# NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUM

## Guidance for Creating Effective Child and Family Team Meetings

## I. GUIDANCE

The Nevada Children's Behavioral Health Consortium recommends that Child Serving Agencies develop and monitor treatment plans / plans of care in a Child and Family Team (CFT) incorporating systems of care (SOC) values and principles.

Children's Behavioral Health Services are committed to the provision of high quality services and should promote utilization of high fidelity wraparound principles in Nevada. It is recommended child serving agencies strive to incorporate the core elements of a CFT. While child serving agencies may develop specific policies focusing special attention on matters of process and timeliness, core elements will remain uniform.

## II. PURPOSE

The purpose of this guidance is to:
A) Describe core elements of the CFT meeting process and in so doing to encourage their uniform adoption by child serving agencies as resources and agency requirements allow.
B) Provide recommendations for procedural guidelines as workforce and flexible spending resources allow.

## III. DEFINITIONS

A. A **Child and Family Team** shall be defined as:

> A family-driven, child –centered, collaborative service team, focusing on the strengths and needs of the child and family. The team consists of the child recipient (as appropriate), parents, service professionals and may also consist of family members, care providers, and other individuals identified as being integral to the child's environment or mental health rehabilitation.

B. A **Facilitator** shall be defined as:

> A person who ensures that the values and steps of the process are delivered with the highest possible fidelity to the national best practices as possible (resource-dependent), while still allowing for local individualization of the process.

## IV. PROCEDURE

In the development of any agency-specific CFT policy, the following Nevada Children's Behavioral Health Consortium's SOC core elements[1] shall be included:

[1] Nevada's System of Care Definitions and Attributes

**Family Driven:** Families have a key-decision role in the care of their own children. This includes: choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes.
***Example:*** a family may choose a regular weekly bonding activity instead of "classes". Such activities can be monitored and outcomes measured by workers.

**Youth Guided/Youth Directed/Youth Driven:** Youth must be heard and listened to. In order to obtain their full, authentic involvement we must provide them with tools and opportunities to participate in the process. Youth must be asked for their input at the CFT and that input needs to be taken into consideration when making the plan. If the youth is unable to attend, their input needs to be taken into consideration by the team when making the plan.
***Example:*** Johnny enjoys working with cars with his dad and thinks this would be a good activity for spending time together.

**Strengths-based:** The plan recognizes and builds upon each family's unique strengths which are the cornerstone for immediate and future success.
***Example:*** if a family likes to listen to music, then make that a bonding or visitation part of the plan as a family activity.

**Comprehensive Array of Traditional and Non-traditional Services:** Includes the full range of services and supports from public and private agencies as well as the community. Non-traditional services can include, but are not limited to, recreation, faith-based activities, and the performing arts. These services should be accessible in a timely and meaningful manner to support positive outcomes for families.
***Example:*** If there is no waiting list at a faith based support the family is interested in going to and becoming involved in, encourage them to attend the same.

**Common Intake and Assessment: Strengths needs and cultural discovery**
Commitment by all partners to the collection of common information using the Children's Uniform Mental Health Assessment (CUMHA). Information collected, with proper consent, can be shared across systems. Service providers from each agency should be using the strengths needs and cultural discovery assessment whenever possible. Using this document of the family's strengths and what they're good at, their needs and what they see will help them, and matching that with what will work in their culture.
***Example:*** Rurally acculturated Nevadans may have a unique cultural viewpoint which should be assessed and, where applicable, included in the plan.
**Outcomes, Evaluation, and Quality Improvement:** Outcomes are evaluated at the individual level to measure the quality of care. Follow up occurs at each CFT to see if the goals have been met and brainstorming on changes if they have not. When goals have been met, the team moves forward with the plan. Results from evaluation and quality improvement processes are used to make decisions and to guide the CFT. Evaluation and quality improvement activities include:

- How to best meet the needs of children, youth and family**;**

- Determining if services and supports are working and used;
- Determining the cost of services and supports;
- Assessing the need for additional resources and services;
- Providing feedback to those who provide services and information.

**Workforce Practices:** The intention is to facilitate family and youth choice in achieving positive outcomes for children and families, and to support the service delivery system. When legally and ethically allowed, collaboration should occur across agencies. When possible, support and training is advisable across agencies so providers 1) know the roles of each professional and 2) an atmosphere of mutual respect exists.
***Example:*** Mental health professional puts ideas on the table that juvenile justice representatives may not be able to follow because of court mandates. All ideas are listened to and respected although alternative reasons why some cannot be done are also respected. When necessary barriers need to be analyzed and removed wherever possible

**Culturally and Linguistically Competent/Responsive:** Recognizes that every family has individual cultural values. Services are responsive with an awareness and respect of the importance of values, beliefs, traditions, customs, and parenting styles of families. Nevada consists of a widely diverse population, including tracts or with anti-regulatory sentiment. The possibility of encountering highly distinctive cultural, religious, political, and ethical beliefs is significant. There can be wide gaps in these areas between urban and rural communities. Services also take into account the varying linguistic needs of individuals who speak different languages, have varying literacy skills, and who need a variety of communication formats.
***Example1:*** Group discussion and practice may be different in rural areas where anonymity is unlikely. Rural staff may need to flexibly adapt the process consistent with family concerns.
***Example 2:*** Make sure there are interpreters when needed for people who speak a different language or may need services in different format, e.g. sign interpreters etc.
***Example 3:*** Additionally, recognize that culture is not about color; there is a family that is very vocal and loud because of their culture and background. Some people may interpret this as abusive. When you have seen the family function as a whole and know that is their background you can be more responsive to that culture.

**Community-based Services and Supports**: Afford families early intervention and services in the communities where they live. Such services and supports allow families to remain intact **and** recognizes that children, youth and families thrive in the context of their homes, communities and schools.
***Example:*** A family is told that their child is out of control and would be better in foster care. That family would rather have the supports to keep that child in the

home and wonders why they would put the supports in the foster care environment and not the family environment.

## V. RECOMMENDED CHILD AND FAMILY TEAM PROCESS

Specific CFT meeting procedures will vary depending on workforce availability and other resources such as flexible spending pools. While Wraparound in Nevada (WIN) is a best practice for child and family teams in the State of Nevada, legislatively mandated caseload considerations, rural distance considerations, or other specific factors may prevent implementation of full fidelity CFT meetings. The following are recommended practices within a CFT meeting:

1. **Family Engagement –** meeting with the family, getting to know them. Letting them get to trust you. Telling them what you are there for. Explain the process of CFT and the role they will play in their own service delivery.
2. **Stabilize Crisis –**If there is an immediate crisis, handle it now. (power is off, getting evicted right away, severe illness)
3. **Strength Needs and Culture Discovery -** This will be done over a few visits. Talk to the child(ren) and the family. Find out what the strengths are, what things looked like when they were good. What makes them happy?
   **Find out the needs**; for example, what would make them happy at this time? What they see as their problems? What they would like to change?
   **The culture of the family;** for example**,** how were the adults raised? How are the children being raised? How do they celebrate holidays? What do they do on the weekends? Do they belong to a spiritual/religious/faith group? What kind of food do they eat?
   All this information is put in a document. The family will get to read and approve it first. Then copies will be made for the team at the first CFT. This document can be added to as time goes on.
4. **Who gets invited?** Family, friends and relatives the family feels are supportive. Providers that may be mandated by the court and other providers that work with the family is invited. Providers that might work with the family in the future are invited to offer their services if appropriate. Informal supports[2], i.e. ministers, coach, etc. are invited to give input and offer support.

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[2] *Casey family programs, Report to State of Nevada Legislative sub-committee Workgroup on Foster Care: January, 2008* "with the intent of bringing family and community knowledge to the case planning process, identifying formal and informal resources which may otherwise be unknown to the systems, making optimal decisions, and creating a collaborative atmosphere in which family and community members are seen as partners with representatives of the formal child protection system."

**CFT Meeting**

1. **Agenda** is created by the family, facilitator and other team members before the meeting
2. **Meeting Rules** are created by the family, facilitator and other team members at the first meeting. Go over the rules at the beginning of each meeting. (how long the meetings will last, no blame no shame, etc)
3. Base the substance of the meeting on the strengths and needs, any court mandates, and a long range vision.
4. **Select short term goals** usually 2 or 3 to start with. The family chooses which ones are their highest priority, taking into consideration court mandates.
5. **Develop Plan of Care/Case Plan** The team comes up with ways to meet those needs, be it services or informal supports. The family and other team members take a responsibility for steps to take before the next meeting to meet the goals to be achieved. (The team brainstorms, based on the strengths, needs and culture of the family, what can best help the family reach those goals. (meet the needs)
6. **Develop a detailed Crisis/Safety Plan** To keep the family safe; what steps will they take to prevent a crisis? What steps will they take if a crisis happens? This is done at each meeting for any perceived crisis that may come up. Taking steps to preventing a crisis and knowing what to do if it happens is much better than responding to an unplanned crisis.
7. **The next CFT date is set** Anyone can call a CFT at any time if things are not working and a new plan needs to be made. The person calling the CFT would have to reach the Facilitator to get one planned