

MRS Conference Call Notes February 2009

Counties Participating 2/18: Alleghany, Bladen, Clay, Forsyth, Gates, Greene, Macon, New Hanover, Pasquotank, Perquimmans, Vance, Washington, Wake, Yadkin.

Counties Participating 2/24: Anson, Avery, Duplin, Durham, Franklin, Gaston, Halifax, Henderson, Rutherford, Swain, Wilson

Note that there was also a call on 2/19, however notes were not taken during that call.

Announcements from Raleigh

Review of how to subscribe to the CW listserv

Overview of the CFT Documentation tool

Discussion of how counties are using 12 step programs in their work with families.

News from Raleigh

- Change in Holly's job duties. She will now be temporarily assigned to Staff Development and will be doing training CPS Assessments, In-Home Services and Supervision. She will continue to do these calls and the mrs email list and she will still be a MRS policy question contact. This is a way to advance MRS to the next level by incorporating it into training opportunities. We are not moving away from our commitment to MRS practice. Note that any policy staff can answer mrs policy questions.

How to subscribe to Child Welfare ListServe

- The letter with instructions came out January 15th. (Was also attached to the email announcing this month's conference calls.)
- This will be another way that we will send out new policy, especially related to automation issues. Line staff, supervisors, data entry staff, anyone who needs to be aware of this information.

CFT Documentation Tool

Holly highlighted areas that she thought might need clarification.

- Think about it documenting the entire process of the CFT, not just the event. Everything from introducing the idea of the CFT all the way through planning the next one.
- You may add things to this form, but should not delete items.
- There is no form number on this form, which is deliberate. (Should be a link at the end of the policy to this attachment). We anticipate incorporating this into standardized documentation for in-home and foster care. If we gave this a separate form number we would not be able to later include it in that documentation.
- Use is mandated to begin March 1.
- One of the things that may be different about this form is that you may have more than one person that contributes to the completion of this form. This form can be passed on electronically. (For example the assessment worker introduces the idea of the CFT to the family during the assessment and then can email the partially completed form when she passes the case to an in-home services worker.

- This is not a form that is meant to be filled out during the meeting although you will want to take some information from the meeting and later include it on this form.
- We do not want you to duplication documentation. If you have something in your running documentation that answers the questions on this form, you may reference it when completing this form. However, if you do that you need to be very specific. In other words don't just say "See the documentation". We need to be able to find it quickly. You may say "See documentation of home visit on March 4th,2009." You may also document everything on this form and reference this form in your other documentation.
- This does not take the place of the family services agreement, which should be filled out during the meeting.
- Hopefully this form will serve as a guide to ensure that you have hit all the points that you need to.

General Information:

- Social Worker and Supervisor name (Fields #3 and #4) – this would be the SW and Supervisor that is assigned to the ongoing case. (The in-home or foster care SW that will carry the case, not the SW who did the assessment if that will change.)
- Facilitator Type (Field #6) – wanted to ensure that the types made sense. There were no questions.
 - Holly will send out the word document which will enable the dropdown boxes.
 - Clarified that having a facilitator is not required by policy in moderate risk cases, although it is clearly best practice.
- Meeting Type (Field #9) –
 - Note that if this is the second time the family has been in 215 services there needs to be a closing CFT.
 - A CFT prior to removal could be coded 210 or 215 depending on which service is open at the time.
- Meeting initiated by (Field #12) – who requested the meeting? Usually will be DSS, but can be the family, school, etc.

Planning and Preparation – this has a huge impact on how well the meeting flows and how effective the meeting is.

- Meeting objectives (Field #13) – provide a brief statement of the specific goals of the meeting. Needs to be more specific than "develop a case plan."
- Meeting Introduction (Field #14) – this is the part that may be filled out by the assessment worker. Brief description of when and how CFTs were presented to the family. Did you give them a brochure? Did they have any questions? Can say "See 5010 documentation dated 4/15/2009" – but be sure that you were specific in the 5010 and didn't just say "talked about CFT".
 - This refers to the first time the concept of the CFT was introduced, not when a particular meeting was planned. Therefore, this field probably will not change once it is initially entered.
- Child Involvement (Field #15) – will the children be involved, and if so, how will they be involved? Actually be in the meeting, will they write a letter, have a proxy? If they are not physically present, why not?

- Children should be involved no matter their age (even those under 12) but the type of involvement can vary depending on age. May not want to have an 8 year old in the room, but they can write a letter. Want to get away from the old rule about only children 12 and over in the room.

Meeting Documentation:

- Participant preparation (Field #17) – this where we capture the details of the facilitator contacting the participants. Don't need to go into detail about what was said, that can go in the documentation. Just complete the table here, and have a reference as to where more information on the details of the preparation can be found in documentation.
 - If the people are not coming to the meeting but are sending a letter, does that count as participation? Yes. (Can say "Attended though phone or letter" – this is currently a Yes/No dropdown so we can look at changing that.)

Information that will actually be covered at the meeting (Fields #18-28)

- Family Strengths (Field #18) – helps partners really think about the strengths that the families have. Have partners contribute as well, not just DSS.
- Issues in Priority Order (Field #19) – should have been some prior conversation with the family about what issues were a priority. Realize that we can't always get to everything,
- Family Involvement in Development of Family Services Agreement (Field #21) – how were the family and their supports involved in the development of the service agreement. Family engagement is something that we look at on the CFSR. If this is a subsequent CFT you will start with the service agreement completed at the last CFT and you will just work on the updates.
 - If the same key players are involved in subsequent ones, do they need to sign it again or can they just put the date of the update. They need to sign each time. When you sign something it takes on a level of importance.
 - Suggestion that this be clarified on the form. Counties say participants are unclear why they have to sign during subsequent meetings. Suggestion that we add something referencing that this is a signature for an update.
 - Patrick pointed out that counties can add things to these forms themselves if they want to.
- Contingency Plan (Field #22) – this is one of the most difficult pieces of the CFT – concurrent planning. We always have to be thinking if the primary plan does not work out, what else do we have in place? Need to be more specific than "If 215 doesn't work take the children into care." Something like "If this Nurturing Parent class does not work out for mom, she will call the social worker and the social worker will work with her one-on-one with certain parts of the curricula." Hard to talk to the family about possibly taking children into care, or doing TPR and placing children, but we have to be looking at contingency plans and discussing them with the family.
- Follow up (Field #23) – who is going to ensure that the things agreed upon are being done. Who, specifically, will follow up with which items to see that they have been done.
- Date of next meeting (Field #24) – setting a date at the end of one meeting for the next meeting hold people accountable. Can always call one prior to the scheduled meeting if necessary.

- Issues to be discussed at next meeting (Field #25) – important to look at. May not have gotten to everything at this meeting, may want to follow up on specific items.
- Missing team members (Field #26) – talk about if there were people who could have contributed to this meeting and determine if they should be invited to the next one. If so, include this on Field #27.
- Meeting issues that need to be changed (Field #28) – Did this time work out? Was the location good? Ground rule that we need to add? Anything that we need to look at changing for next time?
- Most of this information counties are already gathering at various places in the file, but this helps to ensure that all this information is gathered and can be found in one location. Hopefully should not add a lot to the documentation but will organize it in a better way.
- As you use the form, let Holly know suggestions and input and we will try to incorporate those into an update in about six months.

General Questions

- How will the service agreement which is filled out during the meeting be transferred to this document. The service agreement is a separate document and does not need to be included in this documentation verbatim. If you need to reference the service agreement you can say “see services agreement” as long as what is in the service agreement is specific to this meeting. For example, if there are general strengths you should not just say “see strengths on the service agreement” mention which specific strengths were relevant to the current specific meeting.
- What about the signature documentation on the tool. In one county they have the participants of the CFT sign all documentation. If this is not filled out during the meeting how can they sign it. Holly’s suggestion is that participants sign the case plan or a confidentiality agreement, rather than this tool. It is very unlikely that this will be completely filled out by the end of the meeting and you don’t want people signing something that is not complete.
- Think of this like the 210 documentation tool, this is more for a documentation purpose.
- Concern that if this is incorporated into the documentation packet for 215 and 109, the original 210 assessment social worker may not have access to this tool to complete their part.
- If the Permanency Planning meeting is also a CFT, then this tool will be used. All PPATs are not CFTs, but if they truly are combined meetings, then you will need to use this. (When you think about combining these meetings it is easier to think about bringing the PPAT into the CFT rather than pulling the CFT into the PPAT.)

How Counties are using 12 step programs

Is this something that counties do often? Does it work? How to you ensure that folks are attending them, document them? Went around the room to ask.

Responses from 2/18:

- Client has asked the facilitator of the 12 step program to call the social worker and verify their attendance. Don’t use these often.

- Use the 12 step program as an adjunct to treatment. They bring a note from the facilitator and just talk about what the topic of the meeting was, but not the specifics in order to protect the confidentiality of the meeting (usually if they can tell you the topic then they went). The DSS encourages it as a part of treatment.
- Smaller counties that don't have as many resources don't use these meetings.
- Clients in conjunction with MH usually are referred by MH and then DSS will monitor progress.
- Larger counties have multiple groups to choose from, find them effective and they talk with the clients about their attendance.
- Make referrals fairly regularly if appropriate.
- Many agencies do use it, but the referrals go through Mental Health.
- Some counties have had individual clients go on their own.
- Others have had a hard time tracking client's attendance, but she likes the suggestion of talking with the client about the topic of the meeting.
- The DSS keeps a current list of all the meeting sites in the county and will strongly encourage clients to start attending the meetings especially while they are waiting on other types of treatment to start. Have a form that the facilitator will sign indicating that the person did attend.
- One worker has taken clients to their first meetings to help with the comfort level at the initial meeting.
- Transportation is a barrier, but the DSS will help with that.
- Sometimes in the county if you call the local number for AA there are volunteers that will take people to meetings. This is hard for clients to do for their first meeting especially. Often if the clients can get to the first couple of meetings, they will be more willing to do this, or they can find someone at the meeting who will transport them to subsequent meetings.
- Sponsors have been willing to talk with DSS, but have rarely come to CFTs.
- One county actually had a woman who placed her child with her sponsor while she got clean.

Responses from 2/24:

- The county may send the client for a SA assessment and the assessor may send the family to a 12 step program, but the county social worker does not do it. Although it may come up in conversation and be recommended for the client while they are waiting for their SA assessment. (This was a common response.)
- Transportation is a barrier.
 - Other calls mentioned that they have found community groups, especially churches, that are able to provide transportation to these meetings for folks.
 - Sometimes if you can get them to the first meetings they can get transportation there for future meetings.
 - Social workers will take them to the first couple of meetings, and if another transportation resource cannot be found they will generally continue taking them so that they won't fail.
- Not frequently used.

- One county does not use AA, NA, etc. There is a slightly different group 'Celebrate Recovery' that is more popular in their county.
- Although they usually refer to SA assessment if the problem is serious, however they have some 'weekenders' and the social worker may refer them to AA to try and prevent the issue from becoming a bigger problem.
- Usually the sponsors become a partner and this gives verification that the client attended. One county has the sponsor coming to the CFTs.
- Other counties have clients that do not want to reveal the identity of their sponsor and DSS respects that confidentiality, but the client can bring in a form with a signature and DSS just has to take on faith that the person that signed the form was actually the person that led the meeting.

Reasons that these type of meetings are so beneficial:

- Remember that these programs are not just for the individuals that have a substance issue, but there are also resources for family members of the substance abusing individual.
- These meetings are also free, and available in the evenings and on the weekends rather than just during the day when some families have to work.
- Even very small communities that may not have a lot of other resources probably have some of these meetings.

Future Calls

In March the dates are: 18th, 26th and 31st.