

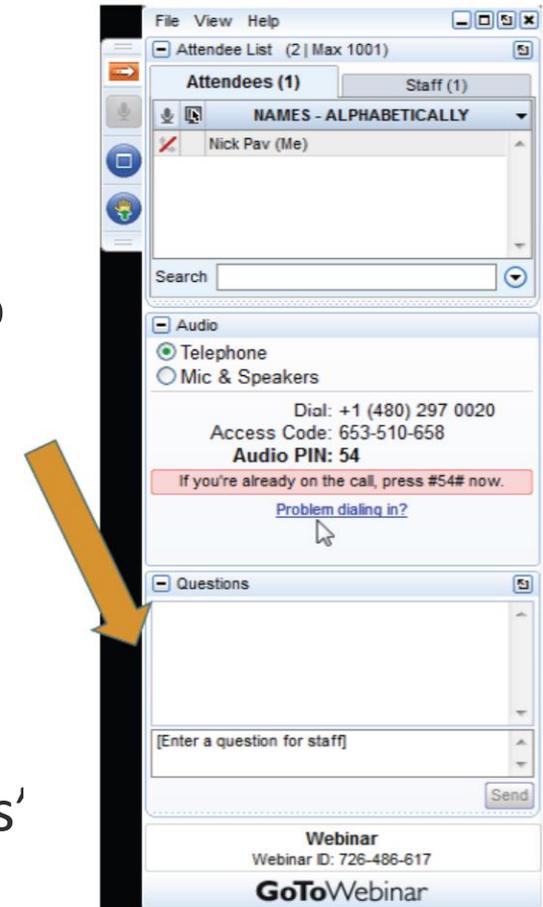


Supporting Youth and Families through Child and Family Teams

August 29, 2018

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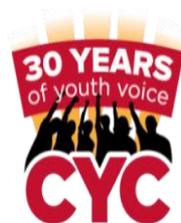
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Today's Speakers

Katarina Kabick

California Youth Connection



Manuel Lua, MFT

Victor Community Support Services/Victor Treatment Centers



Pam Meeker

Alliance of Relative Caregivers



Lisa Witchey

California Department of Social Services



Elise Weinberg

Alliance for Children's Rights

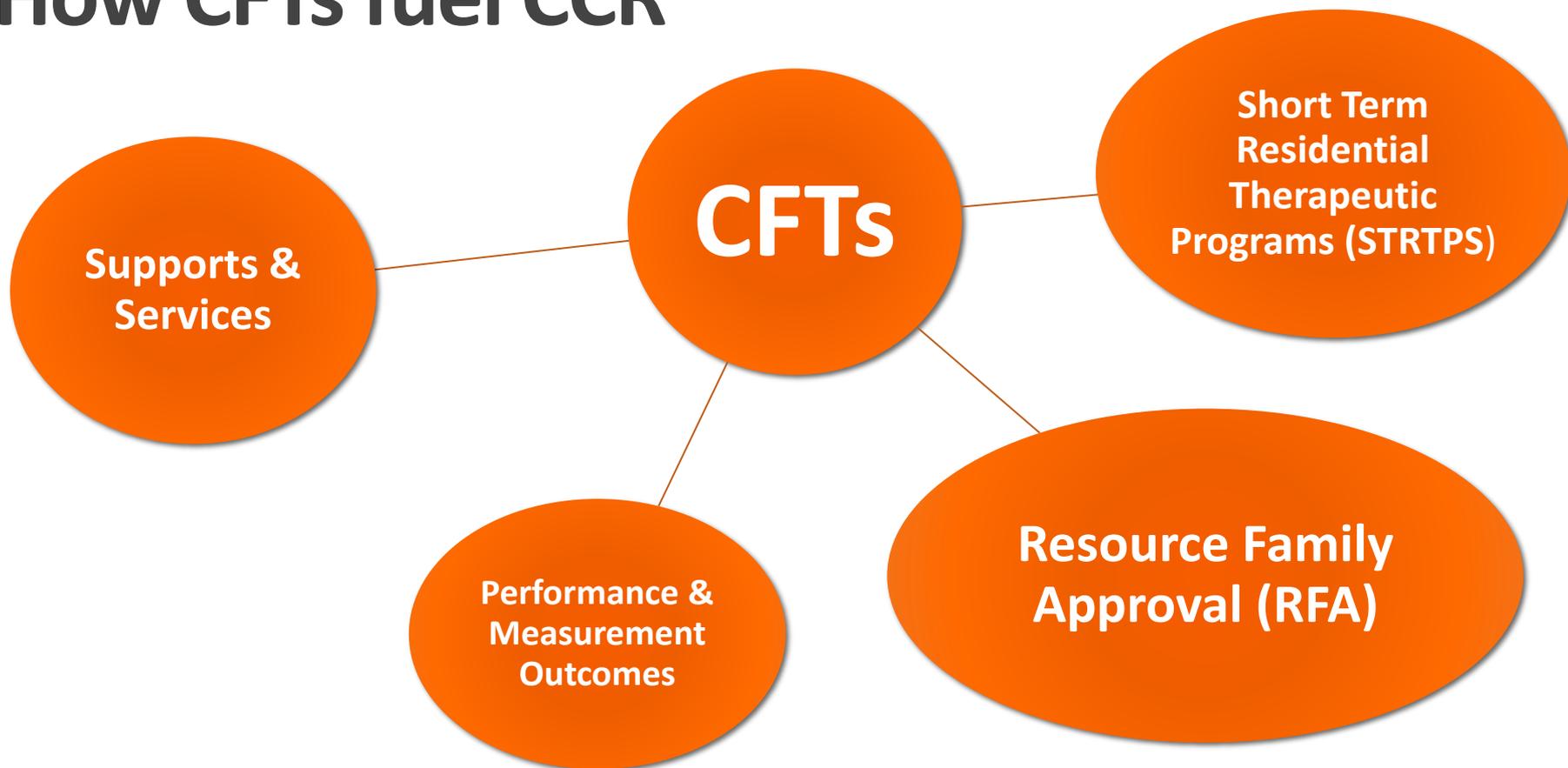


Agenda

- CFT requirements
- Teaming Practices
- Family Engagement



How CFTs fuel CCR



Child and Family Teams

Lisa Witchey

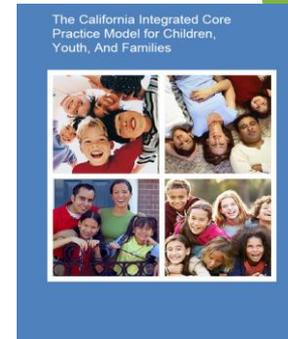
Resources Development and Training Support Bureau

California Department of Social Services

TODAY WE WILL COVER

- **The CFT Process: Requirements and Guidelines**
- **The Composition of the CFT and Natural Supports**
- **CFT Best Practices**
- **Policy Letters and Resources**

The Integrated Core Practice Model



“The Core Practice Model (CPM)...will provide a framework which will outline how services should be developed and delivered; support consistent implementation of practice statewide”

“It is intended to facilitate a common strategic and practical framework that integrates service planning, delivery, coordination and management among all those involved in *working with children in multiple service systems.*”

The Child and Family Team

The **Child and Family Team (CFT)** is the vehicle for collaboration on assessment, case planning and placement decisions.



Places youth and families at the center of care

The CFT process is a team-based activity that ensures that youth and families are involved in and central to their care.



Brings the youth and family's important people together

In addition to the youth and family, the CFT team includes extended family and other natural supports, professionals and other formal supports that are identified with the family.



A meeting and a process

The CFT meeting is a place for all of those on the team to look at the child and family's needs and strengths and decide what to do to address those needs. It is a process based on collaboration and shared decision making among the team members.



Tailored to youth and families

Each CFT is unique and will build upon each youth and families' strengths, values, and goals. In addition, the teaming process must also reflect the culture(s) and preferences of the youth, and family.

ALL COUNTY LETTER 16-84 AND MENTAL HEALTH AND SUBSTANCE USE DISORDERS INFORMATION NOTICE 16-049

- Implementation of CCR requires that child welfare and/or juvenile probation departments provide a CFT to all children, youth and nonminor dependents who enter foster care on and after January 1, 2017.
- This requirement also applies to children, youth and nonminor dependents already in a foster care placement prior to January 1, 2017.

ALL COUNTY LETTER 16-84 AND MENTAL HEALTH AND SUBSTANCE USE DISORDERS INFORMATION NOTICE 16-049

- 60 day requirement once the child, youth, or nonminor dependent enters the foster care system.
- A CFT meeting must be held at least once every six months, but CFT meetings should occur as often as the child, youth, nonminor dependent and family needs.

WHY CHILD & FAMILY TEAMS?

- Families are their own experts and achieve success if given the supports to do so
- Practice is changing
- Improved outcomes for children and families
- Promotes collaboration, communication and shared decisions
- Services are most effective when delivered in the context of a single, integrated plan

Child and Family Teams: *Family-Centered Approach*

CFT is a group of individuals who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.



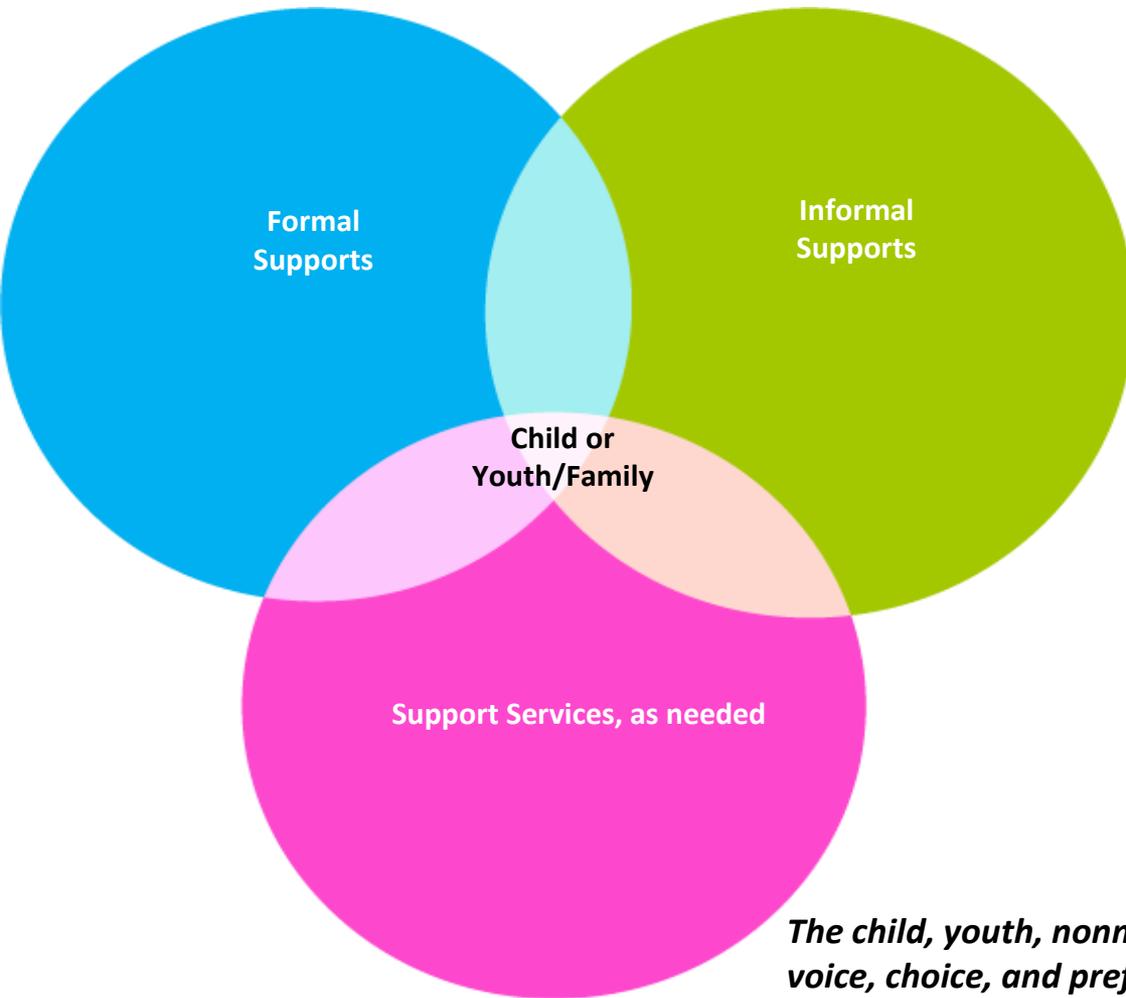
Child and family members

Caregiver

Others invested in child and family's success:

- Family, community and Tribal members and representatives
- Friends and neighbors, CASA, school personnel, coaches, clergy, mental health staff, education rights holder

THE CFT MODEL



The child, youth, nonminor dependent, and family voice, choice, and preferences are an integral part of the CFT process.

Child/Youth, Nonminor Dependent, Family, Caregiver, Placing Agency

Informal Supports

- Friends
- Extended Family
- Neighbors
- Coaches
- Faith-Based Connections
- Any person(s) identified by the family as important

Formal Supports

- Child Welfare, Juvenile Probation, Behavioral Health
- Educational Professionals
- Representatives from other agencies providing services

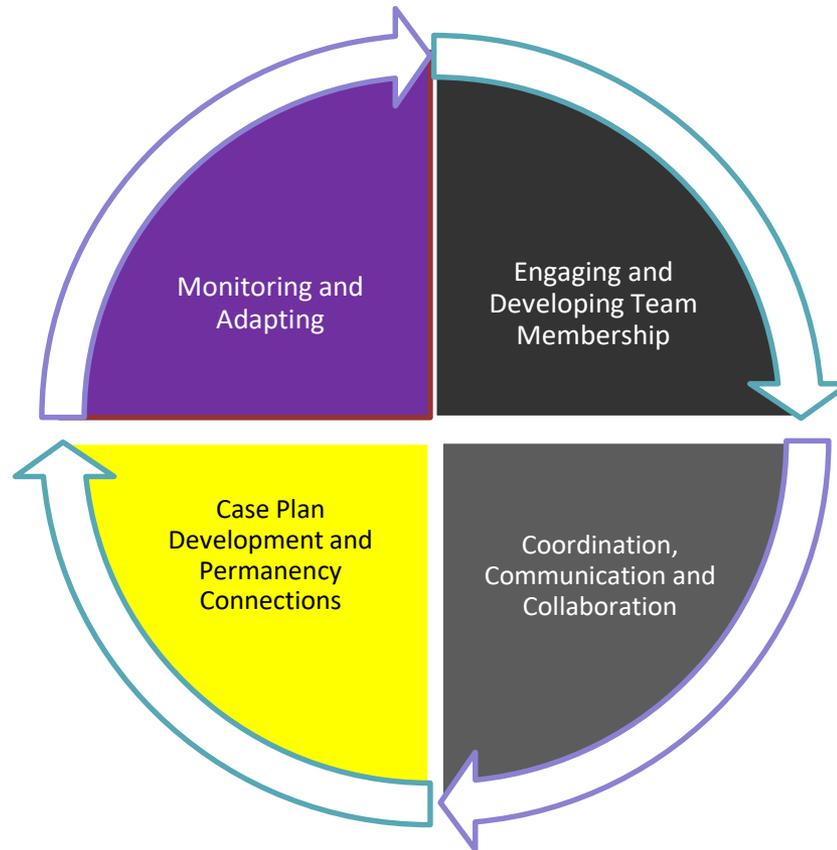
The Child & Family Team Model Overview continued

- Placing agency is responsible for engaging CFT members (juvenile probation officer or child welfare social worker)
- The CFT process reflects a belief that families have capacity to address their problems and achieve success if given the opportunity and supports to do so.
- The CFT process reflects the culture and preferences of children, youth, nonminor dependents and families, building on their unique values and capacities, and eliciting the participation of everyone on the team.
- Individualized, needs-driven, family-centered, trauma-informed and strengths-based.

The Child & Family Team Model Overview continued

- The CFT is a process
- CFTs are facilitated
- The Facilitator will prepare CFT members for participation
- The CFT establishes ground rules
- The CFT has a clearly stated goal for each meeting
- Every CFT member has a voice
- All CFT members agree to complete specific tasks and responsibilities

THE CFT IS A PROCESS



WHAT EVENTS SHOULD TRIGGER A CFT MEETING?

- Placement decisions;
- Placement disruption;
- Determining service needs;
- Change in service needs;
- Planning for respite care;
- Addressing barriers which affect the coordination of regular sibling and/or family visits; and/or
- Difficulties in coordinating Independent Living Skills Programs, including logistics, transportation, etc.

CFT MEETING FREQUENCY

- The placing agency will convene a CFT meeting no less than once every six months
- Best practice dictates that meetings should be held as frequently as needed to address emerging issues, provide integrated and coordinated interventions, and refine the plan as needed
- Frequency and timing of meetings should be decided by members of the team

MEETING FREQUENCY, LOCATION, AND LOGISTICS

- CFT meetings should be held in a location that is most convenient for the child, youth, nonminor dependent and family
- If a team member is unable to attend the meeting in person (due to proximity issues or other conflicts), encourage participation by video conferencing or phone

CFT BEST PRACTICES

- Prepare the Family and Caregivers
- Be Up Front
- Team Approach
- Trust Building
- Maintain Cultural Humility

Child and Family Team (CFT) Process

Using a Team-Based Approach to Deliver Child Welfare Services

Placing Agencies convene a CFT meeting to identify supports and services that are needed to achieve permanency, enable a child to live in the least restrictive family setting, and promote normal childhood experiences.



The child/youth or family can also request a CFT meeting when needed.



The CFT includes family members in defining and reaching identified goals for the child.

Collaborative/Shared Decision Making Process



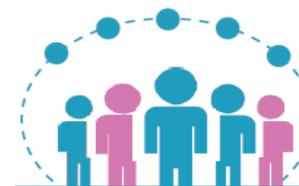
Team-Based approach combines the structure of professional interdisciplinary teams with the strengths-based and inclusive principles of family-centered care to make informed decisions.



Resources:

- County Letters ACL 16-84, ACL 18-09, ACIN I-14-18
- Integrated Core Practice Model
- Training
- cwscoordination@dss.ca.gov

Most effective when delivered in the context of a child/youth and family centered CFT that *shares responsibility* to assess, plan, intervene, monitor, and refine services over time.



Shared Responsibility



Success!

Continued family support after services are complete.

GOAL: All children and youth live in a permanent home with a committed adult that can meet their needs.

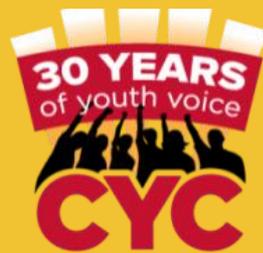
AVAILABLE RESOURCES

- [ACIN I-21-18](#) The California Children, Youth, and Families Integrated Core Practice Model and the California Integrated Training Guide
- Medi-Cal Billing Manuals, Versions 1, 2 and 3
- [ACL No. 16-84](#) Requirements and Guidelines for Creating and Providing a Child and Family Team
- [ACL No. 17-104](#) Documentation of Child and Family Teams in the CWS/CMS
- [ACIN I-14-18](#) Dissemination and use of the “What is a Child and Family Team (CFT)?” Brochures Designed for Youth, Parents, and Professionals
- [ACL 18-23](#) The Child and Family Team (CFT) Process Frequently Asked Questions and Answers

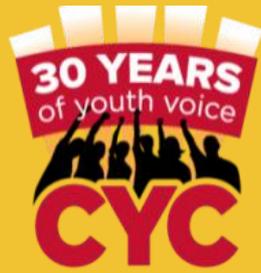
For CFT questions, please contact
CWScoordination@dss.ca.gov



Child and Family Teams



recommendations from California Youth Connection members



Mission

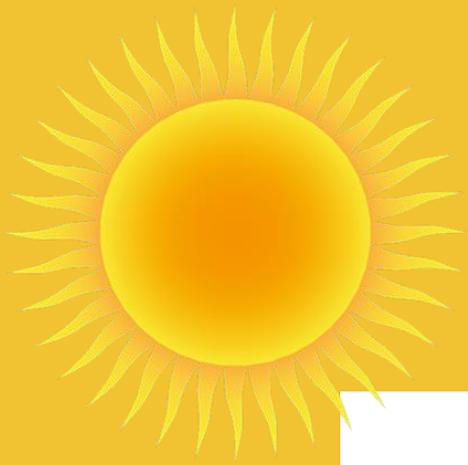
The mission of California Youth Connection (CYC), a youth-led organization, is to develop leaders who empower each other and their communities to transform the foster care system through legislative, policy, and practice change.

Vision

Our vision is that all foster youth will be equal partners in contributing to all policies and decisions made in their lives.

All youth in foster care will have their needs met and the support to grow into healthy and vibrant adults.





Possibility!!!

CYC members are excited that CFT meetings are an integral part of CCR.

They are hopeful that this can be an authentic space where child, youth, and family voice is heard and most importantly-respected.

#FosterStability

a youth-led effort to create a
youth-centered process for stability
in all aspects of our lives:



STABILITY IN
EDUCATION AND
EXTRACURRICULAR
ACTIVITIES

STABILITY IN
RELATIONSHIPS
AND LIFELONG
CONNECTIONS

Every kid is
#18Dre #CYC
one caring adult
away from being a
Success Story
#18Dre #CYC-SanDiego



STABILITY IN
A PLACE TO
CALL "HOME"

STABILITY IN
HEALTH AND
WELLNESS



We will create a system that honors and nourishes
the mind, body, and soul
of every child and youth
impacted by California's foster care system.



Tips for an awesome CFT



1. Listen
 2. Be genuine
 3. Be transparent
 4. Empathize
 5. Strengths based approach
- *Youth voice and choice***

Listen



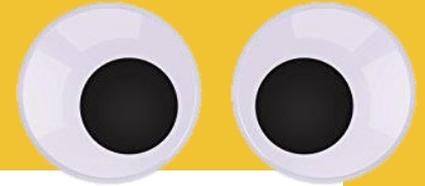
- Do not interrupt
- Instead write down feedback/comments
- Verify that you accurately captured youth's ideas
- Try paraphrasing and mirroring

Be Genuine



- Set aside role and title
 - BE YOURSELF!
 - Make eye contact
- Do NOT put a stack of paperwork between yourself and the youth
 - Say “hello”

Be Transparent



- Talk about roles/expectations for the meetings
- Talk about what CFT can/cannot influence
 - Talk about time
(for meeting and action items)
- It's ok to not know all the answers.
It's not ok to ignore difficult questions and topics



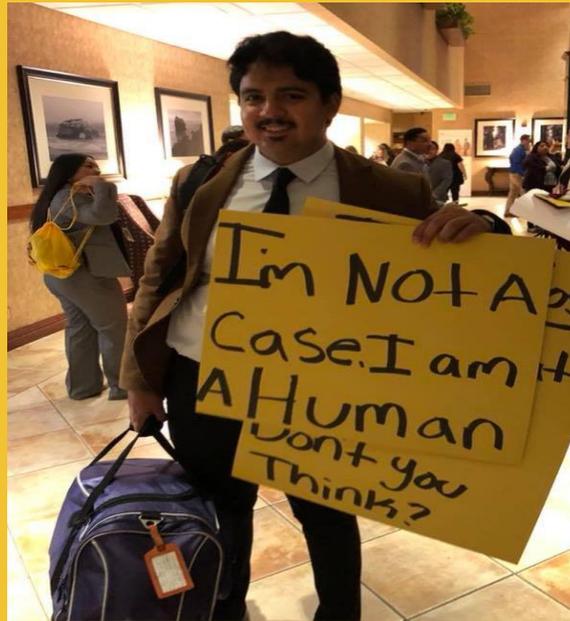
Empathize



“Even with the best of intentions, a system that tells me where I can and cannot live, where I can and cannot go to school, and who I can and cannot talk to-is intimidating.”

Remember that many times, a CFT is a meeting where a young person walks into a room of adults who have made life altering decisions both for and about them.

Strengths based approach



**Always Start with
what's working well.**

Youth voice and choice

- Young people need to know what CFTs are,
That they can call 1, and how to call 1
- Young people should be encouraged to invite
peers, supportive adults of choice
 - CFT facilitator should be neutral party
To limit implicit bias
 - Working on facilitator oath
To create and defend space for youth voice



“CFTs get the conversational ball rolling. It is a safe space for me to share how I feel and to get the resources I need. They help me find stability through finding a successful way to create a home and peace.”

-Christopher, 17 (Shasta county)



“CFTs were the first place in foster care where I got asked about what I thought and what I wanted. I wish I knew about them when I first got into foster care. Since I had a CFT I haven’t changed placement because CFTs make solutions.”

-Jennifer, 14 (Alameda county)

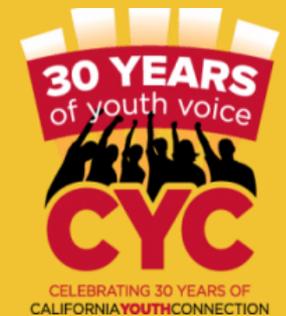


“So I have never had a CFT but I have been a part of one as somebody’s support. To see all the support, I was pretty amazed. I learned a lot and used some of that knowledge in my own life. It was definitely an experience I wish I had.”

-Cindy, 19 (Los angeles county)



calyouthconn.org



CAREGIVER ADVOCATE

Hybrid role of natural support and advocate for caregivers



THIRD PARTY FACILITATOR

Trained neutral facilitators



CFTs & Education

Situation: Lisa, Ryan's caregiver, was called into school for Ryan's behavior several times. This caused issues between Ryan and Lisa. It also negatively impacted Ryan's self-confidence. Ryan's social worker convenes a CFT to discuss his home placement as a result.

The CFT occurs, but Ryan's education rights holder (ERH) is not present. The conversation focuses on complaints about the Ryan "getting in trouble at school", telling Ryan that he has to be better, and discussion about whether a "fresh start" at a new home placement and new school would be best. The CFT does not discuss why Ryan is struggling in school.

Solution: The above discussion should not occur without the education rights holder (ERH) so that the CFT focuses on school supports for Ryan. For example, Ryan may need to be assessed for an IEP or maybe he has an undiagnosed learning disability. Resolving these issues with an ERH present can lead to more placement stability, ensuring that Ryan's school of origin rights are exercised if that's in his best interest.

CFTs & Assessments

- Initial meeting should not be delayed to accommodate a pending mental health screening, assessment, or referrals for services (ACL 16-84)
- Plays a role in Child and Adolescent Needs & Strengths (CANS):
 - implements in January 2019
 - assesses social and behavioral needs
 - monitors outcomes
 - mental health and substance use disorder assessment tool (ACL 18-09)

CFTs & Short-Term Residential Therapeutic Programs (STRTPs)

- Placement of a child who:
 1. does not require inpatient care at a licensed health facility,
 2. was assessed as requiring STRTP services, and
 3. assessed as:
 - meeting medical necessity criteria for Medi-Cal specialty mental health services
 - seriously emotionally disturbed,
 - requires emergency placement, or
 - requiring level of services provided by STRTP

- Interagency Placement Committee conducts assessment
 - must consider recommendations of CFT

Questions and Resources

To submit questions, click on the “Questions” panel, type your question, and click “Send”



PowerPoint slides, webinar recording, and certification of participation available at www.kids-alliance.org/webinars

CDSS CFT Parents Brochure

<http://www.cdss.ca.gov/Portals/9/CCR/CFT%20Parents%20Brochure%20ADA.PDF?ver=2018-03-14-141545-237>

CDSS CFT Youth Brochure

<http://www.cdss.ca.gov/Portals/9/CCR/CFT%20Parents%20Brochure%20ADA.PDF?ver=2018-03-14-141545-237>

CDSS CFT Professional Brochure

<http://www.cdss.ca.gov/Portals/9/CCR/CFT%20Professional%20Brochure%20ADA.PDF?ver=2018-03-14-141547-423>

LA County DCFS CFT Policy

http://policy.dcfslacounty.gov/content/Attachments/007054801_att4.pdf