



Pathways to Well-Being:

Supporting Youth with Mental Health Needs Involved with Child Welfare Services

Trainer 1:

Trainer 2:

Trainer 3:

Created in collaboration with San Diego County, CWS and BHS through the
Academy for Professional Excellence



Welcome!

- Please select a seat that has a packet in the color that matches your job:
 - Yellow: Children Youth and Families Behavioral Health provider and Youth/Parent Partners/DSEP
 - Blue: Child Welfare Services staff
 - Green: Foster Parent or Caregiver

Agenda

- Welcome
- Review of agenda, purpose, and learning objectives
- Group agreements (communicating across difference)
- Review of Pathways to Well-Being values
- Collaboration across systems and with families
- Identification of youth eligible for enhanced services
- Teaming and Child and Family Teams
- Preparing for transitions

Learning Objectives

- Explain the purpose and core values of Pathways to Well-Being
- List strategies for cross program collaboration
- Identify children and youth eligible for enhanced services
- List strategies for successful teaming and developing, participating in and maintaining ongoing involvement of a Child and Family Team (CFT)
- Discuss strategies for developing, monitoring and adapting flexible, strengths-based and family-driven goals
- Identify key times of transition, their impact on youth and strategies for preparing youth/families for transition

Why Are We Here?

- Children, adolescents and young adults
- Collaboration between Behavioral Health and Child Welfare Services

Core Values of Pathways to Well-Being

- Child safety
- Children have permanency and stability in their living situation
- Services are needs-driven, strengths-based, trauma-informed and tailored to each family
- Services are delivered through collaboration of multiple agencies and the community
- Child/youth and family voice and choice are prioritized
- Services are a blend of formal and informal resources
- Services are culturally relevant



Introductions

- **Your name, title, agency or role with families involved with Child Welfare**



Introductions

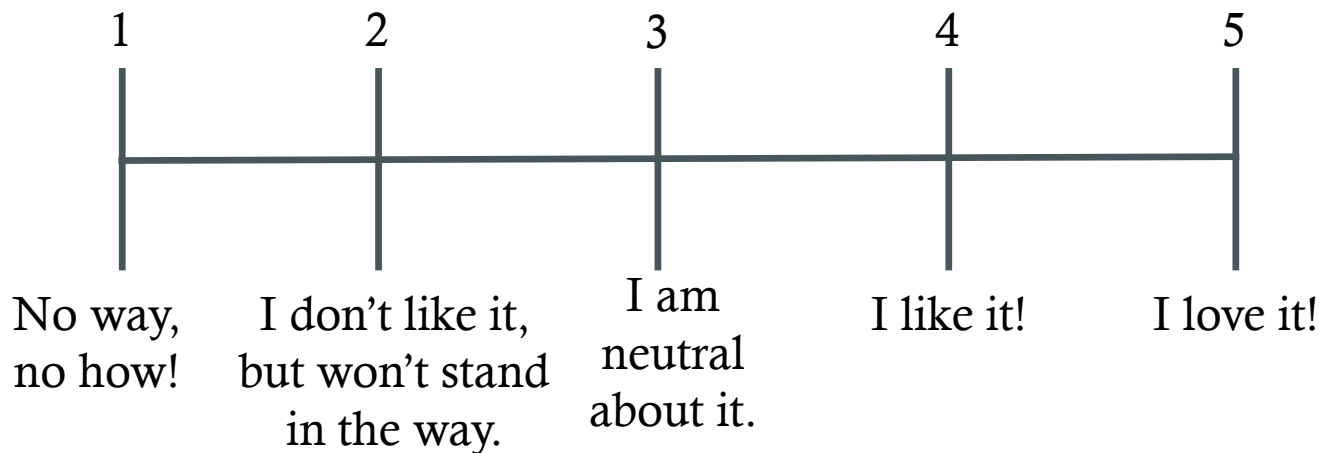
At your table share:

- **Your favorite part of your job**
- **One personal fact (for example: a hobby that you have, a passion that you have, a little about your family, etc.)**

Group Agreements

- Agreements offer structure and guide collaboration
- Agreements are most effective when they are specific, mutually agreed upon and when they are held up by the group members

Gradients of Agreement:



Communicating Across Difference

- Cultural humility – asking others to share the story of their culture including customs and values; remaining in a space of openness and inquiry; teachable
- Recognize and name the differences in yourself first
- Understand the impact of these differences in our work and relationships with others

Collaboration:

Cross-program collaboration helps youth and families
find pathways to well-being



Basic Activities of Collaborative Work with Families

- Engagement
- Assessment
- Service Planning & Implementation
- Monitoring & Adapting
- Transition



Collaboration

- You are already doing this! So, tell us what you are doing that is working...
 - **What difference does collaboration across our systems make?**
 - **What do you do that supports successful collaboration?**
 - **What can get in the way of successful collaboration?**

Strategies for Successful Collaboration

Share some of
your ideas!

Pathways to Well-Being Services:

Identifying children and youth with mental health concerns and eligibility for Enhanced services



Pathways to Well-Being Services

- Open CWS case
- Mental health screening of all of youth
- The mental health screen may identify needs which may result in teaming and the development of a Child and Family Team
- Teaming

Enhanced Services



Youth is eligible if:

1. Child/youth has an open CWS Case (voluntary cases included) **AND**
2. Child/youth meets medical necessity criteria (included diagnosis; significant impairment in an important area of life functioning; and intervention will result in positive impact) **AND**
3. Child/youth has full scope Medi-Cal

AND EITHER:

- Child/youth has had 3 or more placements within 24 months due to behavioral health needs

OR

- Child/youth is currently receiving or being considered for any of the following services: crisis stabilization, placement in a RCL 10 or above facility, placement in psychiatric hospital or 24 hour mental health treatment facility, special care rates due to behavioral health needs, Therapeutic Behavioral Services, Therapeutic Foster Care placement level/CASS, Wraparound

Enhanced Services

Enhanced services should be tailored to meet the unique needs of the child/youth and be delivered in the community where the child/youth and family reside. These services include:

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

Intensive Care Coordination

Definition: Intensive Care Coordination (ICC) is a service that is mandated for members of the Katie A Subclass and **available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity for these services.** ICC is linked to teaming/collaboration and provided through the Child and Family Team (CFT). ICC requires active, integrated and collaborative participation by the provider in order to ensure that the complex behavioral health needs of the client are being met. ICC is an intensive service that is used for the identification and coordination of ancillary supports and systems which assists with stabilization. ICC services are offered to clients with significant and complex functional impairment which call for a high level of care coordination.

Enhanced Services

Examples of ICC

Identifying and engaging the Child & Family Team

Facilitating or attending a CFT Meeting

Evaluating and assessing needs of youth

Developing goals related to permanency, safety and well-being

Working with the team to complete the Meeting Summary

Referring to appropriate resources

Monitoring plan and changing it, as needed

Intensive Home-Based Services

Definition: Intensive Home-Based Services (IHBS) are mental health rehabilitative services that are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria and are receiving Intensive Care Coordination. IHBS are individualized, strength-based interventions designed to improve mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community. IHBS is also available to improve the family's ability to help the child/youth successfully function in the home and community. IHBS services are offered to clients with significant and complex functional impairment which require more intensive services. These services are primarily delivered in the home, school or community and outside an office setting.

Enhanced Services

Examples of IHBS

Rehab-like services that build functional skills for youth

Assisting youth in an activity that will create a new skill or build on a strength

Activities that assist youth in building support

Modeling behaviors in the community

Support youth to address behaviors that interfere with seeking/maintaining a job

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

Teaming:

Teaming with children, youth and families helps them find pathways to well-being



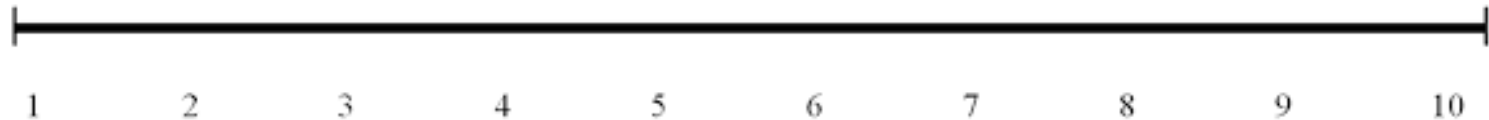
What is Teaming?

Teaming is the process of a group of people coming together who are committed to a common purpose, approach and performance goals for which they hold themselves mutually accountable.



Teaming Scale

- How would you scale yourself on teaming?
- How would you scale yourself on developing and working with a Child and Family Team?
- At your tables, please discuss what is one thing that you could do that would move you up just by 1 on the scale? (Think small, behavioral steps you can take toward change.)



Strategies for Successful Teaming

- Moving from hero to host
- Shifting from “knowing” to “exploring”
- Remaining in a space of inquiry
- Families as experts
- Be comfortable knowing that you may not have all the answers

Keeping the Family and Youth Voice at the Center of our Work

Staying connected to the family and youth voice ensures:

- We engage the family through teaming and offering opportunities for them to be full partners in our work
- Assessment and planning is done in partnership with the family (*with* and not *to* the family)
- Plans include, whenever possible, a combination of professional and natural supports

We can achieve this by:

- Using solution-focused inquiry
- Using family-friendly language and the family's words (no jargon!)
- Regular and transparent communication

Creating a Shared Language

Review
the
Handout!

- We cannot build a shared vision across Child Welfare, Behavioral Health providers, youth/families and caregivers if we do not start with a shared language
- Family-centered, strengths based language
- Behaviorally-based language/
eliminating jargon and labels
- Glossary of Terms



Types of Solution-Focused Questions

Review
the
Handout!



The Child & Family Team:

Developing and engaging a Child and Family Team helps youth and families find pathways to well-being



Child and Family Team

Review
the
Handout!

- The CFT is a team of people – it is comprised of the youth and family and all of the natural/informal supports who are working with them toward their treatment plan goals and their successful transition out of the child welfare system.
- This team **MUST** include the youth/family, mental health provider, CWS worker and natural/informal supports.

Child and Family Team

- There is a distinction between the CFT, which consists of the members involved in a shared vision with the family, and a CFT meeting which is just *ONE WAY* the CFT members communicate.
- Each team member has their unique role and responsibilities, *AND* they are always working as part of the team to reach the CFT's shared vision.
- CFT meets as needed or *at a minimum* of every 90 days and regular communication occurs between meetings (if the youth is eligible for Enhanced Services).
- Meeting can be called by youth or any CFT member as needed.

Child and Family Team Responsibilities

- Maintenance of documentation
- Focus on positives
- Encourage youth/family voice on progress
- Ongoing evaluation/measuring
- Celebration of reaching milestones

Child Welfare Worker Role

- Actively **participate** in the CFT, attend CFT meetings and engage in ongoing teaming throughout child welfare involvement
- **Engage** child/youth and family by preparing them for the CFT process
- **Collaborate** with BHS Pathways staff to determine eligibility for enhanced services after mental health concerns are identified
- Provide all health records to Care Coordinator
- Document CFT efforts in CWS/CMS contacts

BHS Provider Role



- Actively **participate** in the CFT, attend CFT meetings and engage in ongoing teaming throughout child welfare involvement
- **Engage** child/youth and family by preparing them for the CFT process
- **Collaborate** with Child Welfare workers to determine eligibility for enhanced services after mental health concerns are identified
- Via the BHA complete eligibility documentation
 - “Flip the switch” in Cerner
 - Update client plan if needed
- Provide treatment plans and progress notes to Child Welfare Worker
- Document CFT efforts in progress notes

Care Coordinator Roles (BHS Provider or CWS Pathways Staff)

- Provide Intensive Care Coordination
- Develop the CFT
- Schedule and coordinate communication of the CFT
- Serve as a single point of contact and accountability
- Oversee and ensure the care planning process matches the needs

CFT Meeting Structure

- Introduction
- Identify the Situation
- Assess the Situation
- Develop Ideas
- Reach a Decision
- Recap/Evaluation/Closing



Meeting Documentation



- Ongoing monitoring of:
 - Teaming Standards
- CFT Meeting Progress Summary and Action Plan

**Pathways to Well-Being
Child and Family Teaming Standards**

1 The Team Foundation

Pathways to Well-Being is about changing the way Child Welfare Services (CWS) and Behavioral Health Services (BHS) work with **children, youth and their families**. Core to this change will be Child and Family Teams. This consists of family, youth, and professional partners working together, by sharing information, resources, and professional expertise with genuine intent to achieve the team's common purpose. The team works together. It will be given to each team member. A review of these standards with the team at their first meeting and throughout the teams' lifespan will ensure team equity and guide the way we work together.

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

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Team Member	Name	Expertise/Strength
Child/Youth		
Current Caregiver		
Birth Family		
Child Welfare Services		
Behavioral Health Services		
Permanence/Community Connection		
Natural Supports:		

✓ Team Membership (members to hold are required participants)

Teaming Standards

Review
the
Handout!

- Teaming Standards include:
 - The Team Foundation – members, agreements, purpose and goals
 - Team Practices – Schedule, agenda, ways to communicate, flexible membership and action items
 - Maintaining the Pathway – Transition planning, monitoring and determining when actions or goals have been met
- The Teaming Standards document should be reviewed thoroughly with the CFT at the first meeting and again when new members join the CFT

CFT Progress Summary and Action Plan



- The Child & Family Team Progress Summary and Action Plan form should be completed each time the team meets
- Any professional in the room can complete the form
- The CFT members will determine who will complete the form in each meeting
- Everyone at the CFT meeting must receive a copy!

CFT Meeting Progress Summary & Action Plan



Action Items

- Informal, flexible
- Voice of the child/youth and family
- Specific and measurable

Pathways to Well-Being
Child and Family Team (CFT) Meeting
PROGRESS SUMMARY and ACTION PLAN

Meeting Date: _____ Child/Youth's Name: _____
 Facilitator: _____ Mother(s) Name: _____ Father(s) Name: _____
 Caregiver Name: _____ Intensive Care Coordination (check one):
 Yes No Not Yet Determined

Check one:
 Initial Meeting
 Follow Up Meeting

Identified Goal for Meeting: _____

Existing Support/Services	Continue?	Additional Support/Services Recommended by team
	Y/N	
	Y/N	
	Y/N	

What needs to happen?	Who is going to make it happen?	When will it be completed?

Completed on: _____

On a scale from 0-10 where 0 means I did not do anything this meeting and 10 means that my voice was heard and valued:
 Scaling Participation (facilitator to ask each team member) → 10

On a scale from 0-10 where 0 means the service support or action steps have no elements that will help and 10 means that everything that needs to happen for the child/youth is happening:
 Scaling the Service Support/Action Steps (facilitator to ask each team member) → 10

Completed on: _____

SIGN IN / SIGNATURE PAGE
 We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the family except as otherwise provided for in this plan. During this meeting a Release/Disclosure form will be developed to address the needs and proper care of the child/youth.

CFT MEETING AGREEMENTS
 This meeting was held by the parent(s) and the youth, CWS staff, Behavioral Health provider, informal supports (extended family, substitute caregiver, and other formal support as relevant), and we will each receive a copy of the plan.

Relationship to family/youth	Signature	Phone/E-mail
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
10.1		

Next meeting date (AS NEEDED), and as soon as all of the items on this list are completed: _____

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

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

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PREPARATION VIDEO



Video Discussion

- At your table:
 - Identify 3 things that were done in the video that supported a successful meeting.
 - Identify 3 things the care coordinator said or did that demonstrated teaming.

Successful Child and Family Team Meetings

- Pre-planning and communication with team members prior to the meeting
- Begin and end on time
- Review Group Agreements
- Have age appropriate ways for the child to be involved in the meeting
- Preparing team members for difficult conversations
- Share your successes!

Courageous Conversations within a CFT

- Give space
- Remain curious
- Ask about the underlying need in order to move forward

Monitoring & Adapting Plans Through the CFT

- Responsibility shared among all team members.
- Is the help helping?
- Continue assessment of changing needs throughout.
- Adapt action plans accordingly
- Continuous collaboration and frequent communication



Lunch Break

One Hour

CFT Meeting Video #2



Video Discussion

- At your table:
 - Identify 3 things that were done in the video that supported a successful meeting.
 - Identify 3 things the Care Coordinator said or did that demonstrated teaming.

Morning Review

- Values of Pathways to Well-Being
- Cross program collaboration
- Identification of youth eligible for Pathways services and Enhanced services
- Teaming with families
- Child and Family Teams





CFT Meeting Practice

- Refer to the handout titled “Mock Child and Family Team Meeting”
- Take 5 minutes to review the activity
- Take 30 minutes to role play a Child and Family Team Meeting in which you are reviewing the Teaming Standards and reviewing the plan
- Take 5-10 minutes to discuss what went well and what were some challenges in the meeting

Logistics:

Break Out Sessions to discuss billing, documentation and tools that are specific to your role



Transitions:

Identifying and preparing for transitions with the child, youth and family will help them remain on the pathway to well-being



When do Transitions occur?

- Big T
- Little T

Impact of Transitions

Impact on child/youth and families

- Loss of support
- Adjustment
- Mixed feelings



Transition Planning

Within the Child and Family Team:

- Shared understanding of members' roles in transitioning and aftercare planning
 - *Who's doing what?*
- Ensure youth/family voice is a part of the transition planning
 - *What is the family most worried about?*
 - *What is the family's preferred outcome?*

Pathways to Well-Being

Services and Support Connected to the Heart



Review

Create a shared vision and mission for cross program collaboration



Identify children and youth
Eligible for Enhanced Services



Participate in and maintain ongoing involvement
in a Child and Family Team (CFT)



Develop, monitor and adapt flexible,
strengths-based and family-driven goals



Identify key times of transition, their impact on youth and
strategies for preparing youth/families for transition

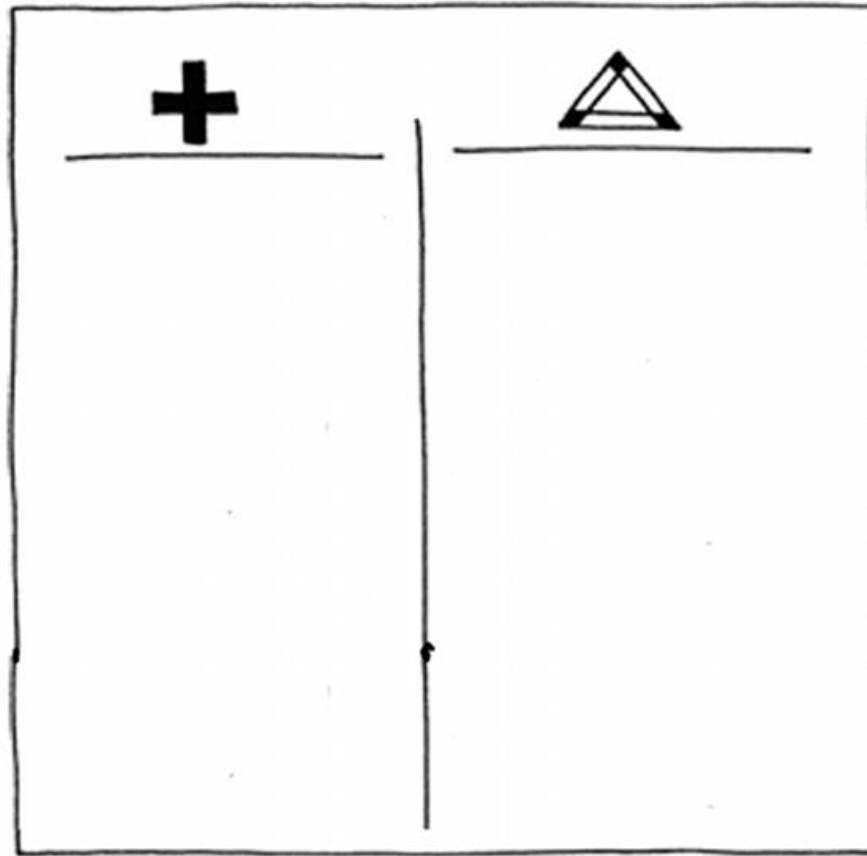


Planning Ahead ...

On your own:

- **Please think about two ideas or tools you learned today that you hope to put into practice or try.**

Plus/Delta



For More Information

- *Child Welfare Services Staff:*
 - Contact **Steven Wells** and/or **Becky Lanier** at:
Steven.Wells@sdcounty.ca.gov
Becky.Lanier@sdcounty.ca.gov
- *BHS Providers:*
 - Contact **Mandy (Amanda) Kaufman** at:
Amanda.Kaufman@sdcounty.ca.gov
 - **BHS Regional Pathways to Well Being Liaisons**
<http://theacademy.sdsu.edu/wp-content/uploads/2015/05/pathways-team-6-10-15.pdf>
- *Pathways to Well-Being Website:*
<http://theacademy.sdsu.edu/programs/bheta/pathways/>

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