Framework for Supporting Intensive Care Coordination and Intensive Home-Based Services

Katie A. Statewide Child Welfare/Mental Health Learning Collaborative
Building Child Welfare and Mental Health Partnerships to Improve Well-Being

California Institute for Mental Health
June 2014
This framework document was developed by the California Institute for Mental Health to support California counties as they implement the Katie A. Settlement agreement. For further information, please contact Kimberly Mayer at CiMH: kmayer@cimh.org.
Katie A. Implementation Outline for ICC and IHBS

Introduction

As California moves forward with implementing the Katie A. settlement agreement, counties across the state are improving access to mental health services for children and youth involved with the child welfare system. Two new services, Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS), have been developed for those children and youth with more intensive needs, also referred to as the Katie A. Subclass. The California Institute for Mental Health (CiMH), in collaboration with the Department of Health Care Services (DHCS), has identified the need for both a framework and a compendium of related resources and tools to guide counties in the implementation of ICC and IHBS services, as well as the transformational efforts represented in the Core Practice Model.

The following framework was developed by drawing on the Pathways to Mental Health Services Core Practice Model Guide and its corresponding Medi-Cal Manual. Outreach was conducted to counties requesting that they share any tools they had developed for implementing their ICC and IHBS programs. A number of counties responded to this request, and the tools they shared have been put into templates so that all counties can easily adapt them for their use and benefit from the shared knowledge base being developed. We are grateful to the counties for providing these documents to us, and citations for their contributions have been included in the footer of each document. These initial steps are intended to put key information in one place for easy reference and, as additional resources are developed and made available, they will be put in template form and shared in the same way.

This document was prepared by CiMH in collaboration with Shared Vision Consultants. A draft was reviewed by the Statewide Training and Education Center’s Katie A. Multidisciplinary Workgroup in May 2014. It will be edited as more tools are collected and developed by CiMH to support the framework.

Katie A. Subclass Eligibility

Children and youth (up to age 21) are considered to be members of the Katie A. Subclass if they meet the following criteria:

1. Are full-scope Medi-Cal (Title XIX) eligible;
2. Have an open child welfare services case (See definition in Appendix A, glossary); and
3. Meet the medical necessity criteria for Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.

and

4. Currently in or being considered for wraparound, therapeutic foster care, specialized care rate due to behavioral health needs, or other intensive Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, including but not limited to therapeutic behavioral services or crisis stabilization/intervention (see definitions listed in glossary); or

5. Currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or has experienced three or more placements within 24 months due to behavioral health needs.
**Child and Family Team (CFT)**

1. The Child and Family Team (CFT) is central to the Core Practice Model (CPM).

2. While the Katie A. settlement agreement only stipulates a formal and prescribed Child and Family Team (CFT) for Katie A. Subclass members, the CPM incorporates the practice of teaming for all youth and families.

3. The CFT is a team that shares a vision with the family and is working to advance that vision, while a team meeting is how the members communicate. No single individual, agency, or service provider works independently. Working as part of a team involves a different way of decision-making.

4. Elements of successful teaming include: family participation; team membership and composition guided by the family's input; meeting schedules and locations guided by the family's needs and preferences; team members share responsibility for developing and implementing the care plan, and for supporting the child and family.

5. The standardized meeting process includes: purpose, goal, and agenda; agreed-upon decision-making process; identification of needs/concerns, and strengths; brainstorming and option-generating; and an action plan with specific steps to be carried out by team members according to a timeline.

**Intensive Care Coordination**

A. The ICC coordinator is responsible for working within the CFT to ensure that plans from any of the system partners (child welfare, education, juvenile probation, etc.) are integrated to comprehensively address the identified goals and objectives, and that the activities of all parties involved with service to the child/youth and/or family are coordinated to support and ensure successful and enduring change.

B. An identified mental health ICC coordinator must be present to ensure participation by the child or youth, family or caregiver, and significant others.

C. Settings

1. ICC may be provided to children and youth living and receiving services in the community (including CFT).

2. ICC may also be provided to children and youth who are currently placed in a hospital, group home, or other congregate or institutional placement, 30 days prior to discharge.

D. ICC service components – Possible tools needed for all areas outlined below.

1. Engagement
   a. Engaging parent(s) caregivers
   b. Engaging youth
   c. Identifying and engaging extended family members
   d. Identifying and engaging natural support persons from the community
   e. Identifying and engaging other professionals
2. Assessment
   a. Assessing, in a culturally responsive manner, client's and family's needs and strengths, including issues of trauma
   b. Assessing the adequacy and availability of resources
   c. Reviewing information from family and other sources
   d. Evaluating effectiveness of previous interventions and activities
   e. Assessing for safety and developing a crisis/safety plan

3. Service Planning and Implementation
   a. Developing a plan with specific goals, activities, and objectives
   b. Coordinating plans from all individual agencies and service providers
   c. Ensuring the active participation of client and individuals involved and clarifying the roles of the individuals involved
   d. Identifying the interventions and course of action targeted at the client's and family's assessed needs, and who is responsible for each

4. Monitoring and Adapting
   a. Monitoring to ensure that identified services and activities are progressing appropriately, tying goals and interventions to observable and measurable indicators of success
   b. Changing and redirecting actions targeted at the client's and family's assessed needs, not less than every 90 days
   c. Working through challenges and setbacks: Brainstorming and thinking outside the box
   d. Ongoing reassessment for further trauma exposure

5. Transition
   a. Developing a transition plan for the client and family to foster long-term stability, including the effective use of natural supports and community resources
   b. Identifying a system navigator and/or ongoing liaisons within child welfare and mental health
   c. Creating a ceremony to mark the transition out of formal CFT meetings

**Intensive Home-Based Services (IHBS)**

A. IHBS are intensive, individualized, and strength-based, needs-driven intervention activities that support the engagement and participation of the child/youth and his/her significant support persons, and to help the child/youth develop skills and achieve the goals and objectives of the plan.

B. IHBS are not traditional therapeutic services.

C. Settings
   1. IHBS may be provided in any setting in which the child/youth is naturally located, including the home (biological, foster, or adoptive), schools, recreational settings, childcare centers, and other community settings.
2. IHBS are available wherever and whenever needed, including weekends and evenings.

3. IHBS are typically (but not only) provided by paraprofessionals under clinical supervision. Peers, including parent partners, may provide IHBS.

4. IHBS may not be provided to children/youth in group homes. IHBS can be provided outside the group home setting to children and youth who are transitioning to a permanent home environment to facilitate the transition during single day and multiple day visits.

D. Service Components (include but not limited)

1. Medically necessary skill-based interventions for the remediation of behaviors or improvement of symptoms;

2. Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks, or the avoidance of exploitation by others;

3. Development of skills or replacement behaviors that allow the child/youth to fully participate in the CFT and service plans, including but not limited to the plan and/or child welfare service plan;

4. Improvement of self-management of symptoms, including self-administration of medications as appropriate;

5. Education of the child/youth and/or his or her family or caregiver(s) on how to manage the child/youth’s mental health disorder or symptoms;

6. Support of the development, maintenance, and use of social networks, including the use of natural and community resources;

7. Support to address behaviors that interfere with the achievement of a stable and permanent family life;

8. Support to address behaviors that interfere with seeking and maintaining a job;

9. Support to address behaviors that interfere with a child/youth’s success in achieving educational objectives in an academic program in the community;

10. Support to address behaviors that interfere with transitional independent living objectives, such as seeking and maintaining housing, and living independently.

E. Coordination with Other Mental Health Services

1. Children/youth who are members of the Katie A. Subclass who are receiving IHBS are eligible for all of the other medically necessary specialty mental health modes of services, consistent with their identified needs that meet medical necessity criteria.

   a. Day treatment rehabilitative, or day treatment intensive

   b. Therapeutic Behavioral Services (TBS)

   c. Outpatient mental health services (individual and group therapy, family therapy, collateral therapy, individual and group rehabilitation services, plan development, medication support, etc.)
Index for Katie A Resource Documents
CiMH Toolkit

I. Screening/Assessment
   a. Mental Health Screening Checklist
   b. Subclass Eligibility Screening Form

II. Consent Forms
   a. CFT-TDM Consent to Share Information
   b. Consent for Advisal-Release of Information (Child Welfare)

III. System Tools/Flow Charts
   a. Dual Status – Probation Lead Flow Chart
   b. NMD Flow Chart

IV. Child and Family Team Resources
   a. CFT Brochure (Social Marketing)
   b. CFT Teaming Standards (Training)
   c. CFT Service Plan (Documentation)
   d. CFT Meeting Summary (Documentation)
   e. CFT Meeting Challenges and Strategies (Training/Supervision)
   f. CFT Family Centered Meeting Survey (Feedback/Evaluation)

V. Collaboration and Teaming
   a. Collaboration Survey of Team Members

VI. Training
   a. Orientation to Katie A

VII. ICC Resources
   a. ICC Progress Note for MH documentation
MENTAL HEALTH SCREENING CHECKLIST

This checklist should be used as a guide to assist caseworkers in determining whether to refer a child for mental health assessment. Any available sources such as the child, caregiver, collateral contacts, or other resources should be utilized to gather information to assist in making a determination of whether a referral for mental health assessment is indicated.

| Child's Name: | DOB: | Gender: [M] [F] |
| Referral/Case #: | | |
| Current Placement: | Caregiver: | |
| Address: | Phone: | |
| Language/interpretation services needed for: | |
| Current mental health services: [Yes] [No] | Agency/Clinic: | Telephone: |
| Is Child a Regional Center client? [Yes] [No] | |
| Has a developmental screening been completed? [Yes] [No] | |

| 1. Is the child currently, or have a history of being, a danger to him/herself or to others? (Check all that apply) |
| ☐ Attempted suicide | ☐ Assultive |
| ☐ Suicidal gestures | ☐ Puts self in dangerous situations |
| ☐ Suicidal ideation | ☐ Sexually molested others (or attempted) |

| 2. Does the child currently have, or have a history of, any of the following behaviors? (Check all that apply) |
| ☐ Fire setting | ☐ Smears feces |
| ☐ Cruelty to animals | ☐ Repetitive body motions |
| ☐ Excessive masturbation | ☐ Repetitive vocalizations |
| ☐ Hears voices or responds to internal stimuli | |

| 3. Is the child currently receiving, or have a history of receiving: (Check all that apply) |
| ☐ Psychiatric hospitalization | ☐ Prescribed psychotropic medication |

| 4. Does the child currently have, or have a history of, problems managing his/her feelings? (Check all that apply) |
| ☐ Severe temper tantrums | ☐ Excessive worries |
| ☐ Cries inconsolably | ☐ Frequently sad or depressed |
| ☐ Nightmares | ☐ Restless or overactive |
| ☐ Withdrawn | |

| 5. Does the child currently have, or have a history of, alcohol/substance abuse? |

If [YES] checked for any of the above questions, the child was/will be referred for an assessment to:

☐ Refer child to assessment to ____________________________

☐ Child currently receiving services; update assessment as indicated

☐ Other: _____________________________________________

CPM Special Project Code

(Social Worker MUST complete this section at initial screening AND at subsequent updates)

| ☐ CPM screened—No referral (Description: Core Practice Model, screened no assessment referral needed) | Date |
| ☐ CPM Screened—Referred (Description: Core Practice Model; screened referral for assessment made) | |
| ☐ CPM Subclass (Description: Identified by Mental/Behavioral Health Agency as meeting Katie A. subclass criteria) | |
| ☐ CPM Services—County (Description: Receiving mental health services through County Behavioral/Mental Health or Contractor) | |
| ☐ CPM Services—Private/IPP (Description: Receiving mental health services through a private provider or IPP) | |
| ☐ CPM Subclass Services offered—Family Refused (Description: Family/youth refused to participate in subclass services offered) | |

Person providing information: ☐ Caregiver ☐ Child ☐ Other: ____________________________

Name of Social Worker completing this form: ____________________________ Phone: ____________________________ Date: ________________

Program: ☐ ER ☐ FMCS ☐ Intake ☐ Dependency Investigations ☐ FR ☐ PS ☐ Adoption

Name of Supervisor: ____________________________ Phone: ____________________________

Adopted from Orange County Children and Family Services
### Part I. CLIENT INFORMATION

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<th>Client Name</th>
<th>DOB</th>
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### Part II. ELIGIBILITY CRITERIA

1. **Does the above mentioned child have full scope MediCal?**
   - [ ] Yes
   - [ ] No

2. **Does the above mentioned child have an open Child Welfare case?**
   - [ ] Yes
   - [ ] No

3. **Does the above mentioned child meet Medical Necessity criteria based on assessment/reassessment?**
   - [ ] Yes
   - [ ] No

4. **Is the above mentioned child currently receiving or being considered for any of the following services?**
   - [ ] Wraparound
   - [ ] Therapeutic Foster Care
   - [ ] Specialized Care Rate due to behavioral health needs
   - [ ] Therapeutic Behavioral Services
   - [ ] Crisis Stabilization
   - [ ] Crisis Intervention or other intensive EPSDT service
   - [ ] Placement in an RCL 10 or above facility
   - [ ] Placement in a psychiatric hospital / 24 hour mh tx facility
   - [ ] Currently receiving service
   - [ ] Being considered for service

5. **Has the above mentioned child had three or more placements within 24 months due to behavioral health needs?**
   - [ ] Yes
   - [ ] No

### Part III. ELIGIBILITY DECISION

**Children meet criteria for the Katie A. Subclass if:**

- The answers to number 1, 2, and 3 are all Yes, and
- The child is in or being considered for any of the services in number 4, or the answer to number 5 is Yes.

**Child meets criteria for the Katie A. Subclass**

- [ ] Yes
- [ ] No

Approved by:

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<th>Print Name / Title</th>
<th>Signature</th>
<th>Date</th>
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**CFT/TDM Consent to Disclose Information**

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<tr>
<th>Referral.#:</th>
<th>Case #:</th>
<th>Service Component:</th>
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<td>Mother’s Name:</td>
<td>Father’s Name:</td>
<td>Caregiver Name:</td>
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<td>Social Worker’s Name:</td>
<td>Social Worker’s Phone:</td>
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<td>Child’s Name:</td>
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I/We (parent/caregiver/guardian) authorize the sharing of information in a Child and Family Team/Team Decision-Making meeting. Participants in this meeting may include parent(s), caregiver(s) and others, including:

- Department of Education/School
- Health Care Agency
- Department of Mental Health
- Regional Center
- Probation Department
- Social Service Agencies
- County Contracted Service Providers
- Other________________________

Upon completion of the plan developed during the meeting, I understand that each participant will receive a copy of the plan so they can follow through with agreed upon actions. I understand that information discussed in the meeting is confidential, but may be used for future case planning, shared with the Juvenile Court, or revealed if necessary for the safety of others.

The limits of confidentiality include: disclosure of the harm to oneself, the threat of harm to others [Tarasoff], and child maltreatment. My signature indicates acknowledgement of informed consent.

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<td>Parent/Legal Guardian:</td>
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<td>Child:</td>
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<td>CFT/TDM Facilitator:</td>
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<td>Supervisor:</td>
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<td>Social Worker:</td>
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<td>Interpreter:</td>
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Client Consent/Advisal for Release of Information

**Party Requesting Access to Records:**

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<th>Agency:</th>
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Social Service Worker

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I, the undersigned, hereby authorize:

to provide from my record, the information specified below to the __________________________ at the address listed above for the purpose of: __________________________________________

The information supplied is to be restricted to medical, psychological, psychiatric, alcohol and/or substance abuse, educational, social data, and any other information authorized and/or ordered by the Juvenile Court.

Concurrently: I authorize, with my initials here, that the above agency/person/organization may release the information received to _______________________________________ for the purpose of mental health assessment and/or treatment. __________________________ (Optional)

Release or transfer of the specified information to any person or entity not specified herein is prohibited, except as provided in the Welfare & Institutions Code § 827. I understand that all information herein obtained shall be used directly in my dependency case, and shall become part of the court record. In addition, all information shall be shared with all legal parties recognized in the dependency case. An additional written consent must be obtained for a proposed new use of the information or for its transfer to another person or entity.

This authorization shall be valid until my dependency case is terminated.

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Confidential Health Insurance Portability and Accountability Act (HIPAA) Client information (California Welfare & Institution Code 5328):

I/WE hereby agree to waive my/our right to HIPAA privacy and confidentiality for this referral and allow the SafeCare Coordinator and the Community Based service provider/case manager to release this information to the agency listed above as indicated by my signature.
NOTE: Applies to all children and youth in California Only. Adapted with permission from Riverside County
Youth/NMD’s Age 17.5 and Older

CW
- Completes the MHST with the youth immediately—if not already completed, or if child is likely to change from class to sub-class—and send it to FC Eligibility.
  
  **NOTE:** FC verifies Medi-Cal eligibility and forwards the MHST to ACT
- Review the MHST with a youth **45 days before** the 90-Day Transition TDM.

MH
- If Initial MHST, MH Clinician reviews the MHST and makes a determination if child is referred for a mental health assessment.
- MH assesses and determines if the child meets Class or Sub-Class categories

90-Day Transition TDM/CFT
- **If child is Sub-Class**, any existing ICC and a representative from Transitional Age Youth (TAY) services **may** be present
- Youth is asked if, upon turning 18, he/she: o plans to accept EFC o plans to accept/continue MH Services
- **Youth completes the Mental Health Services Agreement**

CLASS
If youth is willing to accept/continue MH Services, will receive Core MH Services

Social Worker reassesses youth using the MHST not less than annually or as circumstances warrant.

If Youth is later determined to be Sub-Class
Schedule a facilitated CFT

- Develop recommendations (Service plan, etc.)
- Screen for WRAP if “at risk” of GH placement
- If youth is not WRAP Eligible, identify alternative ICC/IHBS Services

SUB-CLASS

If Youth Declines MH Services but Accepts EFC Services
- Youth can still elect EFC and FC Placement options
- SW re-addresses MH Services with the youth every 90 days to see if he/she is now willing to accept MH services.

If Youth Declines MH Services and EFC Services
SW prepares to terminate services and helps youth apply for Medi-Cal and CalFRESH.

If Wraparound eligible and youth accepts MH Services:
- SW screens youth for Wraparound
- If youth is accepted for Wraparound, see the Wraparound Flowchart

If NOT eligible for Wrap or NOT accepting Wrap Services
- Youth transitions to TAY services (ICC) **OR**
- Youth transitions to Clinic services (ICC)
- In either case, continue a CW Facilitated CFT at least every 90 days or as circumstances warrant.

CFT 30 Days Before Transition to EFC
CW Facilitated CFT (for non-Wrap eligible youth) or Wrap Facilitated CFT conducted. Participants may include:
- ICC/Targeted Case Manager
- Family Support
- Community Support
- Clinic Parent Partner
- SW Supervisor
- TAY Services
- School
- Probation Officer
- Social Worker
- CASA

Adapted with permission from Riverside County
WHEN AND HOW DOES THE CFT COMMUNICATE?

- The CFT communicates in many ways: phone calls, conference calls, emails and in-person meetings.
- The CFT will meet every 90 days to get feedback on and update the action steps to well-being.
- The length of meetings will be based on need but typically will not last more than 1.5 hours.
- CFT communication may include some CFT members at some times and all members at other times but always include the child/youth and family.
- The child/youth or parent may call a CFT meeting by calling their CWS worker.

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OUR CFT MEMBERS ARE:

THE CHILD & FAMILY TEAM
IDENTIFYING PATHWAYS TO WELL-BEING, TOGETHER

YOUR NEXT CFT MEETING IS:

Date: __________________________
Time: __________________________
Location: _______________________

*Information for this pamphlet was taken from the Core Practice Model Guide produced by CDSS and DHCS.
WHAT IS A CHILD AND FAMILY TEAM (CFT)?

- Supports a child/youth with mental health needs who is involved with the child welfare system.
- Is made up of the child/youth, their family, and others who support them in making a successful transition out of the child welfare system.
- Works with the family to develop and support a shared vision.
- Includes people whom the family knows and trusts, such as a coach, neighbor, or friend – as well as professionals involved with the family.

WHAT DO TEAM MEMBERS DO?

- Support hope, healing and resilience.
- Share strengths, ideas and worries to support the child/youth.
- Develop and implement steps to support child/youth’s well-being.
- Communicate regularly with CFT.

WHO PARTICIPATES IN THE CFT?

Together the child/youth and family, child welfare social worker and mental health clinician identify CFT members. At a minimum, the core CFT members are:

- Child, youth and family
- Child Welfare social worker
- Mental Health clinician

Other team members may include:

- Extended family
- Caregivers
- Service providers
- Neighbors/community members
- Tribal members
- Spiritual and faith-based supports
- Family and youth partners
- Others who support the family

GUIDELINES FOR EFFECTIVE COMMUNICATION

- All participants actively contribute by being direct, honest and respectful.
- Everyone’s voice is important and each participant will have the opportunity to be heard.
- All action steps will be mutually agreed upon and assigned, based on the strengths of each CFT member.
- Participants commit to support team decisions and assist one another in completing action steps.

TEAMING & CFT PRINCIPLES

- Teaming promotes decisions that rely on the voice of the child/youth and family.
- It embraces and requires family participation in creating action steps.
- It values children/youth and families as equal partners.
- It recognizes and appreciates the family’s culture and devises action steps that draw on it.

What does a CFT meeting look like?

- Clearly defined purpose, goal and agenda
- Focused and organized planning process
- Agreed-upon decision-making process
- Identification of family strengths and needs
- Brainstorming and option-generating process
- Specific action steps and timelines developed for the team members
- Focus on times of transition
- Continued monitoring and adjustment
Pathways to Well-Being
Child and Family Teaming Standards

Pathways to Well-Being is about changing the way Child Welfare Services (CWS) and Behavioral Health Services (BHS) work with children, youth and their families. Core to this change will be Child and Family Teams. This consists of family, youth, and professional partners working together, by sharing information, resources, and responsibilities. Partners are responsive to the needs, values, and success of each partner. The team works with genuine intent to achieve the team’s common purpose.

This document is intended as a standards guide to assist Child and Family Teams in working together. It will be given to each team member. A review of these standards with the team at their first meeting and throughout the teams’ lifespan will ensure team equity and guide the way we work together.

1 The Team Foundation

Team Membership
(member in bold are required participants)

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<tr>
<th>Team Member</th>
<th>Name</th>
<th>Expertise/Strength</th>
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<td>Current Caregiver</td>
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<td>Behavioral Health Services</td>
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<td>Permanent Community Connection</td>
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<td>Natural Supports:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted with permission from San Diego County
<table>
<thead>
<tr>
<th>Agreements</th>
<th>Purpose &amp; Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ All Team Members Agree to:</td>
<td>✓ All team members have discussed and created the purpose and goals for the team. The purpose and goal(s) will drive all team processes and be used as the team’s guide to stay the course:</td>
</tr>
<tr>
<td>✓ Strive to adhere to the Principles of Family Youth Professional Partnership * Attached</td>
<td>Team’s Purpose:</td>
</tr>
<tr>
<td>✓ Discuss and develop the team’s decision-making process</td>
<td>List Each Goal:</td>
</tr>
<tr>
<td>✓ Discuss and develop an inclusive brainstorming and option generating process</td>
<td></td>
</tr>
<tr>
<td>✓ Assign Action Steps to members that agree to the action steps requested</td>
<td></td>
</tr>
</tbody>
</table>

Purpose & Goals:

List Each Goal:
# 2 Team Practices

**Coming together is a beginning;**

**keeping together is progress;**

**working together is success.**

---

| ✓ Formal Meeting Schedule | First meeting will take place within 30-days of establishing eligibility for enhanced services, and at a minimum of every 90 days for children/youth thereafter. Meetings shall be short, focused, and no longer than 1.5 hours. |
| ✓ Meeting Structure | Meeting Facilitator will make sure that the meeting structure as described in the Core Practice Model Guide is followed. This will include: Introduction, Identifying the Situation, Assessing the Situation, Developing Idea, Reaching a Decision, and Evaluating the meeting. |
| ✓ Informal Meetings | Teams develop their schedule and process to ensure CFT practices are met. |
| ✓ Communication | *Not about me without me!* All communications (formal and informal) regarding child and/or family will be disclosed to all team members. |
| ✓ Selection of additional Team Members | The team creates a process for inviting additional team member(s) |
| ✓ Action Items | Action items are:
  - Agreed to or team facilitator shall document team members that disagree and reasoning behind their disagreement.
  - Action items are assigned by members’ strength and/or expertise.
  - Team members support each other in the accomplishment of assigned actions.
  - Action and planning are routinely evaluated by the team for potential changes to adapt to the mission, goals, and objectives of the youth, family, and team. |
### 3 Maintaining the Pathway

**Success is not final, failure is not fatal:**

*It is the courage to continue that counts.*

Winston Churchill

| ✓ Transition Plan | Transition planning begins at the onset of Teaming. The youth and family will identify their needs for successful transition to lower levels of care and exit from the Child Welfare system. The youth and family shall also receive resources and expertise from the Behavioral Health Services provider and Child Welfare Services worker to support a successful transition. Transition goals will be incorporated into the team’s meetings, goals, and mission. |
| ✓ Transition Period | Transition planning shall have set timetables that are often gauged to ensure actions/goals for successful transition are made and/or readjusted to meet the youths evolving needs. |
| ✓ Are we there? | Transition planning goals should be incorporated into CFT meetings and goals should be evaluated to ensure actions agreed upon are met and/or are appropriate to meet the transitional needs. |
**PRINCIPLES of Family Youth Professional Partnership**

*Family, Youth Professional Partnership (FYPP)* is family, youth and professional partners working together, by sharing information, resources, and responsibilities. Partners are responsive to the needs, cultures, and success of each partner. A successful FYPP utilizes a multi-stakeholder approach, where there is genuine intent to achieve their common purpose.

**Responsibility:** Each partner *Family-Youth and Professional* takes ownership in the partnership by committing to be responsible for the success of the partnerships’ achievements.

**Agreement:** The foundation of FYPP is a strong commitment from each partner to collaborate. This is demonstrated by full agreement on what is to be achieved. Each partner agrees to ensure the success of the partnership. Partners also commit to ownership in achievement of outcomes.

**Influence:** All decisions related to achievement of outcomes are decided on together. Decisions are family centered <not service driven> and there is full understanding of each partners’ perspective and needs before decisions are made.

**Sharing:** Each partner brings equally important knowledge and information. Partners agree that each perspective is vital to their success. Partners share their knowledge and reflect on the expertise provided to them.

**Excellence:** To achieve excellence in FYPP there needs to be formal mechanisms in place that provide for feedback loops at all levels. Each perspective must be considered and given equal influence in decisions that affect outcomes.
Child and Family Team Service Plan

Child’s Name: ____________________________ DOB: ____________________________

Current Address: ____________________________ Current Living Arrangement: ____________________________

Parent/Caregiver: ____________________________

Facilitator: ____________________________

MH Representative: ____________________________ Children’s Services Division

Parent Partner: ____________________________ Referring County Worker: ____________________________

Meeting Goal:

Select one (1) to three (3) topic areas per CFT meeting:

- Safety
- Legal
- Money Matters
- Fun/Recreational
- Cultural/Spiritual
- Child’s Residence (Placement)
- Emotional/Behavioral
- Housing/Living Environment
- Health/Medical
- Family
- School/Educational
- Social Relationships
- Work/Vocational

Confidential Client Information – W&I Code Sections 5328 and 827
<table>
<thead>
<tr>
<th>Topic Area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs</td>
</tr>
<tr>
<td>Strengths</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Strategy</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
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<td>#3</td>
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</tbody>
</table>

<table>
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<tr>
<th>Formal Resources</th>
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<tr>
<th>Informal Resources</th>
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<tr>
<th>Prior Plan Outcome</th>
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<thead>
<tr>
<th>Update Completed</th>
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</thead>
</table>

Confidential Client Information – W&I Code Sections 5328 and 827
<table>
<thead>
<tr>
<th>Topic Area:</th>
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<tbody>
<tr>
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<td></td>
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<tr>
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</tbody>
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<td>#3</td>
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</table>

<table>
<thead>
<tr>
<th>Formal Resources</th>
<th></th>
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<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prior Plan Outcome</th>
<th></th>
</tr>
</thead>
</table>

| Update Completed |  |

Confidential Client Information – W&I Code Sections 5328 and 827

Continued on next page
Child and Family Team - Service Plan, continued
Child's/NMD's Name: ______________________________
Date: ____________________________

| Topic Area: | Needs | | | Strengths | | | |
|-------------|-------|----------------|----------------|----------------|----------------|----------------|
| Person Responsible | Strategy | Due Date | | | | |
| #1 | | | | | | |
| #2 | | | | | | |
| #3 | | | | | | |

Formal Resources
Informal Resources
Prior Plan Outcome
Update Completed

Confidential Client Information – W&I Code Sections 5328 and 827

Continued on next page
### Child and Family Team - Service Plan, continued

**Child's/NMD's Name:** ______________________________________________

**Date:** ______________________________

We, the members of the Child and Family Team, agree to this Service Plan:

<table>
<thead>
<tr>
<th>Team Member (Print Name)</th>
<th>Relationship to Child/NMD</th>
<th>Signature</th>
<th>Date</th>
<th>Contact Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child/NMD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caregiver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health/Intensive Care Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facilitator</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>School Contact</td>
<td></td>
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<tr>
<td></td>
<td>Parent Partner</td>
<td></td>
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<td></td>
<td>Other</td>
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<td>Other</td>
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</tbody>
</table>

Within 3 business days, the facilitator or social worker will distribute a copy of the completed plan to the participants listed above.

**Next CFT Meeting Date/Time/Place:**

Confidential Client Information – W&I Code Sections 5328 and 827
Child and Family Team (CFT) Meeting
SUMMARY

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Mother’s Name</th>
<th>Child/Youth’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator</td>
<td>Father’s Name</td>
<td>Caregiver Name</td>
</tr>
</tbody>
</table>

Check one:
- [ ] Initial Meeting
- [ ] Follow Up Meeting

**Identified Goal for Meeting:**

<table>
<thead>
<tr>
<th>Existing Support / Services</th>
<th>Continue?</th>
<th>Changes / Additions to Support / Services Recommended by Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] N</td>
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<td>[ ] Y</td>
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<td></td>
<td>[ ] N</td>
<td></td>
</tr>
</tbody>
</table>

What needs to happen? | Who is going to make it happen? | When will it be completed? | Our Progress / Follow up |
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Next Meeting Date (Required within 90 days if youth is receiving Intensive Care Coordination) and/or communication plan:

Scaling Participation (facilitator to ask each team member)
On a scale from 0-10 where 0 means I had no input during this meeting and 10 means that my voice was listened to and valued:

0 —— 10

Scaling the Services / Support / Action Steps (facilitator to ask each team member)

On a scale from 0-10 where 0 means the services / support / action steps have no elements that will help and 10 means that everything that needs to happen for the child / outh is happening:

0 —— 10

SIGN IN / SIGNATURE PAGE / CFT MEETING AGREEMENTS

We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the family except as otherwise provided for via separate and properly executed Release Disclosure forms. During this meeting a plan will be developed to address the need of ________________________________ and we will each receive a copy of the plan.

This meeting must include the parent(s) and the youth*, CWS staff, Behavioral Health provider, informal supports identified by the family, substitute caregiver, and other formal support as relevant.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Relationship to Family / Youth</th>
<th>Signature</th>
<th>Phone / Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*If the parent and / or youth were not in attendance, document efforts made and / or planned to ensure their participation:

____________________________________________________________________________________

Copies of this document were provided to all attendees on: ____________________________

Adapted with permission from San Diego County
PATHWAYS TO WELL-BEING/KATIE A.

CFT MEETING CHALLENGES AND STRATEGIES

1. Youth refuses to attend meeting:
   a. Engage youth one-to-one outside meeting.
   b. Better preparation to address youth needs.
   c. Use resource persons – a youth partner if available.
   d. Have a team member whom the youth trusts work with him/her to shape meeting agenda.
   e. Address youth’s concerns prior to meeting.
   f. Have youth attend only a portion of the meeting.
   g. Let youth take breaks from the meeting as needed.
   h. Make sure youth concerns are addressed as part of team’s operating agreements.

2. Youth refuses to have his/her parents at the meeting:
   a. Explore concerns with youth one-to-one.
   b. Address what youth needs in order to feel safe.
   c. Help youth differentiate between topics s/he will discuss with parents present and those that are off limits (as a starting point).
   d. Consider “rules” or guidelines the youth wants in order for parents to participate.

3. Youth doesn’t want to talk during the CFT meeting:
   a. Designate a natural support/trusted team member or youth partner to engage youth, and ask to speak for youth temporarily in order to increase comfort/safety for youth.
   b. See who youth connects with on the team, and have that person speak for the youth, again temporarily.
   c. Have youth and identified support person meet in advance to prepare what the youth wants to say during the meeting.

4. A parent speaks for the youth and/or cuts the youth off:
   a. Establish a ground rule that states that every team member speaks for her/himself without being interrupted by other team members.
   b. Have the facilitator check in with the youth to confirm that s/he is done talking before allowing someone to respond.
   c. Use a “talking stick” to indicate whose turn it is to talk.
   d. Use a parent partner or other trusted support person to discuss the issue with the parent prior to the meeting and to make a plan for how the parent will handle it during the meeting.

5. Adult team member “knows best” what youth should do and does not listen to youth:
   a. Paraphrase what youth is saying so as to shift the conversation of the team.
   b. Check in with adult and ask what s/he hears the youth saying, and check with youth to see if that is correct.
   c. Look for “bridge” or link between what youth is saying and what adult wants accomplished.
   d. Refocus on the importance of brainstorming and considering all possible ideas before deciding on a course of action.
6. **Family voice is marginalized:**
   a. Direct questions to the family first.
   b. Allow family to have primary “say” in how the agenda is organized and prioritized.
   c. Check in with family throughout meeting:
      i. “What do you think about that?”
      ii. “What are your ideas about how to handle that?”
      iii. “What is your primary concern today?”

7. **An extended family member (or other team member) gets angry during the meeting:**
   a. Validate feelings
   b. Help person de-escalate.
   c. Refocus on purpose of CFT, shared goals and concerns.
   d. Refocus on meeting agenda, topic at hand.
   e. Have the person take a break from the meeting, accompanied by another trusted team member as appropriate.

8. **Team members don't follow the rules, display negative attitudes, become aggressive, and/or manipulate the conversation:**
   a. Refer to team agreements.
   b. Redirect to the larger group to ask for other voices to be heard.
   c. Create new agreements that help support a constructive team process.
   d. Validate feelings and move on.
   e. Differentiate appropriate team meeting behavior from therapy behavior.
   f. Make the limit-setting process overt. Include it in the team ground rules.
   g. Prepare team members for how to be a “good” team meeting participant.
   h. If conflict is between two members, ask them to meet separately outside the meeting to resolve it.

9. **Team members disagree on goal or services/support:**
   a. Surface people’s underlying concerns
   b. Review your CFT decision-making process
   c. Explore compromise and the idea of “Can you live with that?”

10. **Team member(s) are “checked out” (mentally, emotionally, physically)**
    a. Pause and recap to get everyone’s attention.
    b. Ask team what’s going on.
    c. Take a meeting break.

11. **Meeting runs long or loses focus:**
    a. Use a time keeper to keep team and meeting on track.
    b. Assign a specific amount of time to each meeting agenda item.
    c. Post the agenda for reference.

12. **Team members don’t agree on meeting frequency, date/time, etc.**
    a. Focus first on youth/family availability and preference.
    b. Follow family’s lead on identifying priority team members to be present.
    c. Achieve buy-in from participants by varying meeting time and location (if OK with family).
    d. Explain in detail the purpose of the meeting and the topics to be covered so that participants see why it is important for them to attend.

Adapted and revised with permission from San Diego County
Child Family Team Meeting Survey

Your answers will be used to help us evaluate how we run the meeting and help us organize better meetings in the future for other families. Your answers will only be read by the meeting facilitator. Complete the form and return it to the facilitator. Thank you for your assistance.

Date: ___________________

Your role on the Team:  
- Parent  
- Relative  
- Live-in Partner  
- Child  
- Friend  
- Neighbor  
- Foster Parent  
- Child Protection Investigation /Family Assessment worker  
- Family Interventions worker  
- Permanency Planning worker  
- Resources Development Worker  
- Foster Care Worker  
- Supervisor  
- School Staff  
- Community Partner/Resource  
- Service Provider  
- Other ________

For each question below, circle the number to the right that best fits your response.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The family meeting was fully explained to me before the meeting started.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I liked the time of the meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I liked where the meeting was held.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I understood the purpose of the family meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I understood my role in the family meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I felt included in the family meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I felt that everyone who needed to be at the family meeting was present. Please note any missing members below.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I felt comfortable sharing my thoughts and concerns in this meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I felt the group listened when I spoke.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I felt that my thoughts and concerns were considered before a final decision was reached.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. The ground rules were followed during the family meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. The meeting moved along at a reasonable pace.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. My responsibility to the plan was clearly identified.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. A plan was developed for what to do if a crisis occurs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I was given a copy of the plan or was told it would be mailed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I believe that family meetings are worthwhile.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I was satisfied with the way the meeting was run.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

What could have made the meeting better?

Thank you for taking the time to complete this survey!

Adapted with permission from Alamance County
Collaborative Working Survey

Please rate your level of agreement with the statements below by circling the score which describes your collaborative effort.

<table>
<thead>
<tr>
<th>Rating: 1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = agree</th>
<th>4 = strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. We have developed common aims</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. We have developed shared compatible aims</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There is good communication between members of the team</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. There is clarity about each member’s roles and who/what they represent</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. There are deepening bonds of commitment and determination between members to achieve the aims</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Members are prepared to compromise in the interests of the common aims</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. We have developed effective working processes that help to get things done</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. There is accountability between members for following through on decisions that have been agreed upon</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The leadership of the collaboration enacts principles, democracy, and equality to empower everyone to take an active role</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Members share resources</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Members do not undermine each other or behave in ways that have a negative impact on others</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Members trust each other to behave in ways that show respect</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Power (personal and role) is used wisely to avoid over control by one member</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Due to working together, we make faster, better decisions</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Members share information and knowledge</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Members are recognized and appreciated for their contribution</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. There is productive output as a result of our collaboration</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The synergy achieved though collaboration makes things happen that wouldn’t or couldn’t otherwise happen</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Individual Total

Administering the survey

- Give each member of the multi-agency team a copy of the survey to complete, rating the current collaborative working arrangements.
- Collect the surveys and collate the scores, identifying strengths and tensions.
- Share the overall findings with the team, and discuss what the team can do differently to achieve greater collaborative advantage.

Adapted from Http:// lmscontent.ncsl.org.uk/ECM/index.cfm?n=810
Katie A. Implementation

Design an attachment and trauma focused system with a shared framework that is information driven, integrated, and innovative to support the health, safety, permanency and well-being of children, youth and families involved in or at risk of involvement in Foster Care, Probation, Special Education and are struggling with the complications of behavioral health issues.
Service Delivery Plan: Pillars of Change

- Align Mission/Vision and practices across systems
  - **Assessment**: Engagement Oriented, Comprehensive and Individualized
  - **Triage**: Focused on Permanency and Well Being Through Reflective and Collaborative Decision Making.
  - **Service Network**: The Right Treatment in the Right Place
    - Measure effectiveness and constantly strive to improve

WHAT IS KATIE A.?

- Class Action Lawsuit filed 2002 against CA Social Services and Health Departments AND LA County
  - 6 youth total named in original lawsuit
- LA settled July 2003
- California settled Dec. 2011

**ISSUES:**
- Failure to assess mental health needs
- Inadequate mental health services
- Poor foster care placements:
  - overuse of congregate and shelter care
WHO IS KATIE A.?

- 2002: 14 year old Caucasian female
- Placed in foster care at age 4
- Mental health assessment at age 5
- 37 different placements
- Mom was homeless at the time
- Dad was incarcerated

The Settlement

- December 2011: Settlement Agreement was reached and the state was asked to take specific action.

- The court retains jurisdiction of the case until December 2014.

- Counties must improve collaboration and services on behalf of foster youth.
STATE IMPLEMENTATION

- [Link](http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx)

- Every county submitted a readiness assessment and service delivery plan to CDSS.

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Katie A. Key Components

**The Core Practice Model (CPM):** Facilitating the provision of an array of services delivered in a coordinated, comprehensive, community-based fashion that combines service access, planning, delivery, and transition into a coherent and all-inclusive approach.

Addressing the need of some class members with more intensive needs ("subclass members") to receive medically necessary mental health services in their own home or family setting in order to facilitate reunification and meet their needs for safety, permanence, and well-being:

- **Intensive Care Coordination (ICC)**
- **Intensive Home Based Services (IHBS)**
- **Therapeutic Foster Care**

**The Child And Family Team** is the vehicle to deliver these services.

Clarifying and providing **guidance on state and federal laws** as needed to implement the settlement agreement so that counties and providers can understand and consistently apply them.
Core Practice Model Values and Principles

- Children are protected
- Trauma Informed Practice
- Culturally Respectful
- Community Based
- Family Voice and Choice
- Children have permanency and stability
- Needs driven & strength based
- Formal & informal supports

Core Practice Model

**Foundation Concepts**
- Collaboration
- Teaming (CFT)
- Trauma-Informed Practice
- Cultural Competence and Humility

**Components and Activities**
- Engagement
- Assessment
- Service Planning and Implementation
- Monitoring and Adapting
- Transition
Katie A. CLASS

- Class members include:
  - children with an open CW case or who are at risk of placement in foster care;
  - have a mental illness;
  - need individualized mental health treatment

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Katie A. Subclass

- Children with an open CWS case who are full scope Medi-Cal eligible and meet the medical necessity criteria for specialty mental health services
- Specialty Mental Health Services:
  - Intensive Care Coordination
  - Intensive Home Based Services
  - Therapeutic Foster Care

*Implementation currently focused here*
Intensive Care Coordination (ICC)

- Targeted mental health case management (TCM) service that facilitates assessment of, care planning for, and coordination of services, including urgent services for members of Katie A. Subclass.
Intensive Home-Based Services

- Mental health rehabilitation services
- Individualized, strength-based interventions
- Helps the child/youth build skills necessary for successful functioning in the home and community

Therapeutic Foster Care

- Intensive, Individualized mental health service provided to a child in a family setting, utilizing specially trained & intensively supervised foster parents (youthlaw.org)

- Will be added to CPM later
The Child and Family Team

- The primary vehicle to deliver services for children with intensive or complex needs
- Creates a vision with the family and works together to achieve that vision
- CFT meeting is one of the several ways that will exist for CFT members to communicate
- MUST include at least the CWW, MH, and the child and family
- Can be facilitated by MH, CWW, or PO

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Your County

Katie A.

Population

<table>
<thead>
<tr>
<th>Total Open Cases</th>
<th>XXXXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Foster Care</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>Estimated # Needing Specialty MH Services (Subclass)</td>
<td>Includes 3+ moves, SCI rates, ITFC, GH placement, psych hospitalizations</td>
</tr>
<tr>
<td>Receiving Specialty MH Services</td>
<td>Includes wrap, ITFC, Family Mosaic, TBS, RBS</td>
</tr>
<tr>
<td>Receiving Other Mental Health Services</td>
<td>Includes individual and family therapy, meds management</td>
</tr>
<tr>
<td>Not receiving MH Services</td>
<td></td>
</tr>
</tbody>
</table>
Your County Katie A. Priorities

- Promote Child and Family Engagement and Authentic Involvement from First Point of Contact
- Ensure that All Care is Coordinated
- Provide Clinical Interventions that Promote Safety, Reunification/Permanency and Well-Being

Offer Consistent Coaching and Supervision for Mental Health and Child Welfare Clinicians & Workers

Your County Planning and Implementation Model

Target: XX families by Date
- Early engagement
- Child and Family Teams
- Joint care coordination and integrated case planning
- Effective clinical interventions
- Shared coaching and supervision
Additional System Coordination

- Case Reviews on designated cases
- ITFC approvals and renewals
- Working with ITFC providers to ensure appropriate MH services are in place
- Joint Management Team
- Cross-System Policy Development and Training
- Other

QUESTIONS?
**INDIVIDUAL PROGRESS NOTE/ICC NOTE**

<table>
<thead>
<tr>
<th>Client:</th>
<th>Case #:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service:</td>
<td>Unit:</td>
<td>SubUnit:</td>
</tr>
<tr>
<td>Server ID:</td>
<td>Service Time:</td>
<td>Travel Time:</td>
</tr>
<tr>
<td>Person Contacted:</td>
<td>Place:</td>
<td>Outside Facility:</td>
</tr>
<tr>
<td>Focus of session Diagnosis:</td>
<td>Service:</td>
<td></td>
</tr>
<tr>
<td>Collateral Server ID:</td>
<td>Service Time:</td>
<td>Travel Time:</td>
</tr>
</tbody>
</table>

**Type of ICC:** (specify if CFT Meeting or Care Coordination Activity specifying if a TDM, IEP, Wrap meeting, type of case management or collateral activity)

**Participants:** (for CFT Meetings list all participants and role)

**Intervention:** (what was done as related to Engagement, Assessment/Evaluation, Plan Development/Revision, Referral/Follow up Activities, Transition)

**Response/Observed Behavior(s):** (what are the high risk behaviors that meet medical necessity; response to intervention; how did behaviors/mood change)

**Progress toward Plan Goals/Objectives:** (includes permanency & safety goals, transition plan)

**Plan:**

**Additional Information:** (when applicable)

**Traveled To:** (when applicable)

**COMPLETE THESE ADDITIONAL FIELDS WHEN USED AS CFT MEETING NOTE**

Child Family Team meeting must occur at a minimum every 90 days and be captured in Anasazi for all program types

**Care Coordinator:** (name of the primary staff that serves as the official CC, include the affiliation/program)

**CFT Meeting Note offered to Youth, Caregiver and PSW on:**

**Date of Initial Treatment Session** for current treatment episode:

**Total number of attended tx session(s):**

**Total number of missed tx session(s):**

**Dates of missed session(s):**

**Reason for missed session(s):**

**Session:** a treatment service that is identified as an included service for UM purposes (excludes ICC and IHBS services)

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Signature/Credential | Date | Printed Name/Credential/Server ID#
---|---|---
Co-Signature/Credential | Date | Printed Name/Credential/Server ID#