# Child and Family Team (CFT)

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY Child and Family Team (CFT)
SUBJECT:	Child and Family Team (CFT)
POLICY NUMBER:	DCFS/JJS 500.02
EFFECTIVE DATE:	February 21, 2022
APPROVED BY:	Domonique Rice, Deputy Administrator – Juvenile Justice Services
<b>SUPERSEDES:</b>	New Policy
APPROVED BY:	Cindy Pitlock, Interim Administrator – Division of Child and Family Services 2/17/2022
REFERENCES:	NAC 62B.085; Performance-based Standards (DCFS/JJS 100.14); Confidentiality and Release of Information (DCFS/JJS 300.11); Dual Custody Youth (DCFS/JJS 500.01); Youth Facility Release (DCFS/JJS 500.10); Family Engagement (DCFS/JJS 500.13); Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17); Case Plan (DCFS/JJS 500.20)
ATTACHMENTS:	No Attachments

## I. SUMMARY:

The Division of Child and Family Services (DCFS) shall utilize best practices regarding the Child and Family Team (CFT) for each youth in its care to ensure these teams are effective, collaborative, and meet certain minimum standards.

## II. PURPOSE:

To provide a statewide standardized process for conducting CFT communications, including informal contacts and formal meetings.

# III. DEFINITIONS:

As used in this document, the following definitions shall apply:

- A. <u>Accountability Requirements</u>: Court orders, Conditions of Parole, or other tasks a youth must complete to repair the harm caused to a victim or community for their offense.
- B. <u>Agenda</u>: A simple, sequential outline indicating the order of topics which will be addressed in a CFT meeting.

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- C. <u>Aftercare Planning</u>: The process of identifying and documenting the services and support needs of a youth moving from a structured environment back into the community, with a focus on the prioritized risk/need areas and protective and responsivity factors. This is synonymous with reentry planning.
- D. <u>CFT Facilitator</u>: The designated facility Case Manager or the youth's assigned community-based Youth Parole Counselor.
- E. <u>Case Plan</u>: A document created through a collaborative, structured, and strength-based process identifying goals, activities, and target dates to mitigate risk factors.
- F. <u>Child and Family Team (CFT)</u>: A family-driven, youth-centered, collaborative service team, focused on the strengths and needs of the youth and family. The team consists of the youth (as appropriate), parents/guardian, service professionals, facility staff, including the assigned facility Case Manager, and the youth's assigned Youth Parole Counselor. The team may also consist of other family members, care providers, or individuals identified as being integral to the youth's environment. <u>Child Welfare Case Manager</u>: A state employee (when in a rural county) or county employee (when in Washoe or Clark County) assigned to a youth for the principal purpose of providing services under a child welfare agency.
- G. <u>Culturally competent</u>: An awareness of cultural differences and an understanding that all people are unique individuals and their experiences, beliefs, values, and language affect their perceptions, which enhance effective relations and communications.
- H. <u>Developmentally appropriate</u>: An approach respecting both the age and the individual needs of each youth. The idea of programming and services fitting the youth; the youth should not have to fit the services.
- I. <u>Discharge Summary</u>: A facility report on the progress of the youth, provided upon discharge to the Youth Parole Bureau as part of aftercare planning.
- J. <u>Family</u>: A group of individuals who support a youth emotionally, physically, and financially. A family is defined by its members and each family defines itself. May include individuals of various ages who are biologically related, related by marriage, or not related at all.
- K. <u>Family Engagement</u>: The establishment of a collaborative relationship in which families are integral partners in the case planning and reentry process by providing individualized solutions for youth to avoid further involvement in the criminal justice system.
- L. <u>Family-focused</u>: A way of collaborating with families, both formally and informally, across service systems, to enhance their capacity to care for and support their children.
- M. <u>Strength-based</u>: A process between the youth, family, and those supporting them which draws on the youth and family's strengths and assets.
- N. <u>Trauma-informed</u>: The recognition people in our services often have many types of trauma in their lives and would benefit from the support and understanding of those around them, including understanding the impacts of trauma on the person and providing compassionate and supportive services.

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O. Youth Level of Service/Case Management Inventory (YLS/CMI): An evidence-based assessment designed to assist professionals in making decisions about a youth's risk for future re-offending and for identifying a youth's need for case planning. The YLS/CMI is a scored, actuarial tool which assesses static risk factors, seven dynamic criminogenic need areas, and responsivity factors.

The YLS/CMI is not intended for assessing risk for future sexual offending. It can be used with sex offenders to assess risk of general reoffending but not risk of future sexual offending.

This is the current risk and needs assessment for the Division of Child and Family Services.

## IV. GENERAL REQUIREMENTS

- A. The Child and Family Team (CFT) shall formally meet, at a minimum, quarterly. The CFT may meet more often, as needed or as prescribed, in Standard Operating Procedures.
- B. The CFT may be conducted in person, by video conference, by phone conference, or a blend of these options, to maximize participation.
- C. The CFT facilitator shall ensure the family, legal guardian, or other placement providers, are invited to each CFT meeting and provided the opportunity to participate and provide meaningful input in treatment, programming, and the Case Plan.
  - 1. CFT meetings shall have a defined date and time.
  - 2. Scheduling accommodations for the family should be made, as reasonable, to increase family member attendance.
  - 3. Meeting locations, call-in numbers, and video conference links shall be provided to CFT members prior to the meeting.
- D. When the CFT formally meets, an agenda shall be developed by the CFT facilitator containing the following minimum topics:
  - 1. The review of each goal and activity on the youth's Case Plan and a discussion of progress, barriers, and any needed revisions.
  - If a risk and needs reassessment was completed since the last CFT meeting, a review of
    the results shall be discussed, including any needed changes to the Case Plan goals and
    activities or level of supervision as a result of any risk/need level changes. See Youth
    Level of Service/Case Management Inventory (DCFS/JJS 500.17).
  - 3. The review of the youth's educational or vocational status, including progress or barriers in the youth's graduation plan or employability.
  - 4. While in the facility, a review of programmatic progress.
  - 5. While in the facility, a discussion of progress toward discharge and aftercare planning.
  - 6. While on community supervision, a review of progress toward parole termination.

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- 7. While in the facility and on community supervision, a review of progress with the youth's accountability requirements.
- 8. The opportunity for each CFT member to provide feedback, updates, and ask questions.
- 9. Consensus for the date, time, and location of the next meeting, as possible.
- E. Other topics which may warrant discussion include:
  - 1. A discussion on family engagement strategies if family members have a history of non-attendance.
  - 2. A review of any changes to the youth's protective or responsivity factors. This may include the review of the youth's mental health or substance use needs.
  - 3. A review of medical needs, including prescription medications.
  - 4. Another topic deemed relevant by any CFT member.
- F. CFT members shall have ongoing communications throughout the youth's care and shall work together to assess, understand, and assist youth and families to address risks and needs.
- G. The CFT process shall support engagement, collaboration, and case planning. Communications between team members may be both formal, via meetings, and informal, via emails, phone calls, and in-person discussions, on an ongoing basis.
- H. Services delivered to youth and families are most effective when delivered in a single, coordinated, and integrated CFT. CFT composition should strive to include all state, county, and community services connected to the youth, including those for dual custody youth. See Dual Custody Youth (DCFS 500.01).
  - 1. All CFTs for dual custody youth shall be led by the youth, CFT facilitator, and the assigned Child Welfare Case Manager.
- I. CFT driven services, supports, and work products shall be delivered in a manner developmentally appropriate, trauma-informed, culturally competent, strength-based, and family-focused.
- J. The CFT shall be informed and guided by assessments and shall review all assessments and any updates, as they are completed, available, and relevant, including but not limited to the following:
  - 1. Risk and Needs Assessment
  - 2. Juvenile Sex Offender Screening and/or Assessment
  - 3. Case Plan
  - 4. Children's Uniform Mental Health Assessment (CUMHA)
  - 5. Mental Health Treatment Plan
  - 6. Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment
  - 7. Adolescent Substance Abuse Subtle Screening Inventory (SASSI)
  - 8. Massachusetts Youth Screening Instrument Version 2 MAYSI-2

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- 9. Nevada Rapid Indicator Tool (NRIT)
- 10. Medical Assessment
- 11. Psychiatric Assessment
- 12. Vocational Assessment
- 13. Educational Assessment
- 14. Other relevant assessments
- K. The sharing of assessments shall be based on the discretion of the CFT Facilitator, in consideration of any sensitive information, including information gained through an agreement of confidentiality. The CFT Facilitator may share summary details of assessments with the CFT, based on relevance, to protect sensitive information.
- L. The CFT Facilitator shall ensure the youth, if over 18, or their parent/guardian, if the youth is under 18, signs a Release of Information (ROI) per Confidentiality and Release of Information (DCFS/JJS 300.11) for all youth information provided to individuals outside of the agreed upon CFT members.
- M. Information regarding the youth's gender identity or sexual orientation status may be shared with the youth's consent. It may also be shared based on the recommendation of mental health professionals, when such a disclosure is in the best interest of the child and the disclosure is limited to the circumstances recommended by the mental health professional per NAC 62B.085.
- N. All CFT Facilitators shall receive training as to their role and responsibilities, prior to conducing a CFT on their own. This may be provided by their direct supervisor or by shadowing other CFT Facilitators prior to stepping into this role.
- O. The CFT Facilitator shall confirm each CFT member's preferred method of contact and gain contact information.
- P. The CFT Facilitator shall set CFT meeting dates, times and settings in a manner which best accommodates CFT members, to increase attendance. The CFT Facilitator shall communicate meeting information to each appropriate CFT member via their preferred method of contact. CFT meetings shall not start at a different time (e.g., earlier than scheduled) unless previously agreed upon.
- Q. The youth and/or CFT Facilitator may identify replacements for CFT members who stop attending or who have been removed, based on the needs of the CFT.

#### V. CFT TEAM MEMBERS

The following team members comprise the CFT:

- A. Youth: The youth shall run the CFT meeting to the extent they are able, with the assistance of the CFT facilitator. The youth shall have input in their goals and activities, share their wants and needs, and be responsible for activities assigned to them as part of their Case Plans. The youth shall be present at each CFT meeting. (Attendance required)
- B. <u>CFT Facilitator</u>: The CFT Facilitator shall ensure the CFT process is strength-based, youth and family-focused, individualized, collaborative, and outcomes-focused in the coordination of services and the development of the Case Plan. The CFT Facilitator will promote teamwork

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and keep services and case planning moving forward. When the youth is in the facility, this will be a designated Case Manager. When the youth is in the community, this will be the designated Youth Parole Counselor or Parole Mental Health Counselor. The CFT Facilitator shall be present at each CFT meeting. (Attendance required)

Note: If the youth is in a facility and the facility is conducting the CFT, the Youth Parole Counselor shall be present.

- C. Youth family member(s): Family members are a crucial part of the CFT. Those identified as the youth's primary support and family will be encouraged to participate in the CFT process and be invited to each CFT meeting per Family Engagement (DCFS/JJS 500.13). Family members who are deemed detrimental to the youth's progress may be suspended from participation in the CFT process. (Attendance encouraged)
- D. <u>Youth Guardian</u>: If the youth has a guardian, other than the facility Superintendent, they shall be invited to each CFT meeting. (Attendance encouraged)
- E. <u>Mental health counselors</u>: The youth's assigned parole and facility mental health counselors shall provide ongoing information as they deem appropriate and attend CFT meetings as requested by the CFT facilitator, youth, family, or as they deem necessary. Some youth who have Very High or High risk/need levels may have a Parole Mental Health Counselor assigned to them throughout their facility stay. (Attendance optional/As needed)
- F. <u>Education representative</u>: Representatives from the youth's academic school will be engaged in an ongoing manner by the CFT Facilitator to provide ongoing educational progress and barriers and attend CFT meetings as the CFT Facilitator, youth, family, or they deem necessary. (Attendance optional/As needed)
- G. <u>Community providers</u>: Residential and community-based providers who are actively working with the youth shall be engaged in an ongoing manner by the CFT Facilitator to provide ongoing information regarding progress and barriers and attend CFT meetings as they or the CFT Facilitator, youth, or family deem necessary. (Attendance optional/As needed)
- H. <u>Child Welfare Case Manager</u>: If the youth is involved in state or county child welfare services, their assigned Social Worker or Case Manager shall be included in all meeting invites with an expectation of their attendance at each meeting. (Attendance encouraged)

Note: If the youth is dual custody, the Child Welfare Case Manager may assume the lead for all CFT meetings, both in the facility and in the community, upon agreement of the CFT. This does not remove the requirement for attendance by facility or youth parole staff.

- I. <u>Wraparound in Nevada (WIN) Worker</u>: If the youth has an assigned WIN worker, they shall be invited to each CFT meeting with an expectation of their attendance at each meeting. (Attendance encouraged)
- J. Other supportive people: Those individuals in the youth's life, including mentors, friends, neighbors, social workers, and religious leaders, may be engaged to provide necessary information and supports, with their level of involvement defined by the CFT Facilitator, youth, or family. (Attendance encouraged/As needed)

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## VI. AFTERCARE/REENTRY PLANNING

- A. The CFT shall be responsible for aftercare planning, which shall begin as soon as possible after the youth is placed in a state facility or diversion program, to prepare the youth for reentry back into the community.
- B. The CFT shall develop the final Case Plan, also known as the Reentry Plan or Aftercare Plan, which shall identify needed services and supports the youth requires to make a successful reentry. See Case Plan (DCFS/JJS 500.20) and Performance-*based* Standards (DCFS/JJS 100.14).
- C. The CFT shall have input into the Facility Discharge Summary per Youth Facility Release (DCFS/JJS 500.10), including the identification of aftercare recommendations in the following areas:
  - 1. Mental health and substance use needs
  - 2. Medical needs
  - 3. Educational and vocational needs
  - 4. Programming needs
  - 5. Other reentry needs

#### VII. ENGAGING HESITANT FAMILY MEMBERS

- A. Engaging the youth's family to attend CFT meetings and participate in case planning and reentry planning can be challenging. Steps which may be taken to increase participation include:
  - 1. Set up CFT meetings based on family member(s) availability.
  - 2. Provide a meeting reminder using the family's preferred contact method.
  - 3. If they cannot attend or miss a CFT, call the family to provide an update and ask for their feedback.
  - 4. Provide a variety of ways family members can attend, including in-person, over the phone, or via video conference (e.g., Lifesize).
  - 5. When back-to-back CFT meetings are scheduled, start meetings at their scheduled time, not earlier than scheduled.
  - 6. Avoid assuming family members understand acronyms typically used by state staff.
  - 7. Always ask for the family's input and inquire about resources needed to achieve goals and activities.

# VIII. DOCUMENTATION REQUIREMENTS

A. The CFT Facilitator shall be responsible for gaining necessary signatures on the Case Plan per Case Plan (DCFS/JJS 500.20).

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- B. The CFT Facilitator shall be responsible for documenting each CFT meeting in the DCFS electronic case management system by creating a New Activity > CFT Meeting note per Documentation Standards (DCFS/JJS 100.13).
- C. The CFT Facilitator shall be responsible for uploading/entering each Active Case Plan and Case Plan update in the DCFS electronic case management system under Case Plan per Documentation Standards (DCFS/JJS 100.13).
- D. The CFT Facilitator shall be responsible for documenting other significant CFT actions and communications as a New Activity > Case Management note in the DCFS electronic case management system per Documentation Standards (DCFS/JJS 100.13).

## IX. STANDARD OPERATING PROCEDURES

- A. Each facility shall develop Standard Operating Procedures consistent with this policy, which at a minimum shall include:
  - 1. The identified CFT facilitator(s) (identify position/s) within the facility.
  - 2. The timeframes CFT meetings will occur, not to exceed quarterly.
    - a. Each facility shall identify monthly, every other month, or quarterly.
  - 3. How the facility will ensure new facilitators are trained prior to conducting a CFT on their own, including outline of training and documentation of training.
- B. The Youth Parole Bureau shall develop Standard Operating Procedures consistent with this policy, which at a minimum shall include:
  - 1. The identified CFT facilitator(s) (identify position/s) within parole.
  - 2. The timeframes CFT meetings will occur, not to exceed quarterly.
    - a. Parole shall identify monthly, every other month, or quarterly.
  - 3. How the YPB will ensure new facilitators are trained prior to conducting a CFT on their own, including outline of training and documentation of training.
- C. This policy shall be reviewed annually.

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