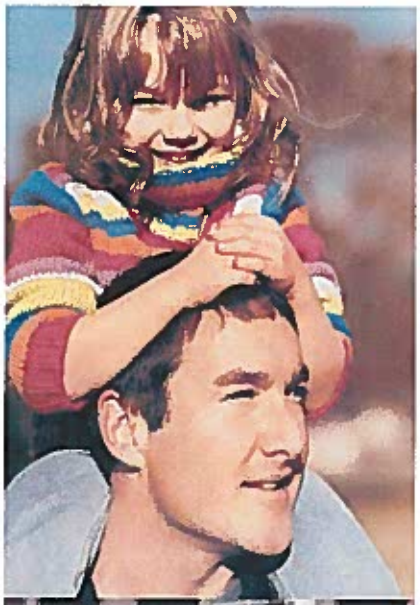


Workshop Handout

UC DAVIS EXTENSION

CENTER FOR HUMAN SERVICES

www.humanservices.ucdavis.edu/resource

CHILD AND FAMILY TEAMS (CFT) AND THE CONTINUUM OF CARE REFORM (CCR)

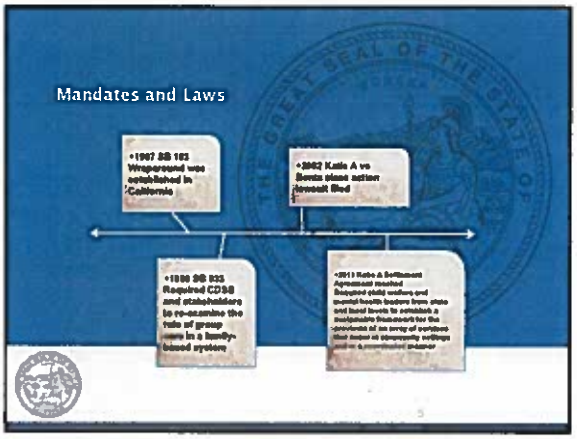
PRESENTERS

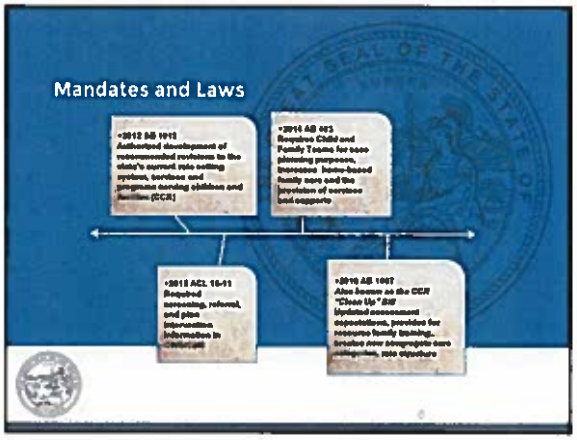
- California Department of Social Services
- Family
- Resource Center for Family-Focused Practice

TODAY WE WILL COVER

- The historical context of team-based practices
- Child and Family Team (CFT) requirements
- How teaming will benefit you and the families you serve
- Information sharing within the CFT

BACKGROUND





What is a Child & Family Team?

A group of individuals who are convened by the placing agency and 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.

Welf. & Inst. Code, Section 16501(a)(4)

7

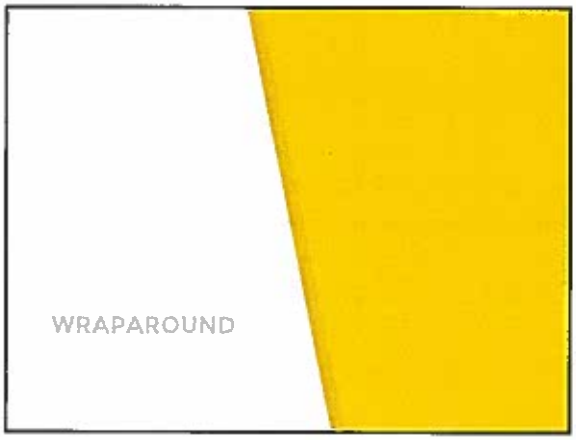
WHY CHILD & FAMILY TEAMS?

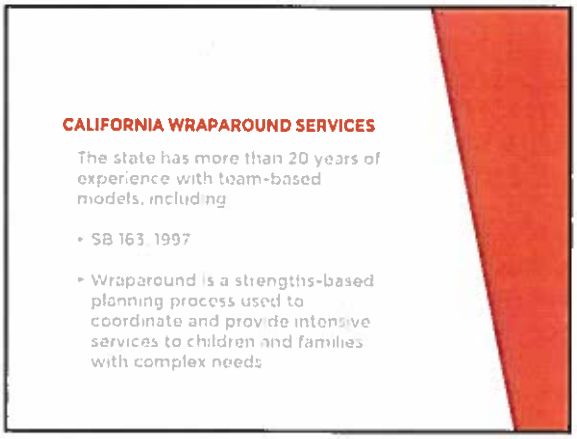
- Families are their own experts and achieve success if given the supports to do so
- Improved outcomes for children and families
- Practice is changing
- Services are most effective when delivered in the context of a single integrated team

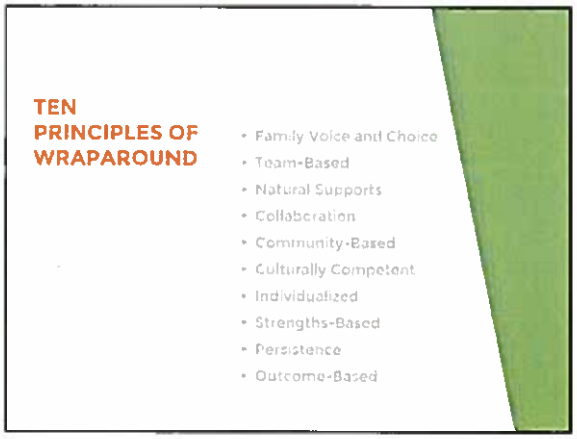
CALIFORNIA'S TEAM BASED MODELS

The state has more than 20 years of experience with team-based models including:

- Wraparound
- Team Decision Making
- Functional Family Therapy
- Children's System of Care
- Safety Organized Practice
- Family Group Decision Making
- Crossover Youth Practice Model


WRAPAROUND


CALIFORNIA WRAPAROUND SERVICES
The state has more than 20 years of experience with team-based models, including
• SB 163, 1997
• Wraparound is a strengths-based planning process used to coordinate and provide intensive services to children and families with complex needs


TEN PRINCIPLES OF WRAPAROUND
• Family Voice and Choice
• Team-Based
• Natural Supports
• Collaboration
• Community-Based
• Culturally Competent
• Individualized
• Strengths-Based
• Persistence
• Outcome-Based

CALIFORNIA WRAPAROUND SERVICES

- Rooted in a set of values and principles, and guided by formal standards issued by CDSS

California Wraparound Standards ACIN I-52-15

Adherence to the principles of Wraparound leads to improved outcomes for children, families, and communities

WRAPAROUND SERVICES CAN

- Enhance strengths by creating a strength-based intervention plan with a child and family team
- Promote youth and parent involvement with family voice, choice, and preference
- Use a community-based service delivery system
- Create independence and stability
- Provide services that fit a child and family's identified needs, culture, and preference
- Create one plan to coordinate responses in all life domains
- Focus on achieving normalized goals, and provide flexible funding to support the child and family team goals

QUESTIONS

PATHWAYS TO WELL-BEING

PREVIOUSLY KNOWN AS KATIE A.

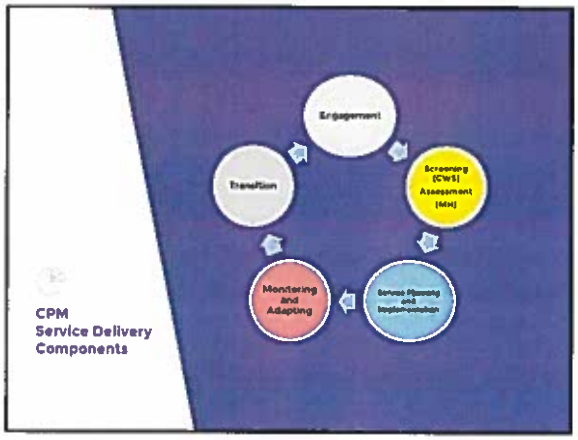
KATIE A. ET AL V. BONTÁ SETTLEMENT AGREEMENT

- In July 2002, a class action lawsuit was filed in federal court
- In December 2011, the court approved a settlement agreement designed to transform the way California's child welfare and mental health systems work together to meet the needs of children and youth involved with both systems
- Specifically, the parties agreed to take steps to ensure services are delivered in a coordinated manner according to the principles of a defined Core Practice Model (CPM)

PATHWAYS TO WELL-BEING (KATIE A.)

Released on March 1, 2013, the Core Practice Model (CPM) Guide describes specific, required components that support the standards and expectations for practice behaviors by child welfare and mental health staff

Pathways to Mental Health Services - CPM Guide



PATHWAYS TO WELL-BEING
INTEGRATED CORE PRACTICE MODEL

The Integrated Core Practice Model (ICPM) builds on the foundation of the existing CPM

Provides practical guidance and direction to support county child welfare, juvenile probation and behavioral health agencies and their partners, in delivery of timely, effective and collaborative services to children, youth and families

INTEGRATED CORE PRACTICE MODEL

The ICPM will present information about working with children and families together with system partners.

- Outlines implementation of a strategic and practical framework
- Child Welfare, Juvenile Probation, & Behavioral Health
- Child and Family Team is the primary vehicle for the teaming process
- Trauma Informed Practice
- Discipline Specific Behaviors and Universal Practice Behaviors

PATHWAYS TO WELL-BEING CHILD & FAMILY TEAMS

- The CFT is integral in providing Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) services
- Team is composed of youth, family, natural supports, child welfare, behavioral health, and any ancillary individuals involved in the youth's treatment
- Not just a meeting, "working together"
- Composition, meeting frequency, and facilitation is based upon the youth and family's needs

CHILD AND FAMILY TEAM DEFINITIONS

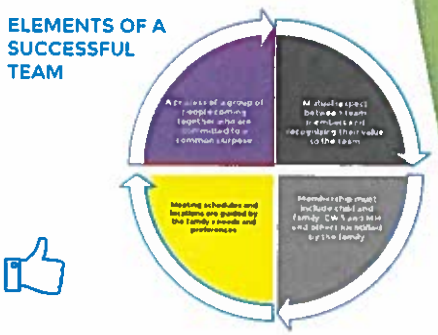
Child and Family Team Definitions

Welfare & Institutions Code, Section 16501(a)(4)	Core Practice Model (Page 12)
A group of individuals who are convened by the placing agency and 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	A team of people—of a convened of the youth and family and all of the ancillary individuals who are working with them toward their mutual health goals and their successful transition out of the child welfare system.

Child/Youth, Family and Extended Family

Informal Supports	•Friends •Coaches •Faith-Based Connections
Formal Supports	•Educational Professionals •Mental Health •Child Welfare •Probation Officers •Representatives from other agencies providing services to child/youth and family •Regional Center Case Managers •Substance Use Disorder Specialists •Health Care Professionals

ELEMENTS OF A SUCCESSFUL TEAM



INTENSIVE CARE COORDINATION (ICC) AND INTENSIVE HOME BASED SERVICES (IHBS)

ICC AND IHBS

- Community, family, and youth involvement are essential
- ICC and IHBS are guided by the CPM
- The CFT is the essential element to implementation and a CFT meeting must be held at least every 90 days

ICC: SERVICE COMPONENTS AND ACTIVITIES

- Services and supports are guided by the needs of the youth
- Involve a facilitated and collaborative relationship among youth, family, and involved child-serving systems
- Support the parent or caregiver in meeting youth's needs
- Must be delivered using a CFT to develop and guide the planning and service delivery process

INTENSIVE HOME BASED SERVICES (IHBS)

- CFT develops goals and objectives for all life domains

  Family life, community life, education, vocation, and independent living

IHBS DESCRIPTIONS

Specific goals and objectives are developed:

- Individualized
- Strength-based interventions
- Designed to ameliorate mental health conditions that interfere with a child functioning
- Interventions aim at building skills for youth to successfully function in the home and community
- Interventions aim at improving the families' ability to assist youth in building and maintaining skills to function in the home and community

THERAPEUTIC FOSTER CARE (TFC) SERVICE MODEL

TFC SERVICE MODEL

- Short-Term, Intensive, Highly Coordinated, Trauma-Informed and Individualized Activities
- For children and youth with complex emotional and behavioral needs
- Intended for children and youth who require frequent mental health support in a family setting
- CFT must be held at least every 90 days

BREAK

THE CONTINUUM OF CARE REFORM

- Senate Bill 1013 (Chapter 35, Statutes of 2012)
- AB 403 (Chapter 77, Statutes of 2015)
- AB 1997 (Enrolled Aug 31, 2016)

VISION

- All children live with a committed permanent and nurturing family with strong community connections and where their "voice" is heard
- Services and supports should be individualized and coordinated across systems so children shouldn't change placements to get services

VISION

- When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults
- Effective accountability and transparency drives continuous quality improvement for state, county and providers

KEY STRATEGIES

A comprehensive framework that supports children, youth and families across placement settings (from relatives to congregate care) in achieving permanency.

INCREASED ENGAGEMENT

- Child & Family Teams drive case planning, placement decisions and care coordination
- Up-front and continuing assessment using common domains
- Aligns with the Integrated Pathways to Well-Being Core Practice Model

INCREASING CAPACITY FOR HOME-BASED FAMILY CARE

- Updated and expanded training requirements across provider and caregiver categories
- Resource Family Approval by county Child Welfare, Probation and FFAs
- Funding for support, retention, recruitment and training of resource families & relatives
- FFAs provide Core Services
- Trauma-informed, culturally relevant accreditation, core services to children in county approved families and relatives

LIMIT USE OF CONGREGATE CARE

Limit use of residential care to circumstances when an Interagency Placement Committee finds the child requires short-term intensive services

CORE SERVICES

- FFAs and STRTPs make available core services either directly or through secured agreements
- Access to specialty mental health services (ICC, IHBS and TFC)
- Transitional support services for placement changes permanency; aftercare
- Education, physical, behavioral and mental health supports
- Activities to support youth achieving a successful adulthood.
- Services to achieve permanency & maintain/establish family connections
- Active efforts for ICWA-Eligible children

STRENGTHENING COLLABORATION

- Identify and sustaining supports across disciplines
- Working with Providers, Courts and County Probation Departments to develop capacity for home-based family care.
- Engaging FFAs and other community based organizations to develop strategies to recruit and support specialized foster homes.

For questions related to CCR, please contact CCR@dss.ca.gov

CCR CFT REQUIREMENTS

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

- Discusses the requirement and how it applies to all children and youth who come into the child welfare foster care placement after January 1, 2017, including probation youth in foster care and non-minor dependents
- 60 day requirement once the child or youth enters the child welfare or probation placement system
- For children or youth in placement who are receiving ICC, IHBS, and TFC services, a CFT meeting must occur at least every 90 days

CFT OVERVIEW

- Placing agency is responsible for engaging CFT members (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
- Engagement and Collaboration are KEY
- The CFT process reflects the culture and preferences of children, youth, and families, building on their unique values and capabilities, and eliciting the participation of everyone on the team
- Individualized, needs-driven, family-centered

COMPOSITION OF THE CFT

- The child, youth, and family voice, choice, and preferences are an integral part of the CFT process.
- Child or youth, family, current caregiver, placing agency representative, family members, and anyone identified by the family as being important
- Others involved could be: youth's tribe or Indian custodian, behavioral health staff, foster family agency social worker, school personnel, Court Appointed Special Advocates, Regional Center providers, and others

CHILD AND FAMILY TEAM MEETING

- It is important to recognize that a CFT meeting does not represent the entire process, but is simply one part of a larger strategy.
- Children, youth, and families are involved in all aspects of care planning, evaluation, monitoring and adapting, to help them successfully reach their goals
- It is only a CFT meeting if decisions about goals and strategies to achieve them are made with involvement of the child, youth, and family members

CHILD AND FAMILY TEAM MEETING

If the child or youth is dually involved both the child welfare social worker and probation officer should have a conversation to identify the individual (probation officer or child welfare social worker) responsible for initiating and scheduling the first CFT meeting

CFT MEETING FREQUENCY, LOCATION, AND LOGISTICS

- 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, 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
- Be Up Front
- Team Approach
- Trust Building
- Maintain Cultural Humility

Information Sharing within the CFT

•Section 832 of the Welfare and Institutions Code promotes sharing of information between CFT members relevant to case planning and providing necessary services and supports to the child, youth and family

•Success of CFT's largely depends on honest respectful and ongoing communication

DECIDING WHEN TO DISCLOSE INFORMATION

...is not always easy!

- CFT's should consider whether disclosure would present "a reasonable risk of significant adverse or detrimental effect on a child's or youth's psychological or physical safety."

FUNDING TO SUPPORT CFT ACTIVITIES

- County Fiscal Letter No. 16/17-22 and Allocations Letter released October 11, 2016
- Provides claiming instructions to counties for allowable CFT activities, as required by Assembly Bill (AB) 403

RESOURCES

- Core Practice Model Guide
- Medi-Cal Billing Manuals, Versions 1 & 2
- All County Letter (ACL) NO. 16-84 Mental Health Substance Use Disorder Services (MHSUDS) Information Notice NO. 16-049
- County Fiscal Letter (CFL) NO. 16/17-22
- Child and Family Team claiming instructions

FORTHCOMING RESOURCES

- Integrated Core Practice Model Guide
- Medi-Cal Billing Manual, Version 3
- All County Letter (ACL)/Mental Health Substance Use Disorder Services (MHSUDS) Information Notice (Version 2)
- Youth, Parent, and Professionals CFT Brochures


THANK YOU
California Department of Social Services
Email: CWSCoordination@dss.ca.gov
Department of Health Care Services
Email: KatieA@dhcs.ca.gov