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If No One Can, Then Perhaps Everyone Can

Using CFTs to Plan Smooth Transitions for Youth Leaving Level III and IV Facilities

By Billy Poindexter

It seems the old maxim, “the only constant is change” is alive and well in our current State, county, and agency environment. Mix in budget woes, reductions in training opportunities, and the decision to do away with Level III and IV services for youth in foster care, and we have changes that make us scratch our heads.

A July 22, 2009 letter from the Division of Social Services to North Carolina county DSS directors (http://www.ncdhhs.gov/dss/dcdl/famsupchildwelfare/cws_24_09.pdf) noted that part of the work of addressing where youth in Level III and Level IV will go when they leave these facilities is to be done via the System of Care/Child and Family Team (SOC/CFT) meeting process. Hearing this, social workers may feel daunted by the prospect of making the SOC/CFT meeting process work while managing all the other aspects of developing services for youth with high needs. But the SOC/CFT process really can help. As an example, I’d like to share an experience we had recently in Catawba County.

A Case Example

A couple of months ago I facilitated a CFT process that faced this exact issue. We (Catawba County) had a youth in a Level IV facility. This young

Basic Agenda for CFTs

All Child and Family Team meetings follow this basic agenda:

1. Discover/Update Strengths
2. Discover/Update Needs
3. Determine Goals
4. Determine Actions

For a more detailed agenda, please see the Child and Family Team Toolkit at:
http://www.ncdhhs.gov/mhddsas/childandfamily/index-new.htm

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person had exhibited behaviors too difficult for the Level IV and was sent to a hospital psychiatric ward. At about 3:00 a.m. a few days after admission, the hospital called to tell the DSS agency to find another placement for the youth—immediately. After some discussion it was decided the youth could remain at the hospital until a CFT meeting was held to figure out what to do.

I was asked to facilitate the meeting. We had a number of providers involved, as well as the youth’s family. The family stated their goal was to give the child to DSS—they couldn’t and wouldn’t handle any more. I was also told the providers were not in agreement about what should happen next. Here’s what happened.

First, my colleagues and I laid the groundwork for the meeting. We determined the purpose of the meeting, which was to identify options for a living arrangement for this youth. Next, we communicated with all parties prior to the meeting about the purpose of the meeting, what the issues were, and basics about CFT values and how they operate in a meeting environment.

Although the meeting was called in crisis mode and there were serious obstacles to partnership, once the meeting began I worked the agenda as I would for any other CFT meeting. There are a lot of reasons for this, but my primary goal was for all to hear again what this CFT process is about and how we wanted all voices included and respected.

During the meeting we identified the issue that had caused this crisis meeting: a violent, high needs youth needing a safe, controlled environment. There was consensus on that point. Then, as facilitator, I asked: “What options are open to this family and this youth?”

The response was classic. Everyone started singing the song, “We can’t because…” For about 30 minutes everyone justified why they couldn’t help. Sensing the frustration building, I reframed the discussion, saying:

OK, no one single person or agency can provide a workable solution. Are there pieces that you or your agencies can commit to providing that might help us develop a plan?

That seemed to do the trick. After about another 20 or so minutes, a plan was cobbled together that was actually quite good. The plan was carried out successfully within a very short but workable time frame.

CFT meetings may not always work out this easily, but this process worked to get all professionals and family participating, rather than defensively reacting to a situation.

Implications
Based on my experience leading this and other CFTs, I suggest that DSS agencies do the following as they seek to use CFTs to plan smooth transitions for youth leaving Level III and IV facilities:

1. Identify Purpose. Even when a meeting requires a quick turnaround, the first step is to identify a single clear, specific purpose continued next page
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of the meeting. Agreement on purpose is KEY to successful multi-discipline team work and essential to building clear plans.

2. Communicate with All Parties Beforehand. Ensure there is good communication with all parties prior to the meeting about the purpose of the meeting, what the issues are, and the CFT process. Communication is a huge but often ignored aspect of successful meetings. If there isn’t honest, open, partnering communication beforehand you will have to devote a great deal of time to this in your meeting—if the parties even show up. This part of preparation can be done by the case-carrying worker and his or her supervisor, or by the facilitator.

3. Trust the Process. Follow the basic agenda for CFTS (see box on p. 1). Begin every CFT meeting in the same way to set the tone and ensure that everyone present understands what the CFT process is and how to ensure all voices are included and respected.

4. Reframe to Focus on Strengths and Solutions. In multisystem teams, being able to reframe a line of discussion away from “What can YOU do?” to “What can we ALL do?” gives providers and families freedom to brainstorm relevant resources they can commit. This participatory skill moves parties away from blame and towards what we all can do to make the situation better.

CFTs can help us find solutions not only as Levels III and IV go away, but with SOC processes across the board. Whether a meeting comes from DSS, the Local Management Entity (LME), the Office of Juvenile Justice, or even the family, the following always go a long way to helping us partner with others to figure out what to do next:

- Communication
- Purpose (allowing all parties to be included)
- Creative meeting format
- Reframing to strengths
- Accepting and working with what is offered
- Honesty and clarity with providers and family about parameters

Remember, if no one can do it all, perhaps everyone can contribute something so that in the end we can create a successful, workable plan.

Assistance Available
I am part of a training team through the Center for Family and Community Engagement at NCSU. Our team is able to help counties through Step By Step, our orientation to CFT meetings, and Anchors Away, our CFT facilitator training. These trainings are open to community partners as well as agency social workers. We also offer an on-site, specialized training option called TALS—Technical Assistance and Learning Support. TALS can be tailored to your needs. For assistance please contact Jenny King (jlking4@ncsu.edu).
Guidance to Child and Family Teams

From the July 22, 2009 Letter from the NC Division of Social Services

Child and Family Teams will meet at least twice to plan for discharge from the Level III or IV placement. This allows the team to gather more information if needed and to engage the service providers that may be involved after discharge from the residential placement.

Child and Family Teams Shall Be Reminded of the Following Guidelines

- A CFT meeting does not occur if the parent and/or legally responsible person are not in attendance.
- The CFT should discover and/or update the strengths of the child and family and continuously work toward building on these strengths in the planning process.
- The CFT will be dedicated to engaging informal and natural supports. It is strongly recommended that at least one informal support be engaged to attend all CFTs.
- The CFT will determine what information, including an updated comprehensive clinical assessment, is needed to determine the alternate services that will be needed upon discharge.
- Planning for this transition should address all life domains: health, safety, educational, family, housing, and social.
- CFTs should consider all resources available in the community including Juvenile Crime Prevention Council (JCPC) funded programs, etc.
- The Crisis Plan should be updated.
- Ensure that contact has been made with appropriate school personnel in all applicable Local Education Agencies.
- Ensure that contact has been made with the primary care provider and/or medical home.
- In all meetings, please consider that, given adequate supports and training, youth with complex needs can be maintained at home or in a therapeutic foster care placement.

The full text of the letter can be found at <http://www.ncdhhs.gov/dss/dcdl/famsupchildwelfare/cws_24_09.pdf>.

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