 - ***Shared Responsibility***
 - ***Collaboration***
 - ***Cultural Competence/Humility***
 - ***Child Centered/Family Focused/Driven System***
 - ***Permanency***
 - ***Evidenced Based Practice***
 - ***Transparency***
 - ***Disproportionality/Disparity***
 - ***Accountability***

CPM Values and Principles

- Children and protected from abuse/neglect and maintained safely in their homes
- **Services are:**
 - Needs driven, strengths based, family focused
 - Individualized/tailored to the strengths/needs of the child/family
 - Multi agency approach/community based
 - Formal/informal resources
 - Culturally competent
- Child(ren) to have permanency/stability in living situations
- Parent/child voice assured throughout the process

CPM: Teaming With Families

- Collaboration
- Diverse Team Membership
- Guided by the Family's input, their needs and preferences
- All Members Participate in the Development and Implementation of the Plan

CFT Meeting Defined

- Team meetings are the vehicle through which ongoing assessment of needs, case planning, and intervention, monitoring and adapting are facilitated
- Decisions should be made within the context of the team
- A CFTM should occur regularly and consider:
 - **Risk Assessment/Safety Planning**
 - Team Membership (who else should be on the team?)
 - Team member roles/responsibilities in between meetings
 - The effectiveness of the plan in meeting the needs and goals of the family

CFT Best Practice

- Child and Family Teams must be delivered for every child/youth identified as a subclass and class member
- CFT must include at least:
 - CFS Social Worker
 - Mental Health Clinician (if child is receiving mental health treatment)
 - Child
 - Other Family Members
 - Others
- CFT continues throughout the life of the case and ends when the case closes

CFT Meeting Guidelines

- **For Subclass:**
- must have the initial CFT meeting within 30 days of the membership designation date
- subsequent CFT meetings must occur every 90 days or as needed to meet the child and family's needs or until the child/youth no longer has subclass membership designation
- **For Class:**
- have initial CFT meeting as soon as possible
- subsequent CFT meetings must occur every 90 days or as needed to meet the child and family's needs

Social Worker Role in a CFT Meetings

For Class Members

- Social Worker to coordinate/assist with coordination of CFT meetings
- Social Worker to facilitate CFT meetings
- Social Worker can wear “multiple hats” during CFT meetings

For Sub-Class Members

- Participate in CFT Meetings
- DBH partners responsible for facilitating CFT meetings
- Social Worker could be the facilitator/co-facilitator of CFT meetings

Social Worker Duties in a CFT Meetings for Class Members

- Maintain risk assessment/ safety planning as the priority
- CFS SW is the “subject matter expert” in risk assessment, safety planning and all CFS matters
- Ensure everyone on the team has a voice
- Explore/Identify: the needs of the family, their goals, their plan and potential challenges of them reaching their goal
- Coordinate/schedule follow up CFT meetings
- Complete all the necessary paperwork
- Ensure team members get copies of Individual Care and Safety Plan
- Advocacy
- Documentation
- Others?

Social Worker Duties in CFT Meetings for Subclass Members

- CFS SW is the “subject matter expert” in risk assessment , safety planning and all CFS matters
- Attend CFT meetings
- Be part of the team
- Obtain necessary paperwork
- Document
- Others?

OVERVIEW OF CHILD AND FAMILY TEAMS

Who Needs to Be Involved

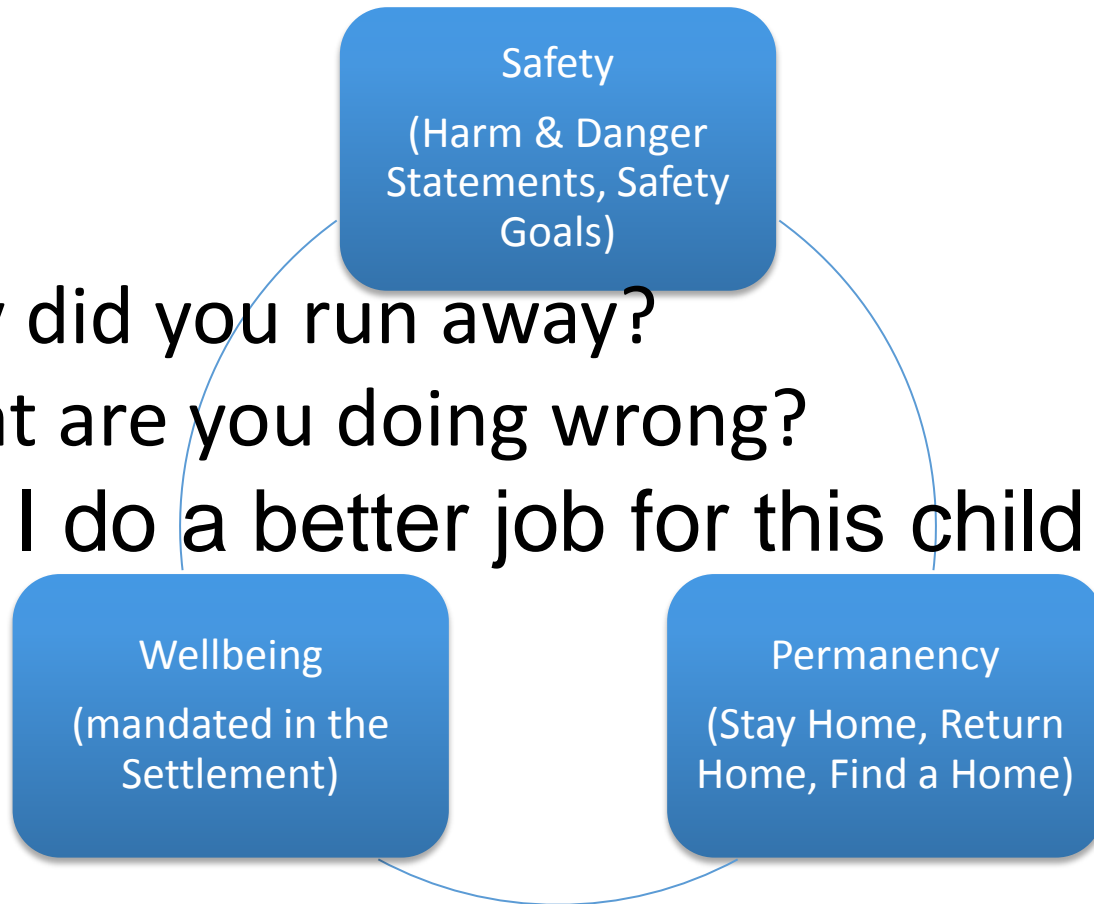
**People who
wear a badge**

**People who care,
but don't get
paid to**



Appropriate Types of Discussions in a CFT Meeting

NOT: Why did you run away?
NOT: What are you doing wrong?
How can I do a better job for this child and family?



TDM vs CFT

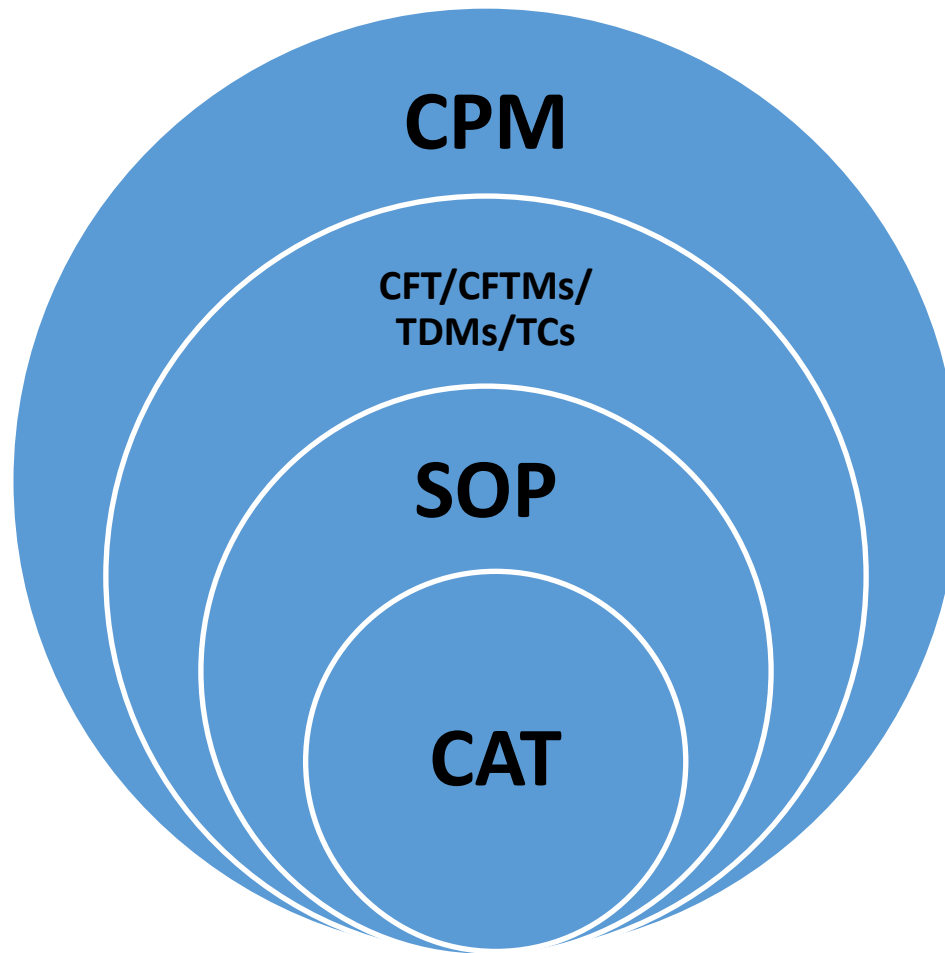
TDM

- About a placement change
- Seeks consensus regarding a placement decision
- **The Agency maintains responsibility for case decisions if consensus cannot be reached**

CFT

- About the family & child/youth needs & goals
- Addresses the risks, needs & strengths of the family & child/youth
- **No individual or entity works independently-- decisions are made by the team, including the family**

How Are They Related?



Three Dimensions to Attend To

CONTENT

San Bernardino County
Children and Family Services

Child and Family Team (CFT) Individualized Care Plan (ICP)

Team Meeting Information:

Date:	07/25/2014
Name:	Peters-Jackson
Number:	9999-9999-9999-9999999
Name:	Susie Social-Worker
Name:	Sammy Supervisor



The Super 8!

1. Purpose
2. Context
3. Group Agreements
- Network/Stakeholders
- Desired Outcome
- Content
- Steps
- Delta

PROCESS

RELATIONSHIPS

STRUCTURE OF CHILD AND FAMILY TEAM MEETINGS

Structure of a Child and Family Team Meeting...

Pre-Meeting and then:

The Super 8!

1. Purpose
2. Context
3. Group Agreements
4. Network/Stakeholders
5. Desired Outcome
6. Content
7. Next Steps
8. Plus/Delta

Our Process to Review the Pre-Meeting & Super 8

- Discuss, demonstrate
- Discuss, demonstrate, practice
- Discuss, demonstrate....
- FOCUS: Peters/Jackson Family

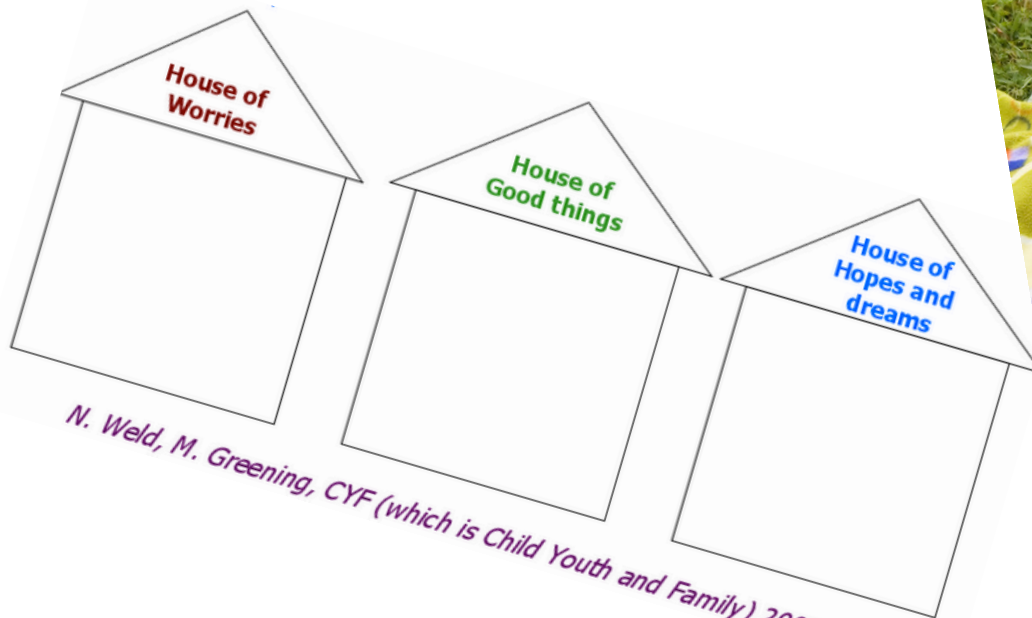
Peters/Jackson Family

Stakeholders

1. Monica Peters – Mom, 28 , Caucasian
2. Jimmy Jackson – Step-Dad, 30, African-American
3. Doris Jackson – Jimmy's Mom, 53, African American
4. Ronnie Wilcox – School Counselor/Case Mgr, 37, Caucasian
5. Joshua – Child, 8, Caucasian
6. CFS worker

Prior to the Meeting

Prepare Individuals for the Meeting



N. Weld, M. Greening, CYF (which is Child Youth and Family) 2003.



In Advance of the Meeting

- Actively screen for and identify in advance any known propensity for violence
- Explore with each family participant if there are any court orders that prohibit contact with anyone
- Who are “Offenders” – verbally, physically... with each other/child
- Options for participation....
 - Phone?
 - Separate meeting for each care provider?

DEMO: PRE-MEETINGS with Monica

Prepare the Family for the Meeting

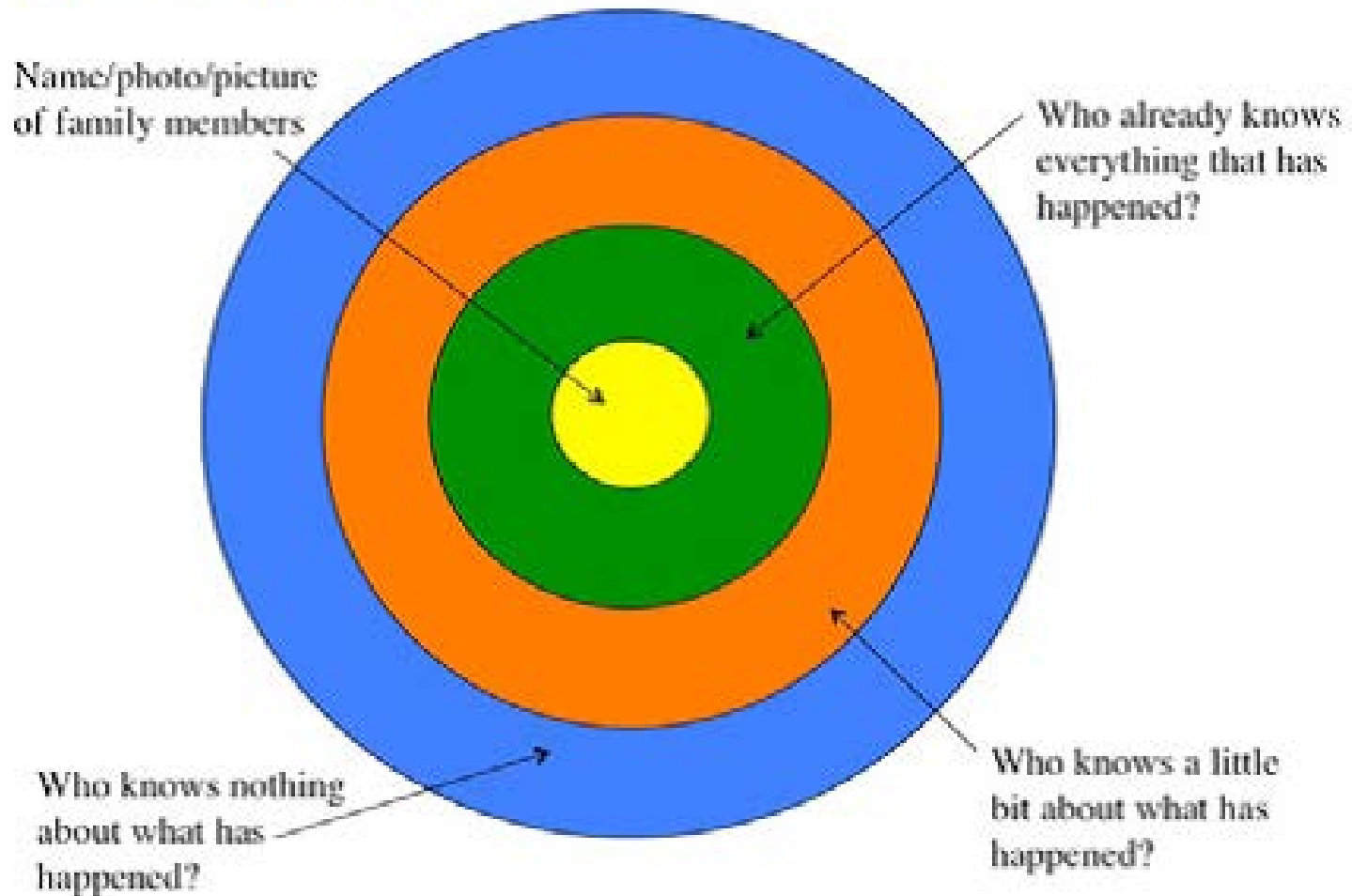
- Purpose of the meeting
- How long it will last
- What will happen if they choose not to participate
- Prepare the family to tell their story
- Explore what the goal of the initial CFTM will be
- Group Agreements
- Who to invite
- Safety check-in

Safety Check-in: After the Meeting

- If there are ANY concerns about the impact of the meeting on safety, the worker should check in privately with family members about any violence or threats that occurred after the meeting

Family Safety Circles

Family Safety Circles Tool



Dyads

- Try it out
- Role 1= CFS Worker
- Role 2= “Monica”

Worker, help Monica to identify members of her family safety circle... which might help to inform who might be asked to be part of the CFT.... And possibly the CFTM!

Introductions/Welcome

- Allow family to introduce themselves first and to tell their story
- Others in the room should introduce themselves and tell how they are connected to the child/family
- Agency/Professional staff should introduce themselves last and explain what their roles are to the CFT
- One suggestion would be to have staff standing up and talking to each other as family enters the room, and then continue

DEMO

First Stages & Key Questions

- Introductions/Welcome: *Who is in the room & how are you connected to the child?*
- Review Purpose and Desired Outcomes of Meeting*: *Why are we meeting? What do we want to walk away with?*
- *Already id'd in pre-meeting with some stakeholders

Ensure There Is Agreement About

- What will the group be doing together?
- What do people want to walk away with?
- Overall, why are we meeting today?

During the Meeting

- Introduce the Safety Agreement: *“This meeting is a place of physical and emotional safety for all who participate. Examples of how we ensure safety are that we respect court orders prohibiting contact between people, we give permission for each person to keep themselves safe during the meeting, and I might suggest a time-out or a break, or that we move into separate meetings. We adhere to “Nothing about us without us” except when there is a safety concern for a participant.”*
- Facilitators & participants pay attention for any behavioral indicators that someone in the meeting is feeling unsafe, and respond accordingly
 - Agreed-upon “signals” for fear/anxiety/triggers
 - “Seating arrangement” ideas?

DEMO: Context

- Provide Context of Meeting: *Is there anything that might distract our focus?*

Set the stage for effective dialogue

- What is happening outside the room that pulls attention away from what we are doing together?
- What power dynamics/imbbalances are present that need to be made explicit? Be sure to “call out” the power of the worker in writing a report, etc
 - Despite this power imbalance, the goal is to include the family’s perspective to get to overall better outcomes, using family connections, etc
- Is there anything that might pull our attention away from our focus today?
- What are the cultural/diversity issues that may be present in the meeting?
- If family already had TDM... point out differences w/CFT.

Discuss & Practice: Group Agreements

- HOW do we want to work with each other?

Establish Working Agreements

- This is an agent of change– especially for first time!
- Great process for observation & “data collection” about this family
- Explore how the group will work together in this meeting and after this meeting
- Explore what agreements are needed for effective dialogue
- Push group to come up with positive reframes that state what to do, as opposed to what **not** to do
- The last agreement should always be that the group takes shared responsibility to hold each other accountable for the agreements
- Be prepared with suggested agreements

Group Agreements

Action: at your tables

- Roles id'd
 - CFS Facilitator
 - Monica
 - Jimmy
 - Doris
 - Joshua
 - Ronnie
- Create a list of group agreements
 - “Flesh out” as necessary
 - Don’t assume everyone defines term the same!

DEMO: Review Network/Stakeholders

- Is everyone here.... That NEEDS to be here? If not, what should we do to get them here?

Networks/Stakeholders

- Assess if everyone is here who needs to be here
 - If not, what should we do to get them here
- Explore with the CFTM if the family was given the opportunity to invite support people
- The family should be provided the opportunity to speak first and last if they choose to do so

DEMO: Individualized Care Plan/Safety Plan

- What do we we want to talk about? (Consider actual safety mapping, safety circles, case consultation, etc)
- **What's working well?**
- **What are our worries?**
- **What ideas do we have for next steps?**

Helpful Types of Questions to Ask

- Three Questions
- Solution Focused Questions
- Open ended questions
- Who, what when, where, and how questions
- Coping questions
- Relationship questions
- Exception seeking questions
- Scaling questions
- Miracle/Hoped for future question

ACTION: Individualized Care Plan/Safety Plan

- Roles Id'd
 - CFS Facilitator
 - Monica
 - Jimmy
 - Doris
 - Joshua
 - Ronnie
- ***What's working well?***
- ***What are our worries?***
- ***What ideas do we have for next steps?***

DEMO: Review Next Steps

- What steps do we need to take from here? Who does what? By when? Next meeting date?



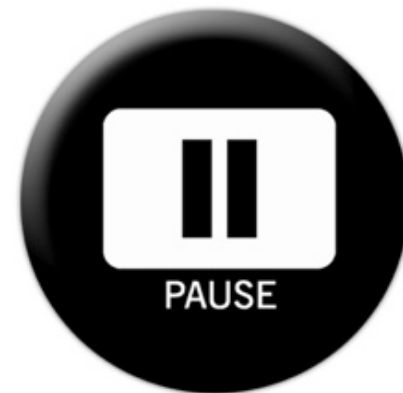
Next Meeting

- Next prioritized steps/actions to “try on”
- Anyone else need to be invited to next meeting?
 - Foster families
- Schedule the next meeting

LAST STEP.... Of the CFTM

PLUS/DELTA

(We'll pause that right now.... To return soon....)



Plus/Delta Feedback

- Draw two columns on flip chart paper
- Plus = Strengths of the Meeting
- Delta (Greek symbol for change) = upgrades that are not necessarily negative...it's just something participants suggest to change
- All responses are TRUE... Facilitator/Scribe needs to refrain from “arguing” or “correcting” or “defending”

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Public Child Welfare Training Academy



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