

# Child and Family Team (CFT) Trainer's Guide

# 2018



## Curriculum Introduction

This course will serve as the broad community's foundation and introduction to the child and family team (CFT) process. The audience represents all persons who may interact and participate on a CFT or at a CFT meeting (e.g., Child Welfare Services, Juvenile Probation, Short Term Residential Therapeutic Programs, Resource Families, Education, Behavioral Health, Parent/Family/Youth Partners, Physical Health, Community Based Organizations). This course will deliver basic information on the reason for child serving system change and the importance of ensuring all levels of services and supports provided to the child, youth, nonminor dependent (NMD), and/or family are delivered in a manner that is trauma-informed, culturally competent, and permanency focused. In addition, the course will provide the requirements and best practices of the CFT process. Topics covered in this class include:

- The historical context of team-based models and practices
- What is a CFT?
- Regulations & Requirements

## Tips for Training this Curriculum (Trainer's Guide)

### MATERIALS

In collaboration with the California Department of Social Services (CDSS), the PowerPoint, handouts, sample tools and all supporting materials in this curriculum are produced by the UC Davis Resource Center for Family Focused Practice (RCFFP). Please contact the Integrated Services Unit at CDSS ([CWSCoordination@dss.ca.gov](mailto:CWSCoordination@dss.ca.gov)) and the RCFFP ([resourcecenter@ucde.ucdavis.edu](mailto:resourcecenter@ucde.ucdavis.edu)) for access to these materials. CDSS and RCFFP will make regular updates to materials when necessary; please ensure you are using the most recent materials when you present this curriculum.

## COUNTY VARIATIONS IN PRACTICE

All counties using the CFT curriculum are required to follow the fidelity practice and trauma-informed values defined in [All County Letter \(ACL\) No. 16-84](#)<sup>1</sup> and [ACL No. 18-23](#)<sup>2</sup>. There are some variations in county practice regarding some aspects of implementation, policy, and use of supporting materials. Prior to presenting this training module, review the county policies and practices for standardized assessment and confer with county administration regarding specific county practices.

In addition, some counties have specific implementation practices and policies that may require some additions to the training material. If these changes are needed, contact RCFFP ([resourcecenter@ucde.ucdavis.edu](mailto:resourcecenter@ucde.ucdavis.edu)) for coaching and assistance on how to make additions to the curriculum while ensuring training to the fidelity expectations of CFT.

## RESOURCES/REFERENCES:

The trainer should be familiar with:

- The [Integrated Core Practice Model \(ICPM\) and Integrated Training Guide \(ITG\)](#), issued jointly by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). The goal of the ICPM is to provide child welfare departments, juvenile probation departments, county Mental Health Plans, community/tribal partners, and other providers with guidance and direction in delivery of timely, effective, and collaborative services to children, youth, nonminor dependents, and families. The ITG provides information and resources to assist counties in developing best practices for implementing training programs and technical assistance that will improve, and sustain, the required highly integrative and family-centered team-based approaches.
- The CDSS Letters and Notices to counties (<http://www.childsworld.ca.gov/PG3346.html>)
- The DHCS Mental Health Information Notices (<http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx>)
- CalSWEC hosts a toolkit for the child welfare/mental health learning collaborative that has an array of training and implementation resources regarding the delivery of behavioral

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<sup>1</sup> ASSEMBLY BILL (AB) 403 and AB 1997 (CHAPTER 773, STATUTES OF 2015 and CHAPTER 612, STATUTES OF 2016) WELFARE AND INSTITUTIONS CODE 706.6, 832, 16501.1 PATHWAYS TO MENTAL HEALTH SERVICES - CORE PRACTICE MODEL GUIDE

<sup>2</sup> ASSEMBLY BILL (AB) 403 (CHAPTER 773, STATUTES OF 2015), AB 1997 (CHAPTER 612, STATUTES OF 2016) AND AB 1006 (CHAPTER 714, STATUTES OF 2017); WELFARE AND INSTITUTIONS CODE 706.6, 832, 11400(f), 16501.1; [ACL NO. 15-11, 16-84, 16-049, 17-28 AND ACL NO. 18-09/MHSUDS IN NO. 18-007; COUNTY FISCAL LETTER \(CFL\) NO. 16-17-22; AND ALL COUNTY INFORMATION NOTICE \(ACIN\) I-14-18](#)

health services to children in foster care. The toolkit also provides contact information for partnering organizations that provide training and technical assistance. The toolkit was designed for use by California counties and regions, and is also accessible by the public: <http://calswec.berkeley.edu/toolkits/child-welfare-mental-health-learning-collaborative-katie>. Within this toolkit, the trainer may have particular interest in the resources found in the web pages for *“Teaming Tools”* and *“Engagement Tools.”*

- The California Institute for Behavioral Health Solutions (CIBHS) offers training resources that support Katie A. implementation, including webinars for preparing youth, parents and professionals for participation in the child and family team (CFT) and team meetings: <http://www.cibhs.org/katie-implementation-technical-assistance-and-training>.

## USE OF CFT FOLLOWING THIS TRAINING

After completing the CFT Foundations and Skills Building trainings, trainees can begin using CFT practice and tools as part of trauma-informed, culturally relevant, and developmentally appropriate practice; however, please ensure trainees understand that this initial training does not make them expert users of the CFT process, tools, and values. The classroom training they receive with this module must be reinforced with field learning, regular supervision, and mentoring, all of which support trauma-informed approaches. We also STRONGLY recommend that all attending the training participate in the relevant CFT advanced and CFT ancillary classes.

## TRAINING ACTIVITIES

The training is designed for adult learning. Training includes lecture, application, and practice activities and opportunities for critical thinking; therefore, trainers should have extensive knowledge of the CFT, its foundations, and how trauma-focused interventions can be effectively implemented. Trainers should be prepared to address a wide variety of trainee questions in the moment, relying on the current CFT fidelity research that references embedded trauma-informed care and professional experience. Activities are designed to reinforce the learning and are intended to have flexibility. Persons facilitating this class can adjust and insert local initiatives and policies as needed.

# Child and Family Team (CFT) Trainer's Guide



Training Version 1.0 | 2018

Use Test Version 1.0 for Evaluation

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# Introduction

*Please read carefully as a first step in preparation to train this curriculum.*

**IMPORTANT NOTE:** It is essential that all trainers who teach any of the child and family team curriculum in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new worker training statewide.

## GENERAL INFORMATION

The child and family team (CFT) model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Background and Context, Agenda, and Suggested Lesson Plan. After this overview, trainers can proceed to review the Trainer's Tips and Activities section in the Trainer's Guide and the Training Content in the Trainee's Guide to become thoroughly familiar with each topic and the suggested training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

For questions regarding the curriculum, contact the Integrated Services Unit at CDSS at [CWSCoordination@dss.ca.gov](mailto:CWSCoordination@dss.ca.gov) and the Resource Center for Family Focused Practice (RCFFP) [resourcecenter@ucde.ucdavis.edu](mailto:resourcecenter@ucde.ucdavis.edu) or call RCFFP at (530) 752-9726.

## COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES

### Training Standards and Learning Objectives

The Training Standards and Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Training Standards and Learning Objectives for the curriculum are listed in a separate tab in both the Trainer's and Trainee's Guides.

### Agenda

The Agenda is a simple, sequential outline indicating the order of topics that will be addressed in the training day.

### **Suggested Lesson Plan (Trainer's Guide only)**

The suggested Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic in the order recommended and indicates the duration of training time for each topic. The suggested Lesson Plan is offered as an aid for organizing the training.

The suggested Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains three column headings: Topic/Time, Learning Objectives, and Methodology. The Topic/Time column is divided into training Segments. The Learning Objectives column reflects the specific objectives that are covered in each Segment. The Methodology column indicates suggested training activities that may accompany each Segment. As applicable, each activity is numbered sequentially within a Segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc. The numbering schema of Day, Segment, Activity mirrors the labeling of materials in the Training Tips and Activities tab.

### **Evaluation Protocols**

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a specific curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

### **Training Tips, Activities, & Transfer of Learning (TOL) Exercises (Trainer's Guide only)**

The Training Tips section is the main component of the Trainer's Guide. It contains guidance and tips for the trainer to present the content and to conduct each *Training Activity*. *Training Activities* are labeled and numbered to match the titles, numbering, and lettering in the suggested Lesson Plan. *Training Activities* contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity and the time and materials required.

Occasionally, a *Trainer's Supplement* is provided that includes additional information or materials that the trainer needs. The *Trainer's Supplement* follows the *Training Activity* to which it applies.

### **Training Content (Trainee's Guide only; can be inserted into the Trainer's Guide)**

The *Training Content* in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the suggested Lesson Plan.



### **Supplemental Handouts**

Supplemental Handouts are clearly titled and appear in both the Trainer's and Trainee's Guides. Supplemental Handouts refer to additional handouts not included in the Training Content tab of the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

### **References and Bibliography**

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography tab indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental, and background content information, training tips, training activities, and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography tab is divided into three sections:

- All County Letters (ACLs) and All County Information Notices (ACINs) issued by the California Department of Social Services (CDSS)
- Legal References (as applicable)
- General References and Bibliography

In certain curriculum within the Common Core series, the References and Bibliography may be further divided by topic area.

### **Materials Checklist (Trainer's Guide only)**

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Tips and Activities section of the Trainer's Guide.

### **Posters (Trainer's Guide only)**

Some curriculum feature materials in the Trainer's Guide that can be used as posters or wall art. Additionally, several of the handouts from the curriculum *Framework for Child Welfare Practice in California* can also be adapted for use as posters.

## Tips for Training this Curriculum

Training must be delivered through the following methods to accommodate the various learning styles of participants, to support the transfer of learning, and uphold fidelity.

- a. Incorporating adult learning styles
  1. Visual
  2. Auditory
  3. Kinesthetic
- b. Cross the Three Domains of Learning:
  1. Cognitive: mental skills (knowledge)
  2. Affective: growth in feelings or emotional areas (attitude or self)
  3. Psychomotor: manual or physical skills (skills)
- c. Include orientation, basic foundations, field practice (in-vivo), and advanced skills opportunities.
- d. Learners must have opportunities to practice team-based strategies.
- e. Learners must have opportunities to develop, practice, and refine skills for developing a culturally relevant, trauma-informed, and developmentally appropriate case plan.

Training should reflect the intent of the Continuum of Care Reform (CCR) and the Integrated Core Practice Model (ICPM) and Integrated Training Guide. Trainers should strive to create a trauma-informed environment in which students will learn how interventions can be effectively implemented. This includes representation from all the system supports and the continuum of services that are provided. Best practice dictates that the teams of trainers should be balanced between the differing professional disciplines, paraprofessionals, placement staff, and family/youth representation. This ultimately creates a trauma-sensitive and team-based space for cross-training collaborative audiences and shared collaborative training.

Trainers should minimally include the county/agency perspective and representatives, and parent/family/youth professionals that represent and support the consumers' (such as Parent Partners) perspective.

Trainers should be well versed in CFT practice and understand that the CFT joins together to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways. Trainers should further be able to convey that the CFT recognizes everyone has a role to play in a trauma-informed approach. Trainers should have at one point facilitated and participated in CFT implementation. Trainers should be able to answer "in the moment" questions that may waver from content produced in the curriculum. Having ready access to recently published policy, research, and other support material is suggested.

## Evaluation

## Agenda

### **CFT FOUNDATIONS**

Module Duration: 5.5 hours

#### Day 1

9:00 – 9:20 a.m.	Welcome and Introductions
9:20 – 9:30 a.m.	Purpose of Training and Agenda
9:30 – 10:30 a.m.	The Historical Context of Team-Based Practices
10:30 – 10:45 a.m.	Break
10:45 – 11:30 a.m.	The Historical Context of Child and Family Teams (CFTs)
11:30 – 12:00 p.m.	CFT Foundations
12:00 – 12:30 p.m.	Lunch
12:30 – 1:30 p.m.	Continue CFT Foundations
1:30 – 2:10 p.m.	Observe a CFT Meeting
2:10 – 2:25 p.m.	Break
2:25 – 3:25 p.m.	Role Play a CFT Meeting
3:25 – 4:00 p.m.	Post Test, Evaluation, and Closing

### **CFT SKILLS BUILDING AND PRACTICE:**

Module Duration: 11 hours

#### Day 1

9:00 – 9:15 a.m.	Welcome and Introductions
9:15 – 9:20 a.m.	Purpose of Training and Agenda
9:20 – 10:20 a.m.	Practice Engagement
10:20 – 10:35 a.m.	Break

10:35 – 11:35 a.m.	Practice Fidelity to Child and Adolescent Needs and Strengths (CANS) Tool
11:35 – 12:35 p.m.	Practice Building Teams
12:35 – 1:35 p.m.	Lunch
1:35 – 2:35 p.m.	Practice Shared Development
2:35 – 2:50 p.m.	Break
2:50 – 3:35 p.m.	Practice Communication
3:35 – 4:00 p.m.	Post Test, Evaluation, and Closing

## Day 2

9:00 – 9:15 a.m.	Welcome and Introductions
9:15 – 9:30 a.m.	Purpose of Training and Agenda
9:30 – 10:30 a.m.	Practice Developing Culturally Relevant, Trauma-Informed, and Developmentally Appropriate Case Plans
10:30 – 10:45 a.m.	Break
10:45 – 12:00 a.m.	Role Play a CFT Meeting
12:00 – 1:00 p.m.	Lunch
1:00 – 2:00 p.m.	CFT Gone Right or Wrong Pictionary
2:05 – 3:05 p.m.	CFT Post Test
3:05 – 3:20 p.m.	Break
3:20 – 4:00 p.m.	Evaluation and Closing

## Learning Objectives

1. Participants will gain knowledge of the historical context of team-based practices in California and the fundamentals of the Continuum of Care Reform (CCR), which include Pathways to Well-Being, California's Integrated Core Practice Model (ICPM) and Integrated Training Guide (ITG), and CFT requirements.
2. Participants will gain knowledge that trauma is treatable and there are many evidence-based models and promising practices designed for specific populations, types of traumas, and behavioral health manifestations.
3. Participants will gain knowledge of the historical context of the CANS as a single, functional assessment tool to support the goals of CCR, Pathways to Well-Being, and the ICPM and ITG.
4. Participants will be aware how a single assessment process informs the CFT in several key areas.

### Key Elements:

- a. Results are used by the CFT for placement decisions.
  - b. Results help determine, with a trauma-informed lens, if the child or youth has unmet mental health needs.
  - c. Results, with a trauma-informed lens, determine educational needs.
  - d. Results assist in identifying immediate support needs of the family or care provider and which trauma-focused interventions can be effectively implemented.
  - f. A skilled and trained CFT facilitator is essential to ensure the CFT process is strengths-based, child/youth and family centered, individualized, collaborative, culturally reflective, trauma-informed, and outcomes-focused in the development of individual case plans. The facilitator impacts the CFT by keeping CFT members working together and the CFT process moving forward.
5. Participants will be able to describe the purpose of CCR, identify target populations, identify specific CFT and CANS process timelines. Participants will be able to illustrate specific CFT components, as well as be mindful of other elements identified in statute. Participants will be able to describe a CFT climate that supports trauma-sensitive approaches.

Key Elements:

- a. CFT meetings should occur at intervals as requested by the child, youth, NMD, family and/or any team member, along with timelines outlined in the [All County Letter \(ACL\) No. 16-84/Mental Health and Substance Use Disorders Services \(MHSUDS\) Information Notice \(IN\) No. 16-049](#) and [ACL No. 18-23](#).
- b. A single assessment process should be administered at specific intervals with timelines as outlined in [ACL No. 18-09/MHSUDS IN No. 18-007](#).
- c. A skilled and trained CFT facilitator is essential to ensure the CFT process is strengths-based, child/youth and family centered, individualized, collaborative, culturally reflective, trauma-informed, and outcomes-focused in the development of individual case plans. Additionally, the facilitator is responsible for ensuring the CFT process has fidelity to the [ICPM and ITG](#). Counties may contract with providers for facilitation, train non-case carrying social workers, or train its case carrying social workers to become skilled facilitators.
- d. The CFT process and CFT meetings are different from one another, yet are intended to work together to assess, understand, and assist trauma-exposed children, families, and communities.
- e. The CANS within the CFT process supports engagement, interagency collaboration, and uniform case planning.
- f. Services delivered to children, youth, NMDs, families, and communities are most effective when delivered in a single, coordinated, and integrated CFT, which should include integration of all local community practices.
- g. It is important to integrate a culturally relevant, trauma-informed, and developmentally appropriate case plan across systems, perspectives, and individual needs based on information shared by the CANS tool. Ultimately, it creates one case plan through which interventions, practices, services, and supports recognize and respond to the varying impacts of traumatic stress on children, youth, NMDs, and families.
- h. CFTs, informed and guided by assessment results, will provide recommendations for all care and service planning for a child, youth, NMD, and family. Services and supports will be delivered in a manner that is developmentally appropriate, trauma-sensitive, culturally competent, and permanency-focused.

6. Participants will be able to describe the key values and principles of team-based practices and have comprehensive knowledge about the CFT model, including how the CANS informs case plans and is completed throughout the CFT process. Participants will be aware of how to balance rules, principles, and biases in relation to CFT practice. Participants will understand how a CFT joins together to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.

Key Elements:

- a. Understand the roles, individual strengths, and unique value of the CFT facilitator, child welfare social worker(s), juvenile probation worker(s), behavioral health worker(s), resource family, parent/youth partner(s), the court, the child, youth, NMD, the family and/or natural supports, and other team members in a CFT process, especially during CFT meetings and case plan development. Understand the CFT recognizes that everyone has a role to play in a trauma-informed approach. Participants will practice skills for participating in a CFT.
- b. Understand the use of the CANS as a shared resource within the CFT and as a continuous tool to inform case plans and placement decisions for the child, youth, NMD, and family.
- c. Recognize conscious and unconscious bias and navigate situations in a respectful manner. This may include managing differences between support and professional participation at the request of a child, youth, NMD, and/or family member – thus, utilizing team members for their knowledge-based strengths. Communication in a CFT is strengths-based and trauma-informed.
- d. Understand the CFT facilitator's integral role in the CFT process and, as a team, build appreciation of input from all team members and balance the importance of the child and family voice and choice as a priority.
- e. Value the importance of the child, youth, NMD's and family's voice, creating a place where their voice holds significant power and choice when specific strategies are being chosen. Children, youth, NMDs, and families feel supported in an environment with shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward.
- f. Articulate and demonstrate how relevant care and service planning for a child, youth, NMD, and family will be informed by the CFT.



7. Participants will practice authentic trauma-sensitive engagement skills, demonstrating strengths-based, needs-driven, and child and family-centered activities.
8. Participants will practice fidelity to the CANS, as it measures effective engagement with the child and family through a team-based approach to complete the tool together, and further enhance interagency care coordination and service delivery.
9. Participants will be able to engage and recruit team members to participate in the CFT process. Participants will value the paramount importance of engaging and utilizing natural/informal supports within a CFT process and meetings.
10. Participants will demonstrate their understanding of the need to balance the intended, trauma-informed principles of the ICPM and ITG with the particular demands of their agency-assigned role.

Key Elements:

- a. Public agency staff can meet their court or legally required duties while also practicing the trauma-sensitive values, activities, and principles of CFT.
  - b. Balance child, youth, NMD, and family voice and choice as a priority, along with agency mandates and safety parameters.
  - c. Use of, and adherence to fidelity of, the CANS within the CFT process.
11. Participants will understand and apply related interventions, services, supports, and practices for effective teams, including the participation of trained CFT facilitators, the use of the CANS, CFT record keeping, sharing of plans, managing confidentiality and privacy, and other information.
  12. Participants will understand that the CFT informs and updates the CANS supporting children, youth, NMDs, and families in the context of trauma-informed care.
  13. Participants will demonstrate the ability to build case plans, informed by the CFT and CANS, that utilize formal and informal team members, their strengths, assess their needs, and respond to families in an individualized manner. Participants will demonstrate the ability to leverage culturally respectful, responsive, and reflective interventions that are responsive to the needs of individuals served within case plans.

## Training Standards

### Child and Family Team (CFT) Minimum Training Standards

#### Purpose:

One of the Continuum of Care Reform's (CCR) fundamental principles is that child welfare services are most effective when delivered in the context of a child or youth and family-centered child and family team (CFT) that shares responsibility to assess, plan, intervene, monitor, and refine services over time. The CFT joins together to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.

To enhance care coordination and collaborative decision making across systems as recommended in the Integrated Core Practice Model (ICPM) and Integrated Training Guide (ITG), the Child and Adolescent Needs and Strengths (CANS) assessment tool has been approved by the California Department of Social Services (CDSS) to be implemented within the CFT process by a skilled and trained CFT facilitator. The CFT facilitator is essential to ensure the CFT process is strengths-based, child/youth and family centered, individualized, collaborative, culturally reflective, trauma-informed, and outcomes-focused in the development of individual case plans. Furthermore, a single assessment process allows for effective measurement of engagement within the CFT as all team members provide input in the completion of the CANS assessment tool, which informs a family's case plan. Welfare and Institutions Code Section 16501.1(c) and (d) require that county placing agencies convene a CFT meeting for all children and youth in foster care as defined in Section 16501 (see also ACL No. 16-84/Mental Health and Substance Use Disorder Services Information Notice 16-049 and ACL No. 18-23).

The minimum standards in this guide are also intended to ensure that CFT training materials adhere to the fidelity of the CFT model, using a skilled and trained CFT facilitator and the CANS assessment tool, to drive case planning, support effective engagement and enhance care coordination efforts. This guide is designed to meet the training standards described in California's Integrated Training Guide (ITG), which supports cross-system practice and service delivery and also advances collaboration among child and family service agencies, partnering organizations, tribes, and community-based organizations.

A skilled and trained facilitator, along with a broad array of other professionals such as paraprofessional services and community members, partner together to address the needs of the child, youth, NMD, family, and the placing agency. The services and supports provided to the child, youth, NMD, and family are delivered in a manner that is strengths-based, culturally relevant, team-based, and permanency-focused. Therefore, initial training and orientation must be designed to be delivered to the broad group of stakeholders reflecting those who would participate on a team. Additionally, ongoing and continued training is also required for, but not limited to, team members participating in CFTs.

CFT Training must include the following key concepts:

1. CCR overview and historical context:

[All County Letter \(ACL\) No. 16-84 Mental Health Substance Use Disorder Services \(MHSUDS\) Information Notice No. 16-049](#) and [ACL No. 18-23](#).

- a. [Integrated Core Practice Model and Integrated Training Guide](#)
- b. Safety Organized Practice
- c. Wraparound
- d. Team Decision Making
- e. Cross-System Involved Youth
- f. Restorative Justice
- g. Intercounty Placement Committee
- h. Family Finding
- i. Family to Family
- j. Other Evidence-Based and Promising Practices

2. Structures and processes for effective CFTs:

- a. ACL No. 18-23

The CFT process, guided by a trained and skilled facilitator, will define a clear purpose for the team which will strive to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways, and that will include using the CANS assessment tool. The CANS tool is instrumental in guiding discussion with children, youth, NMDs, and families as partners, and results in case plans that are developed collaboratively and in a shared decision-making process. The CFT process also fosters understanding of people's experiences and behaviors in the context of coping strategies devised to survive adversity and overwhelming circumstances.

The use of a single assessment process has the capacity to capture the voice of children, youth, or NMDs, and families through a strengths-based, and family-centered practice. A single assessment process also has the capacity for ensuring children or youth and families successfully achieve positive outcomes.

The CFT's defined purpose can be described in a team mission or team vision created by all members of the team. This purpose should reflect a climate and culture that supports trauma-informed approaches and should guide all team planning and be upheld by all members of the team.

The child, youth, or NMD, and family will be given priority voice and choice in defining the team's purpose in line with the values of a CFT. The team mission or team vision ought to recognize that CFTs and CFT process provide meaningful opportunities for children, youth, NMDs, and families to participate in the development and implementation of individual case or treatment plans, with the use of the CANS assessment tool, interventions, practices, services, and supports.

b. The team must define CFT agreements.

These team agreements will include both the rules for the team's relationship and the rules for the actual CFT meetings. These team agreements will be designed so that the team will be able to work together based on the unique situations and the unique culture of the family and systems involved.

Team members should help children, youth, or NMDs, and families recognize their strengths, and encourage them and support them to develop solutions that match their preferences. The team must respect and support the power of learning from mistakes when strategies do not work as intended so that the plan can be revised to improve outcomes.

c. The team must practice integrated and shared case planning.

With the implementation and use of the CANS assessment tool to foster cross-agency collaboration and team engagement, case plans must be comprehensive and include the results of the CANS assessment. The composition of the CFT may include Short-Term Residential Therapeutic Program (STRTP) staff, behavioral health staff, the Interagency Placement Committee members, and others. The CFT, via the single assessment process, works together to identify the child, youth, or NMD's, and family's strengths, as well as needs and concerns. The team strives to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.

Through cross-agency collaboration and participation of all CFT members in completing the CANS, case plans are developed. Children, youth, NMD's, and families' needs are fully engaged, which leads to increased well-being and improved outcomes.

If the child, youth, NMD, and family already have an established team through another agency such as behavioral health or program such as Wraparound, the placing agency

will support the existing team process to expand and evolve so that the needs and services indicated under the child welfare or juvenile probation cases are included. With the use of the CANS assessment tool, cross-system planning and coordination will ensure that there is only one team process for any single family in care.

- d. The team must practice shared responsibility, shared decision making, and shared accountability. Using the CANS, this multipurpose tool will assist in assessing child well-being, support care coordination and shared decision making, and allows for the monitoring of outcomes of services.

Authentic implementation of family voice and choice must be a priority to assure that power is leveled for members, recognizing and understanding that everyone has a role to play in a trauma-informed approach. Case planning must be needs-based and not symptoms-based.

As families move through the CFT process, family members will often come to recognize their own strengths and experience the power of strengths-based support that comes without judgment.

- e. A CFT meeting is part of the CFT process, and it is a place for solution-focused planning and is not a forum to complete further investigation. CFT meetings are not intended for investigating initial child abuse or juvenile justice allegations, but rather an environment which strives to understand and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.
- f. The team must adhere to the fidelity of the CFT model.
- g. The CANS tool must inform the case plan, and it must be completed prior to the completion of the case plan with input from all CFT members.
- h. The team must develop and focus on common goals.
- i. The team must consider multiple alternatives before making decisions.
- j. All team members must know that their input is valued.
- k. The team must build agreement despite differing views. With the goal of consensus, the CFT works together to identify their decision-making process.
- l. The team must build appreciation of strengths.
- m. Case planning reflects cultural humility, curiosity, trauma-awareness, and age and developmental appropriateness.

- n. Team members must honor expertise, show respect to, and use of, specific individuals to discuss and meet needs related to a specific team member's expertise. This includes the expertise that the youth and family bring to the team.
  - o. The CANS assessment tool may be completed outside of CFT meetings or during CFT meetings, depending on the preference of the child, youth, or NMD, and family.
3. Training must focus on the values of the CFT process:
- a. **Strengths-Based**  
Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology to a positive partnership focused on future opportunity, directed engagement, and case planning. The approach acknowledges each child, youth, or NMD, and family member, and team member's unique set of strengths, knowledge, and abilities. It engages team members to partner in developing and implementing case plans utilizing those strengths.
  - b. **Child, Youth, NMD, and Family-Centered and Driven**  
The approach to the planning, delivery, and evaluation of care must be grounded in the voice and choice of the child, youth, or NMD, and family. Throughout the CFT process, listening to and respecting the child, youth, or NMD's, and families' experiences, opinions, and insights are prioritized as all members partake in the CANS assessment and the results are continuously used to inform the case plan. Team members should intentionally elicit and prioritize the child, youth, NMD, and family voice and choice during all stages of the CFT's dynamic and evolving process. Interventions, practices, services, and supports should recognize and respond to the varying impacts of traumatic stress on children, youth, NMDs, and families. Case planning must be grounded in family members' perspectives, and the team strives to provide options and choices such that the case plan reflects family values and preferences, ultimately giving and allowing the family equal weight in the process. Doing so endorses the family as a leader of their team and in the planning of their service delivery. This family leadership role is separate from the CFT facilitator's responsibilities.
  - c. **Individualized**  
In order for the team to best engage the child, youth, NMD, and family, and meet the unique needs of each participant, the team will create a customized set of engagement strategies, supports, and services through using the CANS, which should be seen as a shared resource and tool for team members throughout the CFT process.

d. Collaboration and Comprehensive Shared Planning

By using the CANS, team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating trauma-informed case planning related to the child, youth, or NMD's, and family's care. The information gleaned from the assessment tool guides conversation and supports the process of learning more about the child, youth, or NMD's, and family's needs, as well as patterns of behavior.

The trained CFT facilitator will help ensure that all case planning includes the diverse viewpoints of all team members. Case planning and actions will be a shared responsibility for all team members. This requires allowing all perspectives, mandates and resources to be drawn from and utilized. This collaborative approach within the CFT process should lead to shared case planning that integrates all approaches, modalities, and practice models.

The implementation of the CANS tool promotes collaboration and cooperation among child-serving individuals and agencies. Additionally, the CDSS and DHCS have developed a universal release of information form for use by the CFT to keep the process moving forward and encourage open communication and cross-agency collaboration. Research is clear that by sharing decision-making and working together, professionals and children, youth, NMDs, and families can achieve positive and lasting outcomes.

e. Needs-Driven

Rather than focusing on behaviors, a specific intervention or strategy, the team will focus on the underlying needs of each child, youth, NMD and family based on the CANS tool, which helps identify strengths and needs. It is important to recognize that the CFT process is part of a larger strategy, which involves children, youth, NMDs, and families in all aspects of case planning, evaluation, monitoring, and adapting, to help them reach their goals. Team members will make a conscious effort to elicit information and assess needs and will then create plans to meet those unique needs. Goals are based on identified, actionable items that address the need for permanency, safety, and well-being. Additionally, goals will be culturally relevant, trauma-informed, and age and developmentally appropriate. Safety needs to remain a priority at all times.

f. Culturally Reflective, Respectful, and Responsive

In keeping with the ICPM and ITG, the team's approach to engagement, assessment, planning, monitoring, and transition will demonstrate respect for the values, preferences, beliefs, culture, and identity of the child, youth, NMD, family, their community, and all team members. This engagement approach will acknowledge self-

identity, fairness, and equity and will be sensitive to culture and ethnic orientation. The team will build respect for the family's culture. The team will adapt case planning and engagement strategies based on cultural considerations throughout the CFT process.

g. Trauma-Informed

The team will continually assess and reassess their engagement practices, case planning ideas, and the ways in which team members communicate in order to create safe and trauma-informed spaces where the child, youth, NMD, family, and other team members feel safe and able to participate.

h. Outcomes-Focused

The team's communications and case planning will maintain focus on the idea that people don't fail, but rather that plans fail. The team will persist in developing a culturally relevant, trauma-informed, and developmentally appropriate case plan through the implementation of the CANS tool, which helps to create a common language across child welfare, juvenile probation, and mental health disciplines. The team will monitor progress and revise the plan accordingly while maintaining a solutions-focused perspective. While maintaining safety as a priority, the team will develop and monitor specific, defined outcomes.

i. Developmentally-Informed

A skilled and trained CFT facilitator will work with all the identified CFT members to gather the necessary information to complete the CANS. All case planning will make use of the single assessment process which considers the impact of trauma, age, developmental stages, and timely intervention strategies when engaging infants, children, youth, transition-aged youth, and families.

4. Training must focus on the CFT meeting structure. These structure items must include:

- a. A trained CFT facilitator who is responsible for the coordination, scheduling, and facilitation of the CFT and leading the completion of the CANS.
- b. Meeting welcome and leveling of power.
- c. Development of team agreements, which may include – but are not limited to – managing confidential information, sensitive information sharing, safety precautions, and comfort agreements.
- d. Needs and goals identification, including safety and all life domains.
- e. Continuous assessment of strengths on all active domains via a single assessment tool utilized by the CFT.
- f. Individualized and culturally relevant, trauma-informed, and age and developmentally appropriate practices in meetings.
- g. Develop individualized, needs-driven, and culturally relevant plans of action through



- the single and shared assessment process, brainstorming, and other methods.
- h. Matching and assigning youth and family-driven actions items to team members based on their strengths.
  - i. Team meeting and CFT process feedback.
5. Training must address specialty items related to the CFT process:
- a. To support neutrality and full participation of the child welfare and juvenile probation agencies, the team meeting will be led by a trained and dedicated CFT facilitator. The CFT facilitator ensures that the primary voice and choice on the team is that of the youth and family while upholding the needs of all team members. The facilitator further ensures the services and supports provided to the child, youth, NMDs, and family are delivered in a manner that is trauma-informed, culturally competent, developmentally appropriate, and permanency focused.
  - b. The CFT facilitator's responsibilities for team engagement include preparing the family prior to convening the CFT meeting to discuss placement decisions and case plan development. CFT facilitation services also include the coordination, scheduling, and facilitation of the CFT and leading completion of the CANS.
  - c. How to manage team member input and participation during the team-based process to ensure a setting through which interventions can be effectively implemented, acceptance of all members' perspectives, maximize team cohesion, and minimize bias.
  - d. Team and engage with family, youth, and others.
  - e. Building effective comprehensive CFT membership that recognizes and understands the trauma the child, youth, NMD, and family has experienced and how individualized strategies reduce the risk of retraumatization.
  - f. Keeping record during a CFT meeting, including a summary of CFT meetings that includes – but is not limited to – attendance, strengths, needs, goals and action items.
  - g. Documentation of one integrated, trauma-informed, sustaining case plan. The case plan should be based on a single assessment process, the family's plan, court orders, Child Welfare case plan, mental/behavioral treatment plans, and any others for the team to use when building and implementing action items. The intent is to have one case plan that meets all partners' needs.
6. Training must address the dynamic and evolving nature of the CFT process and the changing needs and goals therein. Information provided, scenarios and activities should be specific to the local community timelines, policies, procedures, and practices. Some of these key variations could include:
- a. Initial and ongoing safety assessments and planning throughout the CFT.
  - b. CFT process outside of the CFT meeting.

- c. Short term CFT.
  - d. CFT at detention.
  - e. CFT at transition.
  - f. CFT for NMDs.
  - g. CFT during crisis.
  - h. CFT recommendations to the court throughout the court processes.
  - i. CFT during placement changes.
7. Training must be delivered through the following methods to accommodate the various learning styles of participants, to support the transfer of learning, and uphold fidelity.
- a. Incorporating adult learning styles
    - i. Visual
    - ii. Auditory
    - iii. Kinesthetic
  - b. Cross the Three Domains of Learning:
    - i. Cognitive: mental skills (knowledge)
    - ii. Affective: growth in feelings or emotional areas (attitude or self)
    - iii. Psychomotor: manual or physical skills (skills)
  - c. Include orientation, basic foundations, field practice (in-vivo), and advanced skills opportunities.
  - d. Learners must have opportunities to practice team-based strategies.
  - e. Learners must have opportunities to develop, practice, and refine skills for developing a culturally relevant, trauma-informed, developmentally appropriate, integrated, needs-driven, and strengths-based plan.
8. Additional Recommendations:
- Training should reflect the intent of the CCR and the ICPM and ITG. This includes representation from all the system supports and the continuum of services that are provided. Best practice dictates that the teams of trainers should be balanced between the differing professional disciplines, paraprofessionals, placement staff and family/youth representation, ultimately creating space for cross-training collaborative audiences and shared collaborative training. Trainers should minimally include the county/agency perspective and representatives and parent/family/youth professionals that represent and support the consumers' (such as Parent Partners) perspective.

## APPENDIX A: GLOSSARY OF ACRONYMS AND TERMS

**CANS** – The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

**CBO** – A Community-Based Organization (CBO) is a provider within the community that offers concrete services to individuals and families to ameliorate issues and to provide support as needed. Services they offer may include mental health therapy, Wraparound, Therapeutic Behavioral Services, etc.

**CCR** – The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to our Child Welfare Services system. CCR is designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed, trauma-sensitive, nurturing family homes.

**CDSS** – The California Department of Social Services (CDSS) is the state agency charged with serving, aiding, and protecting needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.

**CFT** – A child and family team (CFT) is a group of individuals that participate in a trauma-informed team planning process that includes the child, youth, or NMD, family members, a skilled and trained facilitator, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, or NMD’s, and family’s success. In addition to mandated participation of involved public agency representatives, the composition of the team is driven by family members’ preferences. Successful CFTs include persons with natural supportive relationships with the family, so that the family’s support system will continue to exist after formal services are completed. The CFT’s role is to include family members in defining and reaching identified goals for the child, recognizing that trauma is treatable. The individuals on the team work together to identify each family member’s strengths and needs, based on relevant life domains, to develop a culturally relevant, trauma-informed, and developmentally appropriate child, youth, NMD, and family-centered case plan. The plan articulates specific strategies for achieving the child, youth, NMD’s, and/or family’s goals based on addressing identified needs, public safety, including following ACL No. 16-84/MHSUDS Information Notice No. 16-049 and ACL No. 18-23, related court orders, and building on, or developing, functional strengths.

**CFT Meeting** – A child and family team (CFT) meeting is a functional structure and process of engaging the family and their service teams in thoughtful and effective planning of interventions, practices, services, and supports that recognize and respond to the varying impacts of traumatic stress on children, youth, NMDs, and families. The CFT meeting is the primary way in which the CFT typically conducts and coordinates its work.

**Dispo/Juris** – Disposition (Dispo) and Jurisdiction (Juris) Hearings are often held together; however, they have separate functions. Jurisdiction Hearings determine whether abuse and neglect allegations are true and if intervention is warranted under W&IC 300. At a Disposition Hearing, the court determines a child's placement and establishes a service plan.

**Facilitator** – A neutral party trained in facilitation whose focus is to ensure that the primary voice and choice on the team is that of the youth and family, while upholding the needs of all team members. Through team coordination and meeting facilitation, the goal of the facilitator is to create a safe and trauma-sensitive place for processing and planning around team needs.

**Foster Care Placement** – 24-hour substitute care for all children placed away from their parent(s) or guardian(s) and for whom the state agency has placement and care responsibility (Section 1355.20 Code of Federal Regulations).

**ICPM** – The Integrated Core Practice Model (ICPM) defines the values, principles, and expectations for team-based practice behaviors and activities for all child welfare, juvenile probation, and mental health agencies, service providers, and community/tribal partners working with children, youth, NMDs, and families who are being served by more than one public agency.

**Integrated Training Guide (ITG)** – The Integrated Training Guide supports cross-system practice and service delivery by providing guidance and recommendations about a series of trainings that advance collaboration among child and family service agencies, affiliated human service organizations, families, tribes, and related support networks.

**Juvenile Probation Placement Unit** – The Juvenile Probation Placement Unit incorporates the screening, assessment, and placement of all wards ordered into a residential treatment facility (RTF), foster home, or relative/non-relative extended family member home. This also includes the monthly monitoring of wards in placement by officers who make on-site visits to the facilities and homes. Officers monitor the minor's progress, provide progress reports to the Court, and ensure the minor's safety while in placement.

**Parent Partners/Advocates** – Parent Partners/Advocates are key individuals who work with children and families within the public Child Welfare, Juvenile Probation, or Mental Health systems. Parent Partners/Advocates are past consumers or caregivers of past consumers and

can convey information on how systems and programs can instill the family-centered and family-driven philosophy and principles necessary to engage children, youth, and families.

Standards of Practice – Standards of Practice are the guidelines that govern how the workers in an organization function and how they do their work. Integrated standards of practice are the guidelines that govern how systems, organizations, agencies, communities, and tribes work together.

TDM – Team Decision Making (TDM) is one of four core strategies articulated in the Annie E. Casey Family to Family Initiative. TDM is a process of decision making that involves child welfare workers, resource parents, birth families, and community and/or tribal members in all placement decisions to ensure a network of support for children and the adults who care for them.

TIC – Trauma Informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Through a trauma-informed approach, people at all levels of an organization or system understand how trauma can affect families, groups, organizations, and communities as well as individuals. People's experience and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances. Through trauma-informed care, importance is placed on partnering and everyone involved has a role to play.

## **Materials Check List**

Blue tape (2 rolls)	Name tents
Pencils	Evaluations
Markers	Post Tests
Post-it notes (assorted 3 x 5)	Learning tools
Highlighters	Snacks
Flipcharts	LCD Projector

## Lesson Plan Day 1

Segment	Methodology and Learning Objectives
<b>Day 1, Segment 1</b> <b>30 min</b> <b>9:00 – 9:30 a.m.</b>  Welcome, Introductions, Purpose of Training, and Agenda	<b>Lecture</b> <b>Activity 1A</b> Find Something in Common PowerPoint slides: 1-3 Learning Objective(s): 1 Training Standard(s): N/A
<b>Day 1, Segment 2</b> <b>55 min</b> <b>9:30 – 10:30 a.m.</b>  The Historical Context of Team- Based Practices	<b>Lecture</b> PowerPoint slides: 4-7 Learning Objectives: 1, 3, 4 Training Standard(s): 1A-J
<b>10:30 – 10:45 a.m.</b> <b>15 min</b> <b>BREAK</b>	
<b>Day 1, Segment 2 Continued</b> <b>55 min</b> <b>10:45 – 11:30 a.m.</b>  Historical Context of Child and Family Teams (CFTs)	<b>Lecture</b> PowerPoint slides: 8-9 Learning Objectives: 1, 3, 4
<b>Day 1, Segment 3</b> <b>235 min</b> <b>11:30 a.m. – 3:25 p.m.</b> (includes lunch and afternoon break)	<b>Lecture</b> PowerPoint slides: 10-13 Learning Objectives: 2, 3A, 4, 5, 5A, 5B, 5E, 9A-B Training Standard(s): 2B, 2D, 3A-I
CFT Foundations	

**12:00 – 1:00 p.m.**

**60 min**

**LUNCH**

**Day 1, Segment 3 Continued**

**235 min**

**11:30 a.m. – 3:25 p.m.**

CFT Foundations

**Activity 3A**

Family Panel

PowerPoint slide: 14

Learning Objective(s):

**Lecture**

PowerPoint slide: 15

Learning Objectives: 3B, 2, 3C-E, 6

Training Standard(s): 2D, 2E, 5B-H

**Activity 3B**

Activity 3C CFT Timelines

PowerPoint slides: 16-17

Learning Objectives: 4A-B

**Lecture**

PowerPoint slides: 18-26

Learning Objectives: 7, 10

Training Standard(s): 2A 2B, 2F, 4B-I

**Activity 3C/Lecture**

Review Example CFT Integrated Plan

PowerPoint slide: 27

Learning Objectives: 4G-H

Training Standard(s): 2C, 2G-O

**Activity 3D**

Integrate the Plan

PowerPoint slide: 27

Learning Objectives: 4G, 4I

**Lecture**

PowerPoint slide: 28

Learning Objectives: 4C, 3F, 5F, 8

Training Standard(s): 2A, 4A



**Day 1, Segment 3 Continued**  
**235 min**  
**11:30 am – 3:25 pm**

CFT Foundations

**Activity 3E**

CFT Members  
 PowerPoint slides: 29-30  
 Learning Objectives: 5C, 5D

**Lecture**

PowerPoint slide: 31  
 Learning Objectives:  
 Training Standard(s): 2D

**Activity 3F**

Share Local Examples of CFT integration  
 PowerPoint slide: 32

**2:10 – 2:25 p.m.**

**15 min**

**BREAK**

**Day 1, Segment 3 Continued**  
**235 min**  
**11:30 a.m. – 3:25 p.m.**

CFT Foundations

**Activity 3G**

Fishbowl CFT Meeting  
 PowerPoint slide: 33

**Activity 3H**

Practice Role Play CFT Meeting  
 PowerPoint slide: 34

**Day 1 Segment 4**  
**35 min**  
**3:25 – 4:00 p.m.**

Post Test, Evaluation, and  
 Closing

**Activity 4A**

Post-It Note Test Prep  
 PowerPoint slide: 35  
 Learning Objectives: N/A

**Activity 4B**

Complete Post Test  
 PowerPoint slide: 35  
 Learning Objectives: N/A

**Lecture**

Slide 36  
 Learning Objectives: N/A

## Day 1 Segment 1: Welcome and Introductions to the Training

<b>Estimated Time:</b>	20-30 minutes
<b>Trainee Content:</b>	Agenda (page 7 in the Trainee's Guide) Learning Objectives (page 9 in the Trainee's Guide)
<b>Materials:</b>	Chart pad, markers, and tape (if doing group agreements) Domain Cards
<b>Slides:</b>	1-3

### Description of Activity:

The trainer will conduct an introductory activity including a review of the agenda and the "Find Something in Common" icebreaker.

#### Before the activity

- ❑ Ensure seating at groups is diverse as possible (i.e. each table has social worker, teacher, parent partner, therapist, probation officer, CASA, etc.)
- ❑ Decide whether you will establish group agreements as part of this activity. If you plan to develop group agreements, prepare your chart pad in advance with some initial agreements such as starting and ending on time, sharing the floor, etc. Leave space for the group to develop their own group agreements.
- ❑ Make sure you have enough sets of Domain Cards for all the trainees at the tables.

#### During the activity

- ❑ Welcome the participants to the training and introduce yourself. Slide 1

**Training Tip:** The purpose of this activity is not only to build the comfort level in the room but also to model people getting to know one another beyond their job descriptions, and establish a culturally aware, competent, and respectful environment, such as should team members in the CFT process.

- ❑ If needed, discuss logistics related to the training site (cell phones off, breaks, parking, bathrooms). Slide 1



- ❑ Provide an overview of the training purpose and learning objectives. Slides 2-3

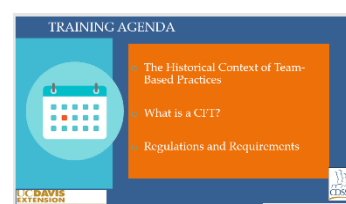


- ❑ If you are doing group agreements, go over the basic group agreements included on the slide and use chart pad paper to add agreements or modify the one provided. Slide 3

**Training Tip:** The purpose of this activity is not only to build agreements on participation for the training day, but also to model the CFT meeting structure “Defining Team Agreements.” Trainer can point out similarities, emphasizing the importance of partnering and recognizing that everyone has a role to play in a trauma-informed approach. The Team Agreement in CFTs also highlight the collaboratively shared design, delivery, and management of services to children, youth, NMDs, and families in care.

Offer the following brief explanations of the group agreements<sup>3</sup> as needed (this will depend on whether this group has already worked to establish group agreements). This activity provides a model for the group work social workers will do with child and family teams, so you may wish to make that connection as well.

- **Collaboration** – We need partnership to have engagement, and that works best if we trust each other and agree that we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers must be able to foster collaboration to complete a thorough assessment of the situation. Families need to feel physical and psychological trust



<sup>3</sup> Shared by trainer Betty Hanna

before they examine themselves honestly and look at a problem and their part in it.

- **Ask Lots of Questions** – Point out that the trainer can't make the training relevant for each person because there are many people in the room with different experiences and different needs. Participants must make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.
- **Be Open to Trying New Things** – As professionals, we may feel more comfortable and competent with what we know. We may not like when new things come along. Sometimes it feels uncomfortable to try new things, so we tend to back away from the new thing, telling ourselves things like "she doesn't know what she's talking about; she has never worked in our community with the people we work with." But to learn something new, we must go through the uncomfortable stage to get to where it feels natural and comfortable. With this group agreement, they agree to try new things even if they feel uncomfortable.
- **Make Mistakes** – When we make mistakes, we may feel discouraged. But if we are going to learn new things, we must make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don't want to be. Growth requires that we are open to changing our minds based on new information received. We must be willing to put our own ideas aside to fully hear the views of others.
- **Confidentiality** – Information about families or other trainees shared in the training room should be kept confidential.
- **Be Responsible for Your Own Learning** – As adult learners, we realize you come with knowledge, skills, and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite eLearning or classroom trainings. Set aside this day for your learning; please do not bring work into the classroom. This is distracting to other participants and to the trainer/facilitator. This includes being on time, sharing the floor, and cell phones off.

### Transition to the next segment

- ❑ Move on to the next segment: The Historical Context of Team-Based Practice

## Day 1 Segment 2: The Historical Context of Team-Based Practices

<b>Estimated Time:</b>	105 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	4-9

### Description of Activity:

The trainer will present a historical context of California's service to children, youth, NMDs and families over the years, ultimately leading to Continuum of Care Reform (CCR).

### Before the Activity

- ☐ Ensure that all Trainees have a copy of the PowerPoint

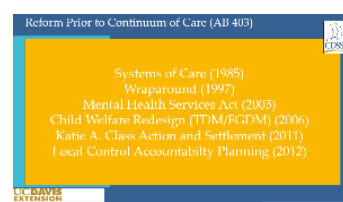
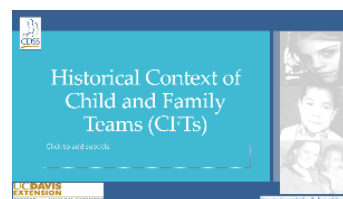
### During the activity

- ☐ Group Discussion on how trainees have experienced California's delivery of services over time. Lecture on system reform prior to CCR. Slides 4-5

**Training Tip:** Trainer facilitating this dialogue should understand that this discussion is intended to help trainee connect their hopes for system improvement in their community to the current initiatives.

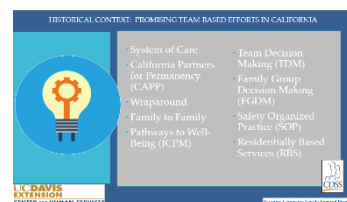
Questions the facilitator may use to complete the dialogue are:

- What are some of the recent system improvements you have seen that are effective?
- Why do you believe these changes were made?
- How does a trauma-informed approach affect the system?
- What were some of the faults or missed opportunities that were missed prior to these system improvements?

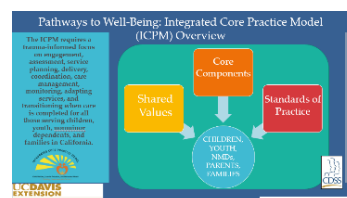


- ❑ Lecture on California's promising team-based efforts. Group discussion identifying promising practices within these team-based efforts. Slide 6

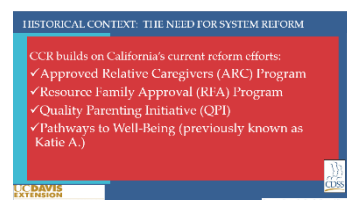
**Training Tip:** One of the purposes for this dialogue is to show the progression of child and family teams as a promising practice. Trainer can identify common values and practices across team-based efforts.



- ❑ Review Pathways to Well-Being: Integrated Core Practice Model (ICPM) Overview. Slide 7



- ❑ Introduce and discuss need for system reform. Review Goals and purpose of CCR. Slides 8-9



## Transition to the next segment

- ❑ Move on to the next segment: Child and Family Team (CFT) Foundations

## Day 1 Segment 3: Child and Family Teams (CFTs)

<b>Estimated Time:</b>	235 minutes
<b>Materials:</b>	Chart pad, markers, tape, CFT, Cheat Card
<b>Slides:</b>	10-34

### Description of Activity:

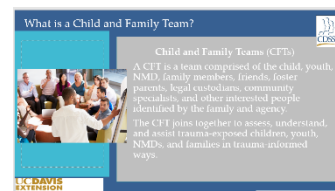
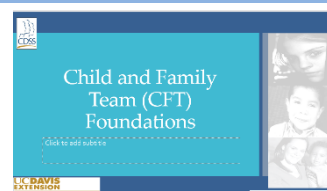
The trainer will conduct an introduction and basic foundation for the child and family team (CFT).

### Before the Activity

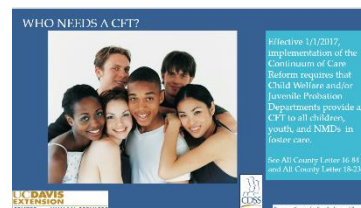
- ☐ Ensure that all Trainees have a copy of the PowerPoint
- ☐ Coordinate and invite a CFT to join the training and share their experience of CFT. CFT members at minimum should include Youth, Parent, Social Worker/Probation Officer, Therapist, Natural support, and may include others. Prior to starting this activity, the trainer should explain confidentiality and protocol for mandated reporting. Also prior to the training, the trainers should meet with the CFT, including the youth and family, to explain the panel and answer any questions they may have.
- ☐ Setup room for fishbowl model CFT meeting. Design a simple vignette to distribute and use for fishbowl CFT example showcase.

### During the activity

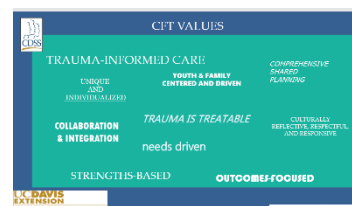
- ☐ Trainer introduces CFTs. Share examples of child and family teams and success. Slides 10-11



- Review the targeted population for CFTs, lecture on reasons for this mandate. Slide 12



- Introduce and define CFT Values. Share examples of each value. Ask trainees to choose one or two CFT values that they believe are important and discuss with a partner why they think those values are important to CFT practice. Slide 13



**Training Tip:** Trainer should review the definitions of each value and provide examples of those values being implemented. Trainees will have varying levels of understanding with the values. Trainer should ensure that all trainees have foundational understanding of the values and how they are implemented in a manner that is trauma-informed, culturally respectful, and permanency focused.

- Complete CFT panel, facilitate questions, and answer between CFT and trainees. Slide 14

**Training Tip:** This activity needs to be monitored; youth and family members on the panel are current or past consumers, so emotions may be high, and the facilitator should be ready to intervene as needed. The panel agenda should follow the below format:



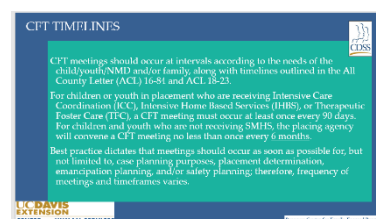
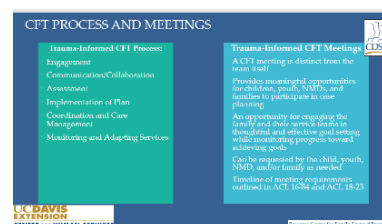
- Before panel members enter the room, trainer should review confidentiality and mandated reporting process
- Before panel members enter the room, trainer should request that utmost respect to be given to the family and their process.
- The family and supporting team members – such as past worker or parent partner – may introduce the family and initiate their story.
- Family should be prepared to share their journey into, out of, and during, their CFT process.
- Question and answer (Q&A) should be left until the end of the family's story.



- Trainers should facilitate Q&A and help move the process along.
  - Try to encourage discussion and examples of how trauma is treatable during discussion or Q&A.
- Introduce CFT process and the purpose of CFT meetings. Slide 15


**Training Tip:** Be sure to emphasize the importance of a personalized and individualized CFT process – which includes a skilled facilitator, a broad array of professionals, paraprofessional services, and community members to partner together to address the needs of the child, youth, NMD, family, and the placing agency. Trainer should ensure that all trainees have foundational understanding of the importance of embedding trauma-informed care as a core practice in the CFT process.

- Review CFT Timelines, reference ACL No. 16-84 and ACL No. 18-23, and expectations included. Complete CFT timelines handout. Have trainees fill out the form and share with their group. Trainer should answer any questions or concerns related to the CFT timeline. Trainer should also review local policy and expectations related to CFT timelines. Slides 16-17



- Introduce and lecture on CFT meeting structure. Provide examples and answer any questions related to CFT meeting structure. Slides 18-26

**CFT MEETING STRUCTURE**




- Greetings and Agenda
- Confidentiality and Team Agreements
- CFT Vision and CFT Meeting Purpose
- Identification of Strengths and Needs (including, but not limited to, the Child and Adolescent Needs and Strengths Tool)
- Goals
- Brainstorming Ideas
- Action Plan
- Evaluation

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**CFT MEETING STRUCTURE**

**Greetings and Agenda**




- **Start of Meeting**
  - The meeting should not be the first time the child, youth, or NMD meets team members; team members should meet child, youth, or NMD prior to the CFT meeting.
- **Location of Team**
  - Team members to play well on videotaping
  - CFT is an option that everyone has, a place to play to a known structured approach
- **Structure Agenda prior to CFT meeting**
  - Agenda reviewed and adjusted to the CFT meeting
  - Integrated Agenda
  - Includes: Child and Adolescent Needs and Strengths (CANS) tool (in some cases, the Life and Strengths Domains)

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**CFT MEETING STRUCTURE**

**Confidentiality and Team Agreements**




- NRC code, Section 822(a)
- Memorandum of Understanding (MOU)
  - Outlines the collaborative shared design, delivery, and management of services to children, youth, NMDs, and families in care
- Team Rules/Agreements for CFT membership relationship
- Team Contract/Behavioral Expectations for CFT meetings (Release of Information form) (CAL 18-99)

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**CFT MEETING STRUCTURE**

**CFT Vision**




- **CFT Vision:** The team defines its purpose, goals, and objectives. The team shares responsibility to assess, plan, intervene, monitor, and refine services over time.
- *Example: Dora and his family will feel safe, supported, and will understand the CFT process and develop flexible plan.*

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**CFT MEETING STRUCTURE**

**Strengths**




- Use of CANS tool to identify strengths
- Functional Strengths
  - Layers of a strengths based approach
    - Related to the resilience and ability of individuals to heal from trauma
    - Strengths to overcome circumstances
    - Strengths to live in L.P.'s process
    - Strengths to be used to complete action items
  - Strengths of all team members are used in action planning

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**CFT MEETING STRUCTURE**

**Needs**




- Prior to assessment and indicators are understood in the context of ongoing strategies designed to meet children and overwhelming circumstances
- Use of CANS tool to identify needs
- Needs can be underlying conditions or causes for behavior
  - Examples of needs:
    - Safety: neglect, restriction, being heard
    - Integrated concerns (include all team members)
    - Concerns across the lifespan
    - Function: child, youth, NMD, parent, family needs

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**CFT MEETING STRUCTURE**

**Brainstorm Ideas**




- The CFT strives to understand and assist trauma exposed children, youth, NMDs, and families via trauma-informed practice
- Implementing ideas to complete tasks and/or meet needs
  - Child Youth NMD Family Youth is explored and positioned
- Using detail to
  - Trauma-informed
  - Strength-based
  - Child/Parent/Family driven
  - Culturally aware, Competent, and Respectful
  - Family Driven
  - Team Driven
  - Developmentally informed

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**CFT MEETING STRUCTURE**

**Evaluation**

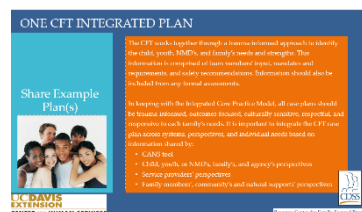


- Authentic Voice and Choice
- Leveraging of Power within the CFT
- Check in on
  - Strengths and Areas of Growth of CFT meeting
  - Strengths and Areas of Growth of CFT processes

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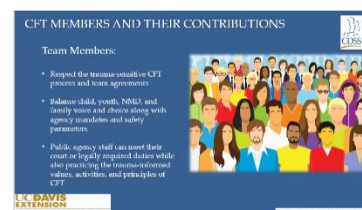
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- Lecture and discuss CFT integrated planning. In table groups, review example CFT Integrated Plan. Trainees should review the example plan and identify the following elements: team members, strengths, needs, and action items. Lastly, trainees should work together to complete CFT Activity 3D: Integrate the Plan. To do this, have the groups review items that need to be integrated and then build 1 action plan that meets all concerns described. Slide 27

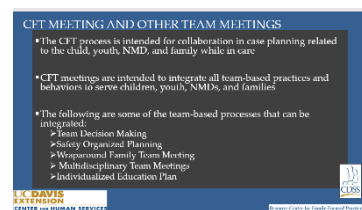


- Lecture and review roles and expectations for various team members on a CFT. In table groups, work together to list all the possibilities of potential team members (i.e., social worker, probation officer, therapist, teacher, pastor, coach, uncle, best friend, girlfriend, neighbor, etc.) Encourage participants to list as many as possible. Slides 28-30

**Training Tip:** Ensure that students are not just listing participants and roles, but also discussing the individual strengths and unique value each of those team members bring to the team. Additionally, ensure there is an understanding of a leveling of power between professionals on the team and the child, youth, NMD, and families, recognizing that everyone has a role to play in a trauma-informed approach.



- Lecture on CFT and its integration of other team-based meetings. Share local policy and expectations of integration. Provide detailed examples of how CFT integrates practices to have one convening process to support children, youth, NMDs, and families. Slides 31-32



- Using vignette and volunteers from the class, facilitate a mini model CFT meeting. Assign roles to play and showcase the values and CFT meeting structure. After modeling the CFT meeting, process the activity with the class. Use the following questions to facilitate the discussion:

- How might you see a process like this one benefiting services delivery for children and families?
- Did the class see the benefit of youth and family voice and choice?
- Were there trauma-informed skills that supported integration?

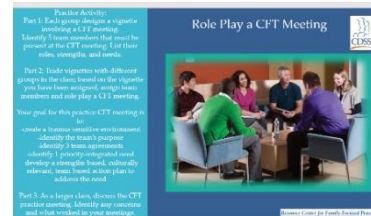
Open up for audience questions. Slide 33



- Facilitate the table groups at completing their own mini role play of CFT meeting. Each group designs a vignette of a situation that needs a CFT meeting. Groups should identify 5 team members that must be present at the CFT meeting, list their roles, strengths, needs and concerns. Once vignettes are complete, the groups should trade vignettes. Then based on the vignette received, each table should assign team members and role play that CFT meeting. The goal for this practice CFT meeting is to:

- identify team purpose
- identify 3 team agreements
- identify 1 priority-integrated need
- develop a strengths-based, culturally relevant, team-based action plan to address the need

- Lastly, as a larger class, discuss the CFT practice meeting. Identify any concerns and what worked in the CFT meetings. Slide 34



## Transition to the next segment

- Move on to the next segment: Training Evaluation, and Closing

## Day 1 Segment 4: Post Test, Evaluation, and Closing

<b>Estimated Time:</b>	35 minutes
<b>Materials:</b>	Chart pad, markers, tape, CFT, Cheat Card
<b>Slides:</b>	35-36

### Description of Activity:

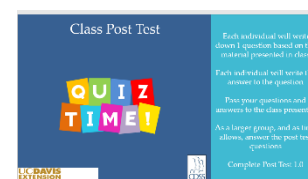
The trainer will conduct training post test, evaluation, and close the class.

### Before the Activity

- ☐ Ensure there are Post-it notes on the tables, enough for each trainee to use one of them.
- ☐ Pass out CFT Post Test
- ☐ Pass out CFT Class Evaluation

### During the activity

- ☐ Facilitate group discussion on post test, class-driven questions. Have everyone in the class write down 1 question and answer that someone attending this class should be able to answer. Pass the questions and answers to the trainer; as a larger group, answer as many of these post test questions as possible. Then pass out CFT post test and complete actual CFT post test. Slide 35
- ☐ Facilitate the completion of class evaluation and close the class by answering questions and informing the class about future opportunities for additional CFT Trainings. Slide 36



## Lesson Plan Day 2

Segment	Methodology and Learning Objectives
<b>Day 2, Segment 1</b> <b>20 min</b> <b>9:00 – 9:20 a.m.</b>  Welcome, Introductions, Purpose of Training, and Agenda	<b>Lecture</b> PowerPoint slides: 38-40 Learning Objectives:
<b>Day 2, Segment 2</b> <b>60 min</b> <b>9:20 – 10:20 a.m.</b>  Practice Engagement	<b>Activity 2A</b> Practice Engagement PowerPoint slide: 41 Learning Objectives:
<b>10:20 – 10:35 a.m.</b> <b>15 min</b> <b>BREAK</b>	
<b>Day 2, Segment 3</b> <b>60 min</b> <b>10:35 – 11:35 a.m.</b>  Practice Fidelity to Child and Adolescent Needs and Strengths (CANS)	<b>Activity 3A/Lecture</b> Practice Fidelity to Child and Adolescent Needs and Strengths (CANS) PowerPoint slide: 42 Learning Objectives: 9C, 11 Training Standard(s): 2A
<b>Day 2, Segment 4</b> <b>60 min</b> <b>11:35 a.m. – 12:35 p.m.</b>  Practice Building Teams	<b>Lecture</b>  <b>Activity 3A</b> Practice Building Teams PowerPoint slide 43 Learning Objective(s): 8
<b>12:35 – 1:35 p.m.</b> <b>60 min</b> <b>Lunch</b>	
<b>Day 2, Segment 5</b> <b>60 min</b> <b>1:35 – 2:35 p.m.</b>  Practice Shared Development	<b>Lecture</b>  <b>Activity 4A/Lecture</b> Practice Shared Development PowerPoint slide: 44 Learning Objective(s): 9, 9A, F Training Standard(s): 5A

Segment	Methodology and Learning Objectives
	2:35 – 2:50 p.m. 15 min BREAK
<b>Day 2, Segment 6</b> <b>60 min</b>	<b>Lecture</b>
<b>2:50 – 3:35 pm</b>	<b>Activity 5A</b> Practice Communication PowerPoint slide 45
Practice Communication <b>Day 2 Segment 7</b>	Learning Objective(s): <b>Lecture</b>
<b>25 min</b> <b>3:35 – 4:00 p.m.</b>	PowerPoint slide 46 Learning Objectives: N/A
Evaluation and Closing	



## Day 2 Segment 1: Welcome and Introductions to the Training

<b>Estimated Time:</b>	15-20 minutes
<b>Trainee Content:</b>	Agenda (page 8 in the Trainee's Guide) Learning Objectives (page 9 in the Trainee's Guide)
<b>Materials:</b>	Chart pad, markers, and tape (if doing group agreements) Domain Cards
<b>Slides:</b>	38-40



### Description of Activity:

The trainer will conduct review of the agenda and learning objectives, focusing on practice and development of team-based skills.

#### Before the activity

- ❑ Ensure that seating of groups is as diverse as possible (i.e. each table has social worker, teacher, parent partner, therapist, probation officer, CASA, etc.)
- ❑ Decide whether or not you will establish group agreements as part of this activity. If you plan to develop group agreements, prepare your chart pad in advance with some initial agreements such as starting and ending on time, sharing the floor, etc. Leave space for the group to develop their own group agreements.
- ❑ Make sure you have enough sets of Domain Cards for all the trainees at the tables.

#### During the activity

<ul style="list-style-type: none"> <li>❑ Welcome the participants to the training and introduce yourself. Slide 38</li> <li>❑ If needed, discuss logistics related to the training site (cell phones off, breaks, parking, bathrooms).</li> </ul>	
<ul style="list-style-type: none"> <li>❑ Provide an overview of the training purpose and learning objectives. Slides 39-40</li> </ul>	

- ❑ If you are doing group agreements, go over the basic group agreements and use chart pad paper to add agreements or modify the one provided.

Offer the following brief explanations of the group agreements<sup>4</sup>, as needed (this will depend on whether this group has already worked to establish group agreements). This activity provides a model for the group the work social workers will do with child and family teams, so you may wish to make that connection as well. Emphasize the importance of a trauma-informed environment in which interventions can be effectively implemented.

- **Collaboration** – We need partnership to have engagement, and that works best if we trust each other and agree that we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families, as they are the experts on their family. Social workers must be able to foster collaboration to complete a thorough assessment of the situation. Families need to feel physical and psychological trust before they honestly examine themselves and look at their part in a problem.
- **Ask Lots of Questions** – Point out that the trainer can't make the training relevant for each person, because there are many people in the room with different experiences and different needs. Participants must make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.
- **Be Open to Trying New Things** – As professionals, we may feel more comfortable and competent with what we know. We may not like it when new things come along. Sometimes it feels uncomfortable to try new things, so we tend to back away from the new thing telling ourselves things like “she doesn't know what she's talking about; she has never worked in our



<sup>4</sup> Shared by trainer Betty Hanna

community with the people we work with.” But to learn something new we have to go through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this group agreement, they agree to try new things even if they feel uncomfortable.

- **Make Mistakes** – As professionals, when we make mistakes, we may feel discouraged. But if we are going to learn new things, we must make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don’t want to be. Growth requires that we are open to changing our minds based on new information received. We must also be willing to put our own ideas aside to fully hear the views of others.
- **Confidentiality** – This is just a reminder that information about families or other trainees shared in the training room should be kept confidential.
- **Be Responsible for Your Own Learning** – As adult learners we realize you come with knowledge, skills, and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite e-learning or classroom trainings. Set aside this day for your learning; please do not bring work into the classroom, as this is distracting to other participants as well as to the trainer/facilitator. This includes being on time, sharing the floor, and cell phones off.

### Transition to the next segment

- Move on to the next segment: Practice Engagement

## Day 2 Segment 2: Practice Engagement

<b>Estimated Time:</b>	60 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	41

### Description of Activity:

The trainer will conduct skill practice on engagement.

### Before the Activity

- ☐ Ensure that all trainees have a copy of the PowerPoint
- ☐ Provide flip chart paper for each group and markers
- ☐ Ensure that all trainees have CFT journal page

### During the activity

- ☐ Complete skills prep activity. Each group will construct a 3-5 sentence vignette in which a CFT meeting has team member(s) feeling disengaged. Slide 41

**Training Tip:** Trainees may struggle with developing a vignette. Trainees may be focused on too much detail or not enough detail. Trainer should aid groups that are struggling to generate ideas. Trainees develop vignettes during the class to take their learning to higher levels such as critical thinking and analysis. Vignettes should answer at minimum the following questions:

- How did the family get into the system and what is the child, youth, NMD's, and family's trauma history?
- What agency is carrying the youth and family?
- What are the strengths?
- What are the current concerns and needs?
- Who is involved in the CFT?
- What causes them to be disengaged in the CFT and/or CFT meeting?
- Based on this child, youth, NMD's, and family's trauma history, how can the CFT establish a safe setting?



- ❑ Complete skills practice activity. Each group trades vignettes with a different group. Identify 5 skills for engaging the person(s) who are disengaged. Slide 41

**Training Tip:** Trainees may focus on a detail that is missing or should not be there. The trainer should encourage team members to make up missing information. Trainers should give examples of engagement strategies:

- Change the location
  - Ensure Youth, Parent, Family, Voice
  - Remind team members of how trauma-informed care changes engagement, planning, and communication.
- ❑ Complete skills practice discussion. As one larger group, review each vignette scenario and share engagement strategies. Slide 41

**Training Tip:** The purpose of this activity is for trainees to increase their engagement strategies.

- ❑ Complete skills reflection. Each trainee as an individual completes CFT Journal Entry #1, in which they should identify 3 skills discussed in the class that they would like to add to their tools to use. Slide 41

### Transition to the next segment

- ❑ Move on to the next segment: Practice Fidelity to Child and Adolescent Needs and Strengths (CANS)

## Day 2 Segment 3: Practice Fidelity to Child and Adolescent Needs and Strengths (CANS)

<b>Estimated Time:</b>	60 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	42

### Description of Activity:

The trainer will conduct skill practice and fidelity with CANS.

#### Before the Activity

- ☐ Ensure that all trainees have a copy of the PowerPoint
- ☐ Provide flip chart paper for each group and markers
- ☐ Ensure that all trainees have CFT journal page

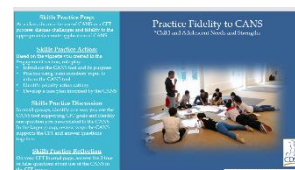
#### During the activity

- ☐ Complete skills prep activity. Facilitate a full class discussion on what the CANS is and how it is used as a tool in the CFT process. Discuss importance of fidelity. Slide 42

**Training Tip:** Trainer should be prepared to do a walkthrough of the CANS tool, answer questions on how to complete CANS and how the CANS and SDM interact. It is encouraged that the Trainer be CANS Certified.

- ☐ Complete skills practice activity. Using vignettes designed in Engagement Practice assign roles and role play (Slide 42):
  - (1) Introduce the CANS tool. Team members share input to inform the CANS tool assessment.
  - (2) Identify highest priority need of the CANS tool.
  - (3) Develop an action plan around CANS planning area.

**Training Tip:** Trainer should make it clear that the CANS is a tool to augment the CFT discussion. Additionally, the trainer should emphasize the CFT informs and updates the CANS, supporting children, youth, NMDs, and families – and in no way should the CANS discussion supersede or discount the voice of the child, youth, NMD, parent, or family members. The purpose of this activity is to provide practice and coaching from the trainer to the trainee so that they have basic understanding on how to use the CANS to help guide the CFT assessment.



- ❑ Complete skills practice discussion. In small groups, identify one way that you see CANS tool supporting CFT and identify one question you have related to CANS Tool. In the larger group, review ways that the CANS Tool supports CFT and answer questions together. Slide 42
- ❑ Complete skills reflection. Each trainee completes CFT Journal Entry #2, in which trainees should answer the following questions about CANS tool use in CFT process.
  - (1) The data gathered from the CANS is the only information used to build the CFT Case Plan? True/False
  - (2) The CANS data can only be shared with a licensed administrator and the child's therapist. True/False.
  - (3) The CANS and the TOPS are the two required assessment tools used with all children in care. True/False.Slide 42

### **Transition to the next segment**

- ❑ Move on to the next segment: Practice Building Teams.

## Day 2 Segment 4: Practice Building Teams

<b>Estimated Time:</b>	60 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	43

### Description of Activity:

The trainer will conduct skills practice for building child and family teams.

#### Before the Activity

- ☐ Ensure that all trainees have a copy of the PowerPoint
- ☐ Provide flip chart paper for each group and markers
- ☐ Ensure that all trainees have CFT journal page

#### During the activity

- ☐ Complete skills prep activity in table groups. Trainees should discuss the types of team members that could participate on a CFT. Table groups should choose 1 person from pop culture that all team members know to work with for the next activities. Slide 43

**Training Tip:** Trainees traditionally identify a small number of team members, such as the youth, parent, and social worker. The trainer should encourage the trainees to identify team members based on the life domains of concern. Best practice encourages a 60% informal and 40% formal person representation of the CFT.

- ☐ Complete skills practice activity. Brainstorm as many team members for the pop culture person as possible. Trainees should try to get at least 13 people. Secondly, trainees should list reasons why people might choose to not participate on a CFT; choose the top 3 reasons for lack of participation. Lastly, trainees should choose a partner and discuss what can be done to increase engagement of team members (including the youth, family, and others). Slide 43





**Training Tip:** Trainees may question the safety or reasoning of a team member's participation. Trainer should field questions such as these and encourage the team to negotiate safety ahead of time and point out how personal bias may need to be managed with team member participation. Trainer should encourage the team to ensure trauma-informed values, such as cultural humility and cultural competence, are considered when assessing team member participation.

- ❑ Complete Skills Practice Discussion. As one large group, share each group's team member list and (for fun) identify who has the most. Slide 43
- ❑ Complete Skills Reflection. Each trainee as an individual complete CFT Journal Entry #3, in which they will identify 3 types of team members that they think would be most important to have on a CFT, excluding Social Worker, Probation Officer, Youth, Therapist or Parent. Slide 43

#### Transition to the next segment

- ❑ Move on to the next segment, Practice Shared Development.

## Day 2 Segment 5: Practice Shared Development

<b>Estimated Time:</b>	60 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	44

### Description of Activity:

The trainer will conduct skills practice e for developing shared plans.

#### Before the Activity

- ☐ Ensure that all trainees have a copy of the PowerPoint
- ☐ Provide flip chart paper for each group and markers
- ☐ Ensure that all trainees have CFT journal page

#### During the activity

- ☐ Complete skills prep activity. In table groups, discuss the importance of Family, Parent, Youth (FPY) voice and choice in defining the team's purpose in the context of trauma-informed care. Identify 5 agency mandates that appear to conflict with FPY voice and choice. Slide 44
- ☐ Complete skills practice activity. Trade 5 agency concerns with different tables, then go through all 5 conflicts and brainstorm potential common ground that planning might begin on. Peer Partner and choose the conflict that you see happening the most. With your partner, practice talking through the conflict as a parent or youth and an agency worker, with a trauma-informed approach. Practice suspending judgment and seeking common ground. Slide 44

**Training Tip:** Trainees may find it difficult to understand the child/youth/NMD/parent perspective. Trainer should be ready to lecture on needs, and explain when teams get to the needs level, there is usually more opportunity for shared development, shared responsibility, and shared implementation of CFT planning.

- ☐ Complete skills practice discussion. In groups, discuss the impact of the time when teams missed the opportunity to find common ground and instead moved into judgment or blame. Discuss the necessity of ensuring that services and supports are delivered in a manner that is trauma-



informed, culturally competent, and permanency focused.  
Slide 44

- ❑ Complete skills reflection. Complete CFT Journal Entry #4. Write a journal entry describing where you see yourself immovable and unable to find common ground. Include how you personally feel and how you have tried to remedy the situation in a past circumstance. Slide 44

### **Transition to the next segment**

- ❑ Move on to the next segment: Practice Communication.

## Day 2 Segment 6: Practice Communication

<b>Estimated Time:</b>	60 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	45

### Description of Activity:

The trainer will facilitate Trainees at practicing skills for collaboration and communication.

#### Before the Activity

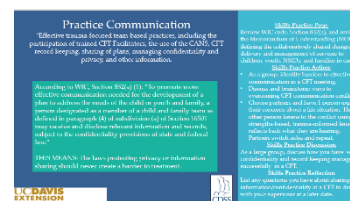
- ☐ Ensure that all trainees have a copy of the PowerPoint
- ☐ Provide flip chart paper for each group and markers
- ☐ Ensure that all trainees have CFT journal page

#### During the activity

- ☐ Complete skills prep activity. In table groups, review WIC code, Section 832(a), and review the Memorandum of Understanding (MOU), defining the collaboratively shared design, delivery and management of services to children, youth and families in care. Slide 45

**Training Tip:** The purpose of this activity is to ensure staff know how to share information amongst team members in a respectful and trauma-focused manner. Trainer may review the WIC code aloud.

- ☐ Complete skills practice activity. In table groups, identify barriers to effective communication in a CFT meeting. Discuss and brainstorm ways to overcoming CFT communication conflicts. Choose partners and have 1 person express their concerns about any particular situation in life. The other person listens to the conflict using a strengths-based, trauma-informed lens and reflects what they hear. Partners switch sides and repeat. Slide 45
- ☐ Complete skills practice discussion. As one large group, discuss examples in which confidentiality and record keeping are managed successfully in a CFT. Slide 45



- ❑ Complete Skills Reflection. Complete CFT Journal Entry #5, write a journal entry describing where you see yourself immovable and unable to find common ground. Include how you personally feel and how you have tried to remedy the situation in a past circumstance. Slide 45

#### **Transition to the next segment**

- ❑ Move on to the next segment: Post Test, Evaluation, and Closing

## Day 2 Segment 7: Post Test, Evaluation, and Closing

<b>Estimated Time:</b>	35 minutes
<b>Materials:</b>	Chart pad, markers, tape, CFT, Cheat Card
<b>Slides:</b>	46

### Description of Activity:

The trainer will conduct training post test, evaluation, and close the class.

### Before the Activity

- ☐ Ensure that there are Post-it notes on the tables, enough for each trainee to use one of them
- ☐ Pass out CFT Post Test
- ☐ Pass out CFT Class Evaluation

### During the activity

- ☐ Facilitate the completion of class evaluation and close the class by answering questions and informing the class about future opportunities for additional CFT Trainings. Slide 46



## Lesson Plan Day 3

Segment	Methodology and Learning Objectives
<b>Day 3, Segment 1</b> <b>20 min</b> <b>9:00 – 9:30 a.m.</b>	<b>Lecture</b> PowerPoint slide: 48 Learning Objectives:
Welcome, Introductions, Purpose of Training, and Agenda	PowerPoint slides: 49-50
<b>Day 3, Segment 2</b> <b>60 min</b> <b>9:30 – 10:30 a.m.</b>	<b>Activity 2A /Lecture</b> <b>Practice Developing CFT Plans</b> PowerPoint slide: 51 Learning Objectives: 12 Training Standard(s): 6A-I
Practice Developing Culturally Relevant, Trauma-Informed, and Developmentally Appropriate Case Plans	
<b>10:30 – 10:45 a.m.</b> <b>15 min</b> <b>BREAK</b>	
<b>Day 3, Segment 3</b> <b>60 min</b> <b>10:45 a.m. – 12:00 p.m.</b>	<b>Activity 3A/Lecture</b> CFT Simulation Meeting PowerPoint slide: 52 Learning Objectives:
Role Play a CFT Meeting	
<b>12:00-1:00 p.m.</b> <b>60 min</b> <b>LUNCH</b>	
<b>Day 3, Segment 3</b> <b>60 min</b> <b>1:00 – 2:00 p.m.</b>	<b>Activity 4A</b> CFT Gone Right or Wrong Pictionary PowerPoint slide 53 Learning Objective(s):
CFT Expectations	
<b>3:05 -3:20 p.m.</b> <b>15 min</b> <b>Break</b>	
<b>Day 3 Segment 4</b> <b>25 min</b> <b>3:20 – 4:00 p.m.</b>	<b>Lecture</b> PowerPoint slide 54-55 Learning Objective(s):
Post Test, Evaluation and Closing	

## Day 3 Segment 1: Welcome and Introductions to the Training

<b>Estimated Time:</b>	15-20 minutes
<b>Trainee Content:</b>	Agenda (page 7 in the Trainee's Guide) Learning Objectives (page 9 in the Trainee's Guide)
<b>Materials:</b>	Chart pad, markers, and tape (if doing group agreements) Domain Cards
<b>Slides:</b>	48-50

### Description of Activity:

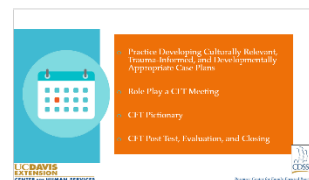
The trainer will conduct review of the agenda and learning objectives, focusing on skills building and practicing a CFT.

### Before the activity

- ❑ Ensure that seating at groups is as diverse as possible (i.e. each table has social worker, teacher, parent partner, therapist, probation officer, CASA, etc.)

### During the activity

- ❑ Welcome the participants to the training and introduce yourself. Slide 48
- ❑ If needed, discuss logistics related to the training site (cell phones off, breaks, parking, bathrooms). Slide 48
- ❑ Provide an overview of the training purpose and learning objectives. Answer questions from the previous day. Slides 49-50



### Transition to the next segment



## Day 3 Segment 2: Practice Developing Culturally Relevant, Trauma-Informed, and Developmentally Appropriate Case Plans

<b>Estimated Time:</b>	60 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	51

### Description of Activity:

The trainer will facilitate the trainees to build CFT plans that utilize formal and informal team members, their strengths, assess their needs, and respond to families in an individualized manner. Participants will demonstrate ability to leverage culturally respectful, responsive, and reflective interventions that are responsive to the needs of individuals served within case plans.

### Before the Activity

- ☐ Ensure that all trainees have a copy of the PowerPoint
- ☐ Provide flip chart paper for each group and markers
- ☐ Ensure that all trainees have CFT journal page

### During the activity

- ☐ Complete skills prep activity. As a larger group, review the community's local CFT case plan. Identify the areas in the plan for strengths, needs, goals, services, and action items. Then, using the pop culture persons from the potential team member section earlier, groups choose 1 major area to develop a plan around. Slide 51

**Training Tip:** Trainer should point out functional strengths and ensure needs are not being confused as strategies or services.

- ☐ Complete skills practice activity. Each group should practice building a CFT case plan for this person. Be sure to identify initial strengths, needs, and then assign identified strengths-based action items to team members. Slide 51
- ☐ Complete skills practice discussion. As a larger group, choose one pop icon from the class, identify one major need/concern, and then have each group write down their 3 most culturally relevant strategies to help the pop icon. Share your top three with the larger group. Slide 51
- ☐ Complete skills reflection. Each trainee completes CFT Journal Entry #6. Describe the difference between a need and a service or strategy. Slide 51



## Day 3 Segment 3: Role Play CFT Meeting

<b>Estimated Time:</b>	60 minutes
<b>Materials:</b>	Chart pad, markers, tape
<b>Slides:</b>	52-53

### Description of Activity:

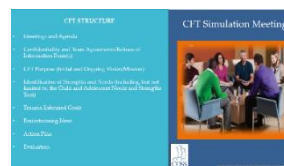
The trainer will facilitate the trainees to build CFT plans that utilize formal and informal team members, their strengths, assess their needs, and respond to families in an individualized manner. Participants will demonstrate ability to leverage culturally respectful, responsive, and reflective interventions that are responsive to the needs of individuals served within case plans.

### Before the Activity

- ☐ Ensure that all trainees have a copy of the PowerPoint
- ☐ Provide flip chart paper for each group and markers
- ☐ Prior to the training, coordinate to have past or current consumer parent and youth to act in a simulated CFT meeting. Prior to starting this activity, the trainer should explain confidentiality and protocol for mandated reporting. Also prior to the training, the trainer should meet with the CFT, including the youth and family, to explain the panel and answer any questions they may have.

### During the activity

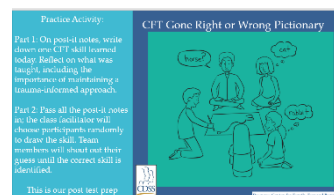
- ☐ Facilitate the table groups to complete a simulation CFT meeting. Groups should assign roles outside of the youth and parent/caregiver (assign a social worker/probation officer teacher, natural support, and therapist). Once team roles are assigned and families/consumers have joined tables, trainees should take 10 min to get to know the consumer. After introductions, trainees should hold a CFT meeting. The goal for this simulation CFT meeting is to:
  - identify team purpose
  - identify 3 team agreements
  - identify 1 priority-integrated need
  - develop a strengths-based, trauma aware, culturally relevant, team-based action plan to address the need
- ☐ Lastly, as a larger class, discuss the CFT practice meeting. Identify any concerns and what worked in the CFT meetings. Slide 52



**Training Tip:** The purpose of this activity is to get real-life practice at participating in a CFT meeting. Trainers should make sure that participants understand that they are not being evaluated on their skills, but rather being provided a safe, controlled opportunity to put their skills, knowledge, and learned attitudes to work in a realistic activity. Trainer may need to interject in simulated CFT meetings, as needed, to keep team on track.

- ❑ Trainer facilitates the whole class to play CFT Gone Right or Wrong Pictionary. Trainees use post-it notes, writing down a CFT skill covered in the class. Trainees then pass all the post-it notes in to trainer. Then the trainer will choose people randomly to draw the skill and team members will shout out their guesses until we get the correct skill.

Slide 53



## Transition to the next segment

- ❑ Move on to the next segment: Post Test, Evaluation, and Closing

## Day 3 Segment 4: Post Test, Evaluation and Closing

<b>Estimated Time:</b>	35 minutes
<b>Materials:</b>	Chart pad, markers, tape, CFT, Cheat Card
<b>Slides:</b>	54-55

### Description of Activity:

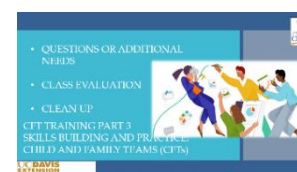
The trainer will conduct training post test, evaluation, and close the class.

### Before the Activity

- ☐ Ensure there are post it notes on the tables enough for each trainee to use one of them.
- ☐ Pass out CFT Post Test
- ☐ Pass out CFT Class Evaluation

### During the activity

- ☐ Facilitate class evaluation and close the class by answering questions and informing the class about future opportunities for additional CFT Trainings. Slides 54-55



## **Supplemental Handouts**

CFT Training Journal

Activity 3B: CFT Timelines

Activity 3C: Example CFT Integrated Plan

Activity 3D: Integrate the Plan

CFT Model Post Test

CFT Model Post Test Answer Key

## Appendix

[All County Letter \(ACL\) No. 16-84/Mental Health Substance Use Disorder Services \(MHSUDS\) Information Notice \(IN\) No. 16-049](#) Requirements and Guidelines for Creating and Providing a Child and Family Team October 7, 2016

[ACL No. 18-23](#) The Child and Family Team (CFT) Process Frequently Asked Questions (FAQs) and Answers, June 1, 2018

[ACL No. 17-11](#) Phase II Implementation of the Continuum of Care Reform (CCR) Home-Based Family Care (HBFC) and Short-Term Residential Therapeutic Program (STRTP) Rates Structure and Conversion Process from the Old Rate Structure to the New Rate Structure January 31, 2017

[ACL No. 17-104](#) Documentation of Child and Family Teams (CFTs) in the Child Welfare Services/Case Management System (CWS/CMS) December 4, 2017

[All County Information Notice \(ACIN\) No. I-21-18/MHSUDS IN No. 18-022](#) Integrated Core Practice Model and Integrated Training Guide May 18, 2018

[Assembly Bill No. 403](#) CHAPTER 773AB403

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