

Child and Family Team Meetings  
Nevada Case Planning and Assessment Policies  
*Clark County Department of Family Services*

Presenters Copy

A Workshop for DFS Case Managers presented by:  
Saul Singer, MFT, LADC  
Director, *Counseling, Consultation and Training*

- Welcome and Introductions  
*About the Presenter*
- Outline and Purpose of Workshop  
*Review Assessment and Case Planning policies as they relate to CFT's/ give you the information, tools and practice skills to plan and facilitate CFT Meetings, and carry out case planning functions as required by case planning policy.*
- Discussion of Assessment and Case Planning in Case Management (List)  
*Purpose and why are they important? Who benefits?*
- What are your experiences with Child and Family Team Meetings? (List)  
*DFS, WIN, other?*
- Individualized Course of Action/Research
- Nevada/Clark County DFS Case Planning Policy
- DFS Case Planning and Child and Family Team Meetings
- Outline of CFT Process/Some Effective Planning Ideas for CFT Meetings
- Sample Forms, Guidelines and Documents:
  1. Forms needed at each CFT Meeting
  2. Sample Case Plan CFT Written Agenda
  3. Sample Non-Case Plan CFT Written Agenda
  4. Sample CFT Ground Rules
  5. Sample CFT Solution Questions and Problem Solving Model
  6. Guidelines for Solution-focused Objectives
  7. Scaling
  8. Recognizing Client Positions
  9. Presupposition, Exceptions and Coping Questions
  10. Dissimilar Styles: Problem focused and Solution focused Writing
  11. Child and Family Team Summary
  12. Systems of Care Principles
  13. Case Plan
- Questions, Discussion and Conclusion

## ABOUT THE PRESENTER

Saul Singer began his working career in 1968 with “Project Community” while attending the University of California at Berkeley. “Project Community” was a home-based program that worked with adolescent drug addicts and their families. It was one of the first programs to address family dynamics as part of drug treatment and modeled new concepts and interventions based on research from the Mental Research Institute.

In 1973, Saul moved to Las Vegas, Nevada and was hired by Welfare Division (later to be DCFS) to work with “Children In Need Of Supervision” (CHINS) who were in custody of the State, placed in “specialized foster care”. He worked for several State agencies until retiring from public service in 2002:

- 1975-77 State Personnel, Personnel Analyst, Las Vegas
- 1977-83 Youth Parole Bureau, Youth Parole Counselor, Las Vegas
- 1983-85 Senior Youth Parole Counselor, Carson City
- 1985-87 State Personnel, Principal Analyst/Psychometrist, Carson City
- 1987-95 Dept. of Prisons, Senior Psychologist, Carson City
- 1995-97 DCFS, IFS Program Site Supervisor, Carson City/Fallon
- 1997-98 DCFS/Children’s MH, Statewide Clinical Specialist, Carson City
- 1998-02 DCFS, Regional Clinical Program Supervisor, Carson City

In 1985, Saul began a part-time private practice/clinical resource agency called *Counseling, Consultation and Training*. He has written and facilitated more than 100 workshops in several States; taught part-time for the University of Nevada System 1986-1995; completed consultation projects for more than 20 agencies and organizations; presented as a faculty member for the Nevada Training Partnership and Social Work Academy; and provided direct clinical services for hundreds of client families and individuals as a private practice therapist.

Saul has a Master’s Degree in Counseling Psychology and Psychotherapy and is a Licensed Marriage and Family Therapist and a Licensed Alcohol and Drug Abuse Counselor. He has received advanced training for trainers by national experts in several areas including Solution Oriented Therapeutic Process, Systems of Care, Family Centered Practice, Strategic and Structural Family Therapy, and Culture and Diversity.

Saul has been an invited presenter at many conferences and forums including the Nevada Welfare Division TANF Conference, the UNLV Social Work Conference, the State Social Worker’s Conference, the Youth Services Conference, the Governor’s Conference, and the National Welfare Conference.

Currently as Director of Counseling, Consultation and Training, Saul is providing clinical consultation and intervention services under contract for several mental health and child welfare agencies; writing workshops for clinical child welfare programs; and presenting clinical and social work training and training of trainers for various organizations.

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I. Introduction

Child and Family Team Meetings are a part of the Clark County Department of Family Services' Case Planning Policy and Case Management Model. The Case Management Model consists of Engaging, Teaming, Assessing, Planning, Intervening and Tracking/Adapting. CFT's are decision-making bodies for youth and their families. Consistent with Systems of Care principles and child welfare best practice, meetings are family driven, inclusive, family centered, strength-based and solution focused.

Several agencies and programs use the term "Child and Family Team meetings (CFT's)." However, strength-based and solution focused child welfare CFT's and CFT Meetings usually differ in several ways from those that are part of children's mental health or many traditional child welfare programs or services. Thus, Wraparound in Nevada (WIN) Child and Family Teams and meetings may have some similarities but do not necessarily have the same structure or all of the same policy requirements, processes and purposes as the Clark County DFS Child and Family Team meetings. Meetings such as MDT's, Family Group Conferencing, and Child Welfare "System" Meetings are not the same and do not substitute for the Clark County DFS Child and Family Team Meetings.

Define

Family Driven: *Planning and decision-making, choices. Reliance on the Family's expertise, selection of team and resources. Rather than resource driven intervention, develop family driven programming.*

Inclusive: *What can be done to include people and ideas?*

Family Centered: *Look at whole family, culturally sensitive and competent, hierarchy of needs, stressor and resources, respectful and supportive of family's ideas, struggles and efforts. Non-blaming. Empower and build hope, motivate.*

Strength-based: *Build on and compliment family's strengths, history of solving problems, natural resources, capacity and good efforts. See family as competent and unique. Rather*

Solution-Focused: *Look at what has worked in the past rather than on what hasn't worked. Eye on solutions and exceptions to the problem rather than on the problem itself. Incremental change and goals (stairs rather than a wall).*

## II. Individualized Course of Action and Overview

According to research through the Edna McConnell Clark Foundation, an *individualized course of action* is an important strategy in order to reduce the possibility of re-abuse or re-neglect, increase the capacity of families to provide safe and nurturing homes, and enhance permanency and well-being for children. There are 5 basic components essential in the development of an individualized course of action:

1. engagement of the family
2. the assessment process
3. developing and implementing a plan
4. tracking progress and responding to new concerns
5. sustaining the change

*(These make up what is often called the Casework Process)*

Prior to a Child and Family Team Meeting, the first two components, *engagement of the family* and *the assessment process*, must be completed by the DFS Assessment Worker. The family's first CFT Meeting is usually for the purpose of crafting a family driven case plan. The Assessment Worker and Permanency Worker co-facilitate the meeting and elicit the case plan from the family and their team. The family's partnership with the agency in developing the team and participating in the meeting is critical to a successful outcome. A caseworker's efforts at building a respectful, genuine, family centered and strength-based relationship with the family is the lynchpin for both the assessment and case planning process.

Families need help in times of crisis, and it is natural for families to turn to people that they can trust, both natural supports and professionals. Supporting the family in building a team can provide a valuable, ongoing resource for the family, providing assistance and support well beyond the involvement of DFS.

## III. Nevada/Clark County DFS Policy

The Case Planning Policy gives structure and authority to Child and Family Team Meetings and document the preparation necessary for them to be successful. Excerpts from the case planning policy and practice guidelines, and DFS Procedures are cited in this section.

*Case Planning Policy:*

### **POLICY STATEMENT**

A structured, solution-focused process of considering all of the information gathered through the needs assessment process will be used to develop a strengths

based, time-limited case plan in partnership with the family and other key parties.

## DEFINITIONS

**“Case Planning”** refers to a collaborative, structured, strength based and solution-focused process of considering the information gathered through the assessment process and developing a focused, systematic, time-limited case plan in partnership with the family and other key parties including but not limited to natural family supports and professional or agency personnel. *Case planning includes the identification of goals, objectives and action steps. Objectives and action steps are expressed in increments that identify progressive steps towards completion.*

- Pet Peeve: Provider working with family *not addressing what we need; no evidence of change even after months of that service; doesn't “get” the CW System issues, what is needed.*
- Set concrete, observable increments with team
- Ask providers:  
Tx plan congruent with increments
- Assess progress

**“Child and Family Team”** refers to a team that is comprised of family members, friends, foster parents, legal custodians, community specialists and other interested people identified by the family and agency who join together to empower, motivate and strengthen a family, and collaboratively develop a plan of care and protection to achieve child safety, child permanency, and child and family well-being.

*You take on too much: use team members...to do leg work so you can do oversight, manage case. List of who, what, how and when. One case: 14 items all by team members. Other: Children in care, mom living with her parents/grandparents, working on sobriety with Bridge; case manager concerned that if mom relapsed or had paraphernalia grandparents wouldn't know—too uninformed re drugs. Bridge “we can help”, offered to give grandparents 3 drug education sessions so that children could go into their home.*

## PROCEDURES

*All cases open for service must have a written collaborative case plan which defines the overall goals of the case and the step-by-step proposed actions for all parties to take to reach the goals within a specified time period. Case Planning is a family centered process that focuses on family strengths and resources to assist the family in building protective capacity and increasing family functioning. The case planning process includes:*

- *Engaging the family*
- *Teaming with the family*
- *Gathering information;*
- *Evaluating it with the family;*

- *Always bothered me: looks good, completed case plan, case closed, 6 months later back in system*
- *Eliciting goals and solutions from the family (eliciting goals/solutions from family versus telling; change versus compliance; 1<sup>st</sup> order change increases risk=you're out, family reverts; "your prisons would be empty")*
- *Team decision making about desired outcomes (team and family are responsible for solutions); and*
- *Determining with the family and team what activities should be performed, by whom, how, when to achieve proposed actions.*  
(wording: solution focused: how will you be doing that; what will you need?)

### **Case Plan Development**

Case planning is the *link* that ties the findings of the child and family assessments to identification of the Permanency Goal (s) and the selection of a set of services including both formal and informal services. It is a collaborative, strength based and solution focused process that empowers and motivates families to identify solutions that will remove barriers, increase functioning and build protective capacity. See *Assessment Process Policy*

### **Development of the Child and Family Team**

*The worker and family are responsible for teaming for purposes of creating a child and family team, which consists of individuals, identified by the family and agency personnel, who might be familiar with the family's strengths and needs. The process is driven by a collaborative partnership between the family, the family's supports and agency personnel. Families should be encouraged to include natural, informal supports such as extended family, fictive kin, close friends, members from their faith community, teachers, etc. The intent is to have child and family team members who are committed to long-term support of the child and family. Foster parents, mental health professionals, CASA and other interested stakeholders would usually be included.*

- *Worker and family have dual responsibility for meetings and inviting team*
- *70/30*
- *Minister: HVx30, voice mail daily, unexpected benefit (case manager 4 months later)*

In the event a parent is not available or refuses to participate in case planning, the case plan team (foster parents, extended relatives, other providers and child, if appropriate) must still be formed and a plan developed. In all cases, every effort should be made and continue to be made to involve parents in the case planning process. Engaging and motivating a family to participate in this process will usually be in a child's best interest.

- *Motivate family to show; no cancellations (use discretion).*
- *Meeting held with no show, but prep with family responsibility of case manager*
- *Agenda completed with family*
- *Family's team*
- *Appoint family advocate*

### **Required Elements of the Case Plan**

- *There are certain non-negotiables: Federal Law, State Law, Agency Policies and Court Orders*
- *No tug of war; stay out of the crossfire—you are also constrained by these*
- *Let the family know that you don't have a choice either—so work together for solutions to get them on track and out of trouble*

The Case Plan must be in written form using the prescribed format, signed by the parents, the caseworker, and the child and family team members assigned to complete an objective or to support the family in achieving an objective. The plan must also be approved and signed by the assigned supervisor. The caseworker will provide a copy of the plan to the parents and members of the child and family team and place the original in the case file. A copy must also be attached to all court reports.

- Team members sign
- Team members get copy
- Team members can come to Court

### **Case Plan Review**

*An individualized case plan must be developed, implemented and signed by the legal custodian, the parent, the youth, and other members of the Child and Family team, within 45 days of removal. The plan should be reviewed with the Child and Family Team every 90 days or when a significant event has occurred that requires modification of the plan. Providers' progress reports need to be collected prior to a team meeting. Review of the plan should reinforce progress, identify solutions to challenges and, if necessary, make modifications to the plan.*

- 45 days from opening of case
- Assessment and Permanency Workers need to coordinate 1<sup>st</sup> meeting
- Providers reports/providers need to be invited
- Frequency of meetings/other time frames to be covered in procedural section
- Reviews: Assumptions if plan not working = *not right match, hierarchy of needs, other barriers, family not invested in case plan (family's personal agenda).*

Children (all ages, as appropriate) must be involved in the case planning process whenever possible. However youth age 14 and older, must be included *in adoption decisions.*

## **CHILD AND FAMILY TEAMS**

### **Practice Guidelines and DFS Procedures**

#### **Introduction to Child and Family Teams (CFT)**

*A child and family team meeting is a gathering of family members, fictive kin, friends, and other invested stakeholders who join together to strengthen a family and provide a protection and care plan for the child to achieve child safety, permanency and well-being. This process is often a forum in which the child and family team come together to help the family craft, implement or change the individualized plan of action.*

Families require a supportive circle of family, friends and others whom the family can trust and who can help respond to the issues the family is facing. Bringing a team together contributes a variety of constructive benefits including;

- Increasing the variety of option for solutions;
- Preventing removal;
- Increasing the likelihood of matching the appropriate service to needs;
- Identifying kinship placement opportunities;
- Increasing the capacity to overcome barriers; and
- Creating a system of supports that will sustain the family over time.

The team that comes together provides an alliance of support for the family and facilitates the family's participation in decision-making regarding safety, permanency, and well-being for their children. This process is meant to be solution-focused and should draw on a family's history of solving problems, determine times when the family is currently able to solve the problem, and develop the family's vision for their future. *Child and family teams drive the case planning process and ensure strengths-based and solution-focused plan content that, upon implementation, facilitates the family's stability and ultimate safe disengagement from agency involvement.*

- There are certain non-negotiables: i.e., safety, permanency and well-being.
- We can all get passionate around issues regarding children
- Avoid alliances, triangulation, splitting
- Confront ex-parte communication (open to family and others is important)

Child and family team meetings are based on a *number of beliefs and practice values*. The following are some of the most important principles that support the process<sup>1</sup>:

- Genuineness, respect, and empathy are the three core helping conditions of successful engagement with families. *Engage*
- *The focus should be on needs rather than symptoms*. Unless the underlying conditions producing the behavior are addressed, symptoms will merely be suppressed only to reappear later. (no band aids—real solutions; affirmative language = “housing” not “lack of “housing”). *Needs become objectives and then services can be identified.*
- People are capable of change, and most people are able to find the solutions within themselves, especially when they are helped in a caring way to identify that solution.
- All people and families have strengths. *(Solution-focused and strength based, individualized for each family member, specific question processes and language that we will talk about later).*
- *Recognizing strengths in families builds a foundation for a trusting relationship and a platform for change. (More than a list of strengths—how family has and can use strengths. History of successes overcoming challenges is important to know)*
- *A solution that a family generates with a team is more likely to fit that family because it will respond to their unique strengths and needs.*
- *A family is more invested in a plan in which the family members believe they are full partners in the decision-making process.*

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<sup>1</sup> Principles have been adapted from Handbook for Family Team Conferencing, The Child Welfare Policy & Practice Group (July 2001)

- *When extended family members and friends become part of a team, they frequently identify solutions that no formal system would be able to generate.*
- *When a number of caring people are brought together, energy is generated that fuels the change.*

*Mother meth addict, back in system 2<sup>nd</sup> time(after case closed almost 18 months), more than one year clean and sober 3 times; drug counseling; Uncle Bob(N/A), Drug Screens, Sponsor*

*Policy really emphasizes being innovate and crafting solutions with team members—not throwing serves at families. Non-traditional services that are more natural to the family’s culture are valued (all families have their own unique culture—more than ethnicity, race and country of origin)*

## **Logistics of a Child and Family Team Meeting<sup>2</sup>**

### **1. Why should a child and family team meeting be held?**

The child and family team meeting is effective in securing the family’s investment in the plan or course of action and in improving the coordination of services. *Almost any situation can be addressed through a child and family team meeting.* This meeting process can be utilized to create/revise or update a case plan and/or case plan objectives.

Child and family team meetings are best used when:

- There are uncontrolled *risks of harm*;
- The helping systems and the family are “stuck” and *progress is not being made*;
- *The family wants to care for its child or wants the child cared for in its own family system*;
- *Relatives express interests* in helping the family or interest in caring for children who are either at risk of being removed from the family or who are already in foster care;
- Mandated agencies are willing to let the family be the architect of the family case plan; and
- *The professionals/helpers can engage their resources and energy toward mobilizing the family through whatever crisis brought the family into the child welfare system.*

*Situations where child and family team meetings should be carefully evaluated and planned include:*

- *Certain types of sexual abuse situations*;
- *Domestic violence cases (particularly where the victim is still dependent on/vulnerable to the partner, and a continuing risk of violence remains)*;
- *Court involvement that includes restraining orders or warrants for parents of family members*; and/or
- *When termination of parental rights has already been determined and filed, and the child has been stabilized in a permanent adoptive home.*

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<sup>2</sup> Principles have been adapted from Handbook for Family Team Conferencing, The Child Welfare Policy & Practice Group (July 2001)

*Make accommodations as needed; examples: DV case via telephone; 15 y.o. “not with perp”;*

## **2. Who should attend?**

The creation of the team begins with the family’s own response to the question, “Who can you turn to when you need help?” Some families need help in identifying potential supports, so gentle coaching may be necessary to help the family think creatively. If parents or grandparents are unavailable, for example, the family member may need to be encouraged to consider a minister, a neighbor, or a work colleague. Other team members include all the formal agencies involved in the case, such as mental health counselors, family advocates, or teachers.

*Family needs to see this as their meeting; it is for them*

To an extent, the family is the decision maker about who is invited to attend, inclusive of service providers, community partners, and informal supports. The caseworker should discuss with the family who needs to attend the CFT, including the family’s own support system. The caseworker should offer encouragement about who might be helpful to the process and should help the family broaden its definition of who is family and who would be a good team member. If the family finds it difficult to identify potential team members, the worker can help by asking a few questions such as:

- Who do you spend holidays with?
- Who cares about what happens to your family?
- Who do you talk to on the telephone?
- Who attends your children’s birthday parties?
- Who calls you when they are in trouble and need your help?

*All members of the CFT should be encouraged to maintain a stable relationship to support the child and family. The worker or other meeting organizer should elicit a commitment from all members to attend meetings consistently and to be flexible in addressing the changing needs of the family.*

*If the family is adamant that certain individuals not attend, i.e., a relative that they are having a dispute with, a foster care provider that is perceived as a threat, the family has the right to request that the meeting be held without those individuals. However, at the time of the CFT, the team must identify ways to get input from these individuals if it is a critical issue at hand.*

*There are some non-negotiables, however!*

### Children and CFT’s

Children should be invited when they are old enough to understand issues, contribute to, and benefit from the meeting. In many cases children can participate for a portion of the meeting and then can be excused for more adult discussions. Children (all ages, as appropriate) must be involved in the case planning process whenever possible.

All members of the CFT should be encouraged to maintain a stable membership to support the child and family. The worker or other meeting organizer should elicit a commitment from all members to attend meetings consistently and to be flexible in addressing the changing needs of the family.

- *Supportive person for children who attend*

- *Children's voice*
- *Discuss with parents and foster parents before deciding*

### **3. When should the Child and Family Team meeting be held?**

*CFT's must be held under the following circumstances:*

- *Prior to removal in non-emergency situations;*
- *Effective May 1, 2007, child and family teams will be required for all children, under the age of three, who have been placed into protective custody and placed either at a hospital, child haven, or shelter home. These CFTs must be held within 48 hours of placement.*
- *Effective July 1, 2007 child and family teams will be required for all children age 0-6 years old, who have been placed into protective custody and placed either at a hospital, child haven, or shelter home. These CFTs must be held within 48 hours of placement.*
- *Effective September 1, 2007 child and family teams will be required for children of all ages who have been placed in protective custody and placed either at a hospital, child haven, or shelter home. These CFTs must be held within 48 hours of placement.*
- *Initial Case Plan;*
- *Case Plan Review a minimum of every six months;*
- *Prior to Reunification;*
- *Developing a Visitation Plan; (relative placement, big family, lots of conflicts, mom's advocates or mom's enemies—didn't like each other but valued and wanted to stay connected to children, paternal uncle and maternal aunt reasonable ones, so asked them to facilitate*
- *Placement of child;*
- *For higher level of care placements, every 90 days to review treatment*
- *Developing Transitional youth plans for youth age 15 and above*
- *Crisis stabilization.*

*A child and family team may be called, by any of the team members, at any time , for reasons other than those listed above, including but not limited to: critical decision making; change in family circumstances; encountering barriers to achieving goals, tasks, etc;*

*Whenever possible, CFTs should be scheduled at a time and place convenient for the family. The caseworker or facilitator should make all efforts to get all team members to participate. However if time is an issue and critical decisions must be made, the CFT may take place with just those members critical to the issue at hand.*

*As a rule CFT's should be no more than one hour long and therefore should focus on solutions to the family's most urgent needs. Because CFT's are critical to decision-making, longer meetings may sometimes be necessary.*

Team with family develop plan  
 Strengths, needs and resources  
 Initial case plan meeting 1 ½ hours  
 Written agenda and good ground rules keep meetings shorter and more focused,  
 better results

### **4. Where should a Child and Family Team meeting be held?**

The best place to hold a CFT is in a setting that promotes openness, confidential discussion, and decision-making. Government offices or meeting rooms may not be the most comfortable setting for families. Families should be consulted about where they would like to hold the meeting. In the event that the meeting must take place in an office, it is desirable to ensure that the space is a comfortable one.

- *Fx church*
- *Community center bldg*
- *Fx home can present challenges*
- *Some provider's offices...advocates for family*

## **5. What is needed to conduct a child and family team meeting?**

### **A. Information Gathering and Assessment**

The caseworker should:

- *Help the family determine the concerns and issues they believe can be addressed at a CFT;*
- *Organize and review the case file;*
- *Review all assessment documents, court reports, social summaries, etc;*
- *Make a list of critical questions left unanswered after completing the case review or any questions raised by conflicting information; and*
- *Conduct a strengths/needs assessment with the family:*
  - *Identify individual and family strengths.*
  - *Identify underlying needs.*
  - *Prioritize needs based on the issues that seem most important to the family and cause the greatest safety risks to children.*

*(Reference Assessment Policy)*

### **B. Preparation for the CFT**

- *Explain to the family that the purpose of the meeting is to develop action steps to meet the identified needs directed towards critical goals within the context of the presenting needs;*
- *Determine the main outcomes that the family wants to occur at the meeting. Ask, “What would you like to have happen as a result of this meeting?” (Personal agenda question)*
- *Clarify the role of the facilitator and who that will be;*
- *Encourage the family to talk about their strengths/needs, to ask questions and contribute ideas in the design of services;*
- *Discuss confidentiality issues with the family and team;*
- *Discuss with the family who should to be invited to the meeting;*
- *Help participants understand the family's primary goal prior to the meeting;*
- *Help parent or other family members prepare to tell the story of how they became involved with the agency; and*
- *Ask all team members to be prepared to name some strengths of the child and family.*

*(Requires meeting with family)*

### **C. The CFT Meeting:**

#### **1. Introduction/Purpose**

- *The facilitator should explain that the purpose of the meeting is to develop a plan based on strengths/needs and to address the factors that placed the child at risk, by the development of specific goals and steps;*
- *The facilitator should ask the parents or a family member to tell the family's story that explains the family's current situation and the reason for the meeting;*
- *The facilitator should ask the group to establish "ground rules". (Some suggestions include be respectful, one person speaks at a time, everyone gets a chance to talk, it is okay to disagree, what is discussed is confidential, everyone's contributions are valued.); and*
- *The facilitator should gain agreement among the team about the purpose of the meeting.*

(Include family's agenda).

## 2. Summary of Family Assessment

- ***Strengths/needs may be listed on a flip chart for each family member;***
- ***The discussion should be kept away from services until needs are identified;***

(Elicit list)

- *Substitution of services for goals or needs statements should not occur.*
- ***Needs should address the risk factors that brought the child into care; and***
- ***The need of the child in care for family contact and maintaining connections, including arranging visitation, should always be addressed.***

## 3. Identify Needs to be Addressed

- ***At least one objective should be selected for each need; each risk factor that brought the child into care must be addressed by specific goals;***
- ***Each goal should describe how to determine that progress is being made toward meeting the need;***
- ***Some goals are long-term and some short-term. It is critical that goals address the reason for the child removal; and***
- ***There should be discussion that goals may change if the goals are achieved, and that steps will change if a more appropriate match of needs/services is necessary, or if a more effective method of service delivery is available.***

(Safety and risk, child and family well-being, and permanency would be central issues and need to be stated in concrete and measurable terms; not global issues such as "functional family" or vague issues such as "self-esteem").

## 4. Prioritize Goals and Brainstorm Strategies

The group should:

- *Create extensive lists of possibilities; all ideas are valid;*
- *Not limit possibilities;*
- *Always consider natural helpers/informal supports; and*
- *Be creative and inventive.*

(No cookie cutter case plans)

## 5. Select Strength-Based Objectives/Action Steps

The group should:

- *Select and prioritize action steps for each objective;*
- *Insure steps are small, measurable, have time limits and are matched to needs;*

- *Identify who, what, and when to accomplish steps;*  
(Give team members responsibility)
- *Design some steps to be short so as to permit early success; and*
- *Discuss a plan for crisis.*

#### 6. Closing the Meeting

The facilitator should:

- Thank family and other team members for their effort and cooperation;
- Advise team that the plan will be reviewed regularly and revised when needed;
- *Note that any member can request a review;*
- *Set date for next meeting or review of work; and*
- *Summarize the meeting on the Child and Family Team Summary Form and pass to each team member to sign.*

#### **6. Follow up to the Child and Family Team meeting**

The caseworker should:

- *Give a copy of the Child and Family Team Summary Form to their supervisor for review;*
- *Distribute the Child and Family Team Summary to team members within 5 business days*
- *Document the Child and Family Team in UNITY under Case Conference within 5 days. Include who was present, the purpose of the meeting, and the recommendations made;*
- *Ensure prompt distribution of the summary to the team;*
- *Within the specified time, ensure services have been initiated;*
- *Assess progress with the family often;*
- *Develop a plan for oversight;*
- *Reconvene the team if steps are not being accomplished or progress toward the goal is insufficient; and*
- *If safety allows, always consult everyone affected by a change to the plan before a decision is made.*

#### IV. Outline of CFT Process/Policy and Practice Ideas in Action

*Preparing the family and the team for the meeting is a critical piece towards achieving success. The case planning policy and guidelines contain proven methods that both engage and prepare the family. Here are some action steps and supplements for those ideas that experience and research have shown are important to consider:*

##### Preparation for the caseworker with the family/family advocate and caseworker:

- Explain the purpose of the meeting to the family and ask them to work with you in preparing a list of people to invite. Help them understand about the case planning process and that specific steps and services will be identified to meet their needs and achieve goals.
- Discuss confidentiality issues and address family's concerns.
- Discuss any non-negotiables with the family and team in advance.
- Construct some of the ground rules with the family.
- Give the family tasks around planning the meeting such as writing out invitations.
- Invitations need to include an explanation of the meeting, purpose of the meeting, why it is important to attend, and information regarding preparation.
- Prepare a written meeting agenda with the family (see sample agenda).
- **Identify a family advocate with the family.** It could be a relative, professional, friend or an advocate from PEP. Encourage the presence of an advocate. Make sure that the advocate is given the opportunity to review all pertinent information about the case before the meeting.
- Prepare at least one other participant, in addition to the advocate, to talk about the family's strengths/help the family talk about their strengths. Prepare the family to talk about their strengths.
- Prepare the family to tell their story. Encourage the family to work with the advocate on telling their story
- Identify someone to act as an emotional support for the family in case things become overwhelming, or if children need to be taken out of the meeting.

##### Strategies during Meetings

*Facilitate/participate in the meeting by using the following strategies to mitigate challenges:*

- If children are not present, have pictures of the children at the meeting site. Refocus participants back to the "children" as necessary.
- Assess interactions and potential or history for conflicts; **prepare a "seating chart" or place mats with names if necessary.**
- **Have the family arrive early** and enter the room before the other team members.

- Let the family greet the participants as they arrive and make “name tents” and/or “name tags” for each one.
- Have participants sign in with names and contact information.
- Have one of the participants agree to be the “scribe.” Facilitator can be the flip chart recorder or ask somebody else to do it. *Keeping people busy and focused who might otherwise be disruptive or fidgety.*
- Discuss confidentiality and have participants sign a confidentiality agreement.
- Get consensus for a list of ground rules. (See list of generic ground rules).
- After introductions, explanations and confidentiality statements are signed, facilitate a discussion of family strengths and achievements. Elicit ideas from all participants. Make sure that strengths for the family and each family member are listed. List these on flip chart and post.
- Keep meeting moving quickly, encouraging ideas to be spoken quickly and then listed. Create extensive lists of possibilities. Stay on time.
- Ask the family to tell their story and then ask them to help you discuss how they became involved with the agency. *Introduce the idea that to the group that caseworker is responsible for talking about and clarifying the agency’s role, and will be doing that next.* This is an opportunity for the family to explain and take responsibility for the behaviors that led to the agency’s involvement.
- Validate and support the family’s efforts. Talk about how the family has coped with stressors and the achievements they’ve made.
- Caseworker/agency representative talks about reason family became involved and issues around safety and risk.
- Facilitate a discussion of needs. Explain that you are just making a list to review and consider. Elicit from family. Do not include “services” in the list; explain that services will be discussed later.
- Agree on the identified needs and transition to the outcomes desired. (Questions around *what will be different, what are the changes that will be noticed when the needs are met* are often productive here to identify objectives.)
- Make sure that needs address risk factors before moving on; verify with caseworker. For children in care, be sure to address placement and family visitation needs with both family and foster caregivers.
- Process with the group a list of objectives for the identified needs.
- After the objectives are listed, have the family (perhaps with assistance from the team) scale to set increments and identify how early progress will look. This is to give a sense of what will be evident if services are working. Be specific about identifying change—it needs to be observable and in small increments.
- Look at solutions for needs. Don’t limit possibilities to existing or traditional services or due to funding issues. Consider natural helpers and informal supports. Be inventive and creative. Ideas need to be generated

- Services and steps build on strengths and are matched to needs.
- It is critical to ask the family to identify ideas that they could implement. Discuss family ideas/options for resolving concerns. The more ideas elicited from the family, the better the likelihood that change will occur.
- Stay solution focused and strength-based. Use open-ended and solution questions and strategies throughout.
- Stress strength-based accountability! “Who will do what, when? How will the caseworker know when it has happened?”
- Make assignments and formalize timetables. List who will do what, when and how (can be part of or in addition to Team Summary document). **Be sure to ask “How will I (the case manager) know when it’s been done?”** These will be recorded as part of the action steps. Prepare a list of who is responsible for each assignment to distribute to team members.
- When reviewing progress, consider whether a provider/service is a good match for the family; if the family is overwhelmed or has a hierarchy of needs dilemma; and if the family is invested in the service.
- Thank all participants and discuss follow-up.
- Set date for next regular meeting before conclusion of each meeting. Caseworker will need to commit to monitor progress in order to ensure strategies are working.
- Complete Child and Family Team Summary and acquire signatures.
- Distribute copies of Child and Family Team Summary
- Link family to services/have team members link family to services.

SAMPLE CFT MEETING WRITTEN AGENDA  
(For Case Planning Meeting)

Smith Family  
Date

- I. Introductions/Sign in
- II. Purpose of Child and Family Team/Purpose of this Meeting
- III. Ground Rules
- IV. Confidentiality /Participants sign agreements
- V. Family strengths/successes and achievements LIST
- VI. Family talks about their history and their view of circumstances around referral to DFS
- VII. Family's Agenda (*What is it hopes will happen as a result of this meeting?*)
- VIII. DFS' role/Caseworker's responsibility/and agency's view around referral
- IX. Agency's Agenda (*What is it the caseworker hopes will happen as a result of this meeting?*)
- X. Family's challenges and needs (not services) LIST
- XI. Caseworker risk assessment
- XII. Identification of resources and services to address challenges/needs LIST
- XIII. Case Plan writing of objectives and action Steps/ *What, Who, How, When?*
- XIV. Case Plan signing and distribution
- XV. Plan for reviewing progress
- XVI. Date of next CFT Meeting

SAMPLE CFT MEETING WRITTEN AGENDA  
(For non-case planning meeting)

Smith Family  
Date

1. Introductions/Sign in
2. Purpose of Child and Family Team/Purpose of this Meeting: (i.e., Visitation Plan)
3. Ground Rules (review)
4. Confidentiality /Participants sign agreements
5. Family strengths/progress on case plan LIST
6. Family's Agenda (*What is it family hopes will happen as a result of this meeting?*)
7. Agency's Agenda (*What is it the caseworker hopes will happen as a result of this meeting?*)
8. Develop written visitation plan
9. Plan for reviewing progress
10. Date of next CFT Meeting

## SAMPLE CFT GROUND RULES

- Focus Ahead on Solutions
- Work Together as a Team
- Everybody Deserves to Be Respected
- All Ideas are Valid
- One Person Speaks at a Time
- Everyone has an Opportunity to Speak
- It is OK to Disagree
- What is Discussed is Confidential
- Everybody's Contributions are Valued
- Speak to Each Other, Not about Each Other
- Leave any Personal Issues Between People at the Door
- The Children Need Us to Make a Plan for Them
- Follow the Agenda

## Sample CFT Solution Questions and Problem Solving Model

*Solution-focused is a conceptual model that defines problems as difficult situations in everyday life. It focuses on understanding exceptions to the problem as well as the problem itself. Family solutions are an approach to assessment, case planning, and on-going casework that targets specific everyday events in the life of a family which: 1) have caused the family difficulty, and 2) represent a situation in which at least one family member cannot reliably maintain his or her behavior. Goals include working in partnership with families, focusing on everyday life events, and promoting prevention skills.*

*When the solution is happening, the problem is not. The solution and problem cannot happen at the same time.*

### General Solution Questions

- What would you like to have happen as a result of this meeting?
- How will you know when things are getting better...?
- What has worked in the past/what hasn't worked?
- What will be the first sign/indication that things are beginning to change for the better?
- How will your caseworker know when that has happened?
- What's better now?
- What have you already done to address that?
- Who can help with this?
- If that were to happen again, what would you do differently?
- How did you know that you needed to do that?
- When were you able to handle that ok?
- How come that wasn't helpful? What would make it better?

At CFT's, always ask: **How will I know when that has happened?**

### Problem-solving model

- What needs to happen for \_\_\_\_ (the desired outcome to replace the problem)?
- How have you done some of that in the past?
- What part of this are you beginning to do now?
- What else needs to happen for you to do more of it?
- What will be different when that happens?
- What is already different because you have started to move in that direction?
- Who will notice first that it has happened—that you have done it?
- How will the team know when it has happened?

### **Guidelines for Solution-focused Objectives:**

- Are expressed in the presence not absence of something (what you want, not what you don't want).
- Are in client's control (not events)
- Are elicited from the client without coercion
- Are in client's language
- Are stated in concrete, specific, and behavioral terms
- Have interactional features
- Are realistic and achievable in a reasonable period of time (increments)
- Short term increments are identified
- Are perceived as requiring effort/hard work by client
- Are "owned" by the client and accomplish the client's agenda
- Clients have all the resources and support needed to accomplish
- Providers and services match the client's culture and language needs

# SCALING

## Definition

Scaling is a process of selecting a benchmark and identifying what change will look like to get to the next increment. Scaling can be used for many purposes such as identifying incremental objectives; prediction and comparison; expressing relativeness or degree; communicating investment in change; and to document change itself.

### The general process for scaling involves

- ❑ Identify an issue in which the client is invested
- ❑ Ask the client, “on a scale of 0-10...where are you now?”
- ❑ Initially, most clients will select 3 when referring to a problem
- ❑ Ask client to explain concretely what makes them that increment they have identified (the presence of factors only). Document.
- ❑ Ask them “when you are a <next increment>, what else will be happening? Elicit and description of what small change will look like. Document.
- ❑ Encourage some small events within the client’s control that can be achieved with effort and use of resources during the next 3 weeks
- ❑ Avoid bear traps such as: the client describing the next increment as the problem being solved (*that sounds more like a 10—I’m asking about something small that will move you up one point...*); looking for events beyond his/her control such as winning the lottery (*but if something like that were to happen, what would be different for you...*); comparing apples and oranges (*be concrete—not “how are you feeling” questions—but what part of that solution has happened?*); encourage descriptions that fit the goals for the client (*let the client describe change and use his/her words*).
- ❑ Include others in the process when appropriate
- ❑ Throw success in your client’s face!
- ❑ Use smaller increments when clients exaggerate their position; no tug of war over numbers!

### Ideas to consider

- ✚ Be creative
- ✚ Scale tasks for willingness and confidence
- ✚ Use reverse scales where practical (i.e., stressors)
- ✚ Substitute for numbers if client does not relate to numbers (i.e., stair steps)
- ✚ Ensure that client has room to move
- ✚ Look to reduce clients’ overwhelm through shortcuts or boost hope when indicated (*10 is near perfect; at what point would you be satisfied?*)
- ✚ Begin visits with “*what’s better?*” in order to hear progress and give feedback about progress to client
- ✚ Use scales for case plans in addition to general uses
- ✚ Develop questions such as coping questions that will help identify client strengths and resiliency (*How come you’re not a 0; or How’d you do that—move up 2 increments in two weeks?*)

## RECOGNIZING CLIENT POSITIONS

*There are three types of positions that mandated clients will take*

Services need to be tailored to fit the client's position. It is important to take note of the client's position around each issue throughout the intervention.

***Visitors*** don't consider they have a problem; they don't know why they're there or what the value of the meeting might be. They seem indifferent; it's not their idea to receive services.

***Complainants*** have a problem that can't be solved. They complain about circumstances or other people. It's somebody else's fault. They're good at describing what is wrong, but are challenged to find what makes it better.

***Customers*** have a problem they are trying to solve and are willing to work to change something.

Notes:

## Presupposition, Exceptions and Coping Questions

Presupposition:

- ❑ Definitive statements state goal fulfillment, i.e., “*when you are communicating well most of the time*”, rather than *if*;
- ❑ Possibility statements discuss problems, i.e., “*what might you do if it were to happen again*”;
- ❑ Change tense to past when reflecting back a report of a problem, i.e., client says “*I’m stuck*”, then reflect back, “*you’ve been stuck*”; *so when you are no longer stuck and things are better, what will be different? What has helped you to get unstuck in the past?*
- ❑ Use qualifiers of time, intensity, and partiality when clients give generalities about their problems, i.e., “*nobody understands me*” is reflected back as *You haven’t gotten much understanding lately. What needs to happen for you to feel more understood? What are you doing to make that happen?*

Restate a problem statement into a statement about a goal, i.e., “*I don’t believe anybody would be interested in hiring me*”, restated as *So you’d like to find a new job. Scale 0-10, how close are you to getting that job*

Exceptions to the problem:

- ❑ Search for exceptions: When doesn’t the problem happen? What is happening when the problem isn’t? No problem is 24/7.
- ❑ If a parent complains that a kid is running away, ask the child “when did you feel like running away and yet you didn’t?”
- ❑ Sometimes these questions need to address context because, for example, the family does argue every night at dinner, so ask: *Where are you able to discuss things in a way you like better?*
- ❑ We want to focus with families on what families are doing that works for them. Families are usually able to describe times when some of the problem isn’t happening. It is important to hear what works and what doesn’t work. Often, families don’t see exceptions as significant, or overlook them because of the conflict they are experiencing or overwhelm. (*so we need to amplify*)

Coping Questions:

*Coping Questions are used when other methods have not provided exceptions or the family has lost hope.*

- Generally, a coping question series would sound something like: *Things have been really that difficult for a while. Tell me, how have you gotten through it? What have you been doing to cope, to get through it? From your experience in overcoming problems, what helps?*
- A powerful coping question for complainants or those who have lost hope is: *How come things aren’t worse?* Followed by a discussion of client strengths and resources that could be helpful/

## Dissimilar Styles: Problem Focused and Solution Focused Writing

### Problem Focused, Blaming Example

Tom is a 15-year-old who is oppositional-defiant. His mother complains that anything she asks him to do is met with resistance. She states that the only things he cares about are his friends and getting his driver's license. She regrets that she promised him that he could get a license if he had a B average because he is a B+ student. His room is messy and mother has too much to do to keep the house clean by herself

- *Inadequate parent*
- *Uncooperative child*

### Strength-based and Solution Focused Example

Tom is a 15-year-old who lives with his mother. He is a B+ student, has several good friends and is socially active. Mother has shown effectiveness as a parent by supporting his educational efforts and offering Tom the opportunity to get a driver's license as long as his grades average at least a B. She has found it difficult, however, to get him to comply with chores at home and keep his bedroom clean. Her concern is two-fold: she needs help around the house and she wants to teach him responsibility. Tom has not been motivated to cooperate with her requests. To enhance the cooperation of many adolescents, it can be helpful for them to understand the reasons for a parent's requests and then be given an incentive to cooperate. Mom and Tom have already shown they can facilitate an arrangement of cooperation for rewards.

- *Documents problem and both mom's and child's strengths*
- *Defines needs and mom's goal*
- *Identify's solution from family's previous problem solving abilities*
- *Empowers and gives hope*

• **CHILD AND FAMILY TEAM SUMMARY**

<b>Child(ren) Name</b>			
<b>Family Name</b>		<b>UNITY #</b>	
<b>Team Facilitator</b>		<b>Date</b>	
<b>Purpose of CFT: (Check Box)</b>			
<input type="checkbox"/> Safety Planning <input type="checkbox"/> Case Planning <input type="checkbox"/> Service Planning <input type="checkbox"/> Placement/Transition Planning <input type="checkbox"/> Reunification Planning <input type="checkbox"/> Other: _____			
<b>If Placement/Transition Planning is checked, please fax to DFS Placement Services at 380-2841</b>			

<b>Family's Perception of Current Status, Presenting Issues, Strengths:</b>

List identified Safety Concerns	Identified by Who

<b>Specific Placement Considerations</b>

Presented Options			
Presented By	Service/Action	Barriers	Solutions




**DFS Supervisor Signature:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_

## System of Care Principles

**Community-based:** Children thrive in the context of their homes, communities and schools. Systems of Care ensure a wide range of home-and community-based services and support to promote the safety, permanency, and well being of children, families, and the community. Decision-making responsibility rests at the local level, with key links to the county and/or State government.

**Child and Family Involvement:** In Systems of Care full family participation requires mutual respect and meaningful partnership between families and professionals in the planning, implementation, and ongoing operation of the System of Care. Families are involved and their voice is valued in all levels of the Systems of Care.

**Interagency collaboration:** Interagency collaboration within Systems of Care engages all child and family serving agencies at all levels of the public, private, and faith based sectors, including child welfare, juvenile justice, mental health, education, substance abuse, health, and agencies responsible for serving Native American families.

**Cultural Competence:** Systems of Care tailor services (location and types) and programs by considering the cultural, ethnic, and racial makeup of the community. Agency policies, training and family engagement are critical to ensure cultural competence.

**Individualized and strength-based:** Every child enrolled in the Systems of Care participates in an individualized plan of care that focuses on the needs, strengths, and challenges of the child and family.

**Accountability:** Systems of Care ensure outcome data is collected, analyzed, and reported on the individual child and family services system, performance, and financial efficiencies. The information is used to inform all stakeholders and serves as a quality assurance process.

## Neighborhood Family Services Centers Vision

Each Neighborhood Family Services Center provides a single location focused on achieving success for children and youth through family driven, coordinated services.

## CFT FORMS

*The following forms are needed at every CFT Meeting:*

- Relevant Assessment Materials (See Assessment Policy)
- Providers' Progress Reports
- Sign-in Sheet
- Confidentiality Agreement
- Written Meeting Agenda
- Ground Rules
- Child and Family Team Summary
- Case Plan or blank Case Plan Document
- Written agreements, i.e., Safety Plan, Visitation Plan