



**A14 Continuum of Care Reform: A County's
Experience Building Partnerships and Child
and Family Team Meetings, Part 1**

Wednesday, June 13, 2018 10:30 a.m. - 12:00 p.m.

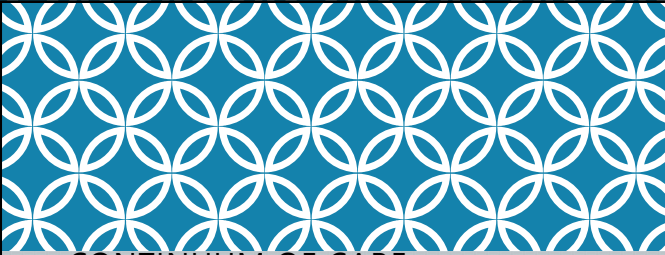
**B14 Continuum of Care Reform: A County's
Experience Building Partnerships and Child
and Family Team Meetings, Part 2**

Wednesday, June 13, 2018 1:30 - 3:00 p.m.

*Courtney Sallam, Christina Osorio, Tammy Cunningham, Beth
Wilshire, Rosemary Juarez, Mireya Anaya , Mike Gibson ,Liz
Mason, Michael Santos*

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CONTINUUM OF CARE REFORM: PARTNERSHIPS AND CHILD AND FAMILY TEAM MEETINGS

Tulare County

IMPLEMENTING PARTNERSHIPS

Mireya Anaya, Policy & Program Specialist


- Welcome and Introductions
- History of Partnership
- Focus of each agency and overall Vision

TULAREWORKS

PROBATION

CHILD WELFARE SERVICES

MENTAL HEALTH




PARENTING NETWORK FRC

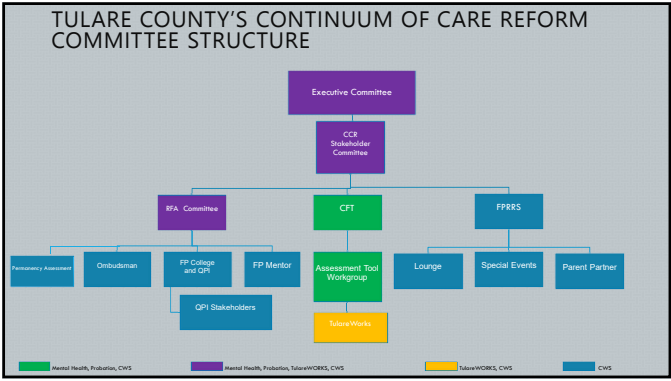
TULARE COUNTY OFFICE OF EDUCATION

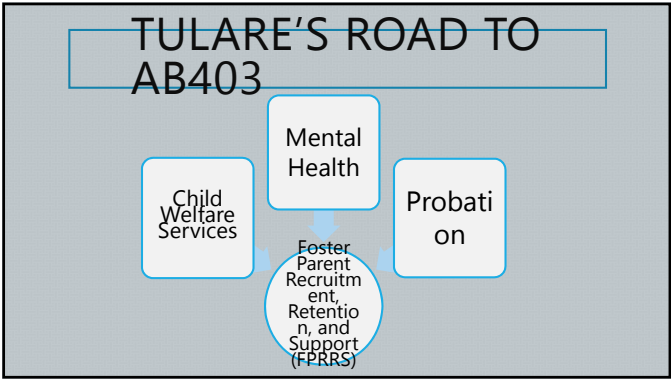
LET’S PLAY!

- There should be a puzzle piece under your seat
- Get together with your neighbors to put the pieces together
- Ready...Set...Go...



Hint...it’s one giant puzzle





PATH TO TEAMING

Mike Santos, Probation Supervisor
Liz Mason, Licensed Clinician
Courtney Sallam, Child Assessment Team Supervisor

The Collaboration Road to CCR CFT's

GETTING STARTED

In an effort to meet the state's standards for CCR-CFT's, Tulare County Child Welfare embarked on a pilot project in February 2016

IDENTIFYING THE KEY PLAYERS

This included the following:

- Identifying a CWS Manager to oversee the project.
- Identifying a Program & Policy Specialist that would aid in this process.
- Identifying a CWS Supervisor to aid in implementation of the project.
- Identifying CWS Social Service Workers to implement the project plan.

THE PILOT

It was a strategic move to identify a process prior to going live with Child Family Teaming as of January 2017

THE PILOT PROGRAM

Once individuals were identified to carry out the pilot program, meetings began to take place once a week to discuss what a CFT process would look like Child Welfare Focused

THE PILOT PROGRAM

The group quickly learned that there would be a need to have other community partners at the table for this discussion. One of the first partners invited to this process was Probation.

Child Welfare recognized the importance of having the voice of Probation at the table as some of our consumers held dual jurisdiction.



IDENTIFYING A CFT PROCESS

What does a CFT Process look like?

IDENTIFYING A CFT PROCESS

The group began looking at different assessments and discussing different options on what the CFT process would include, not forgetting the domains CCR outlined



Domains	Child Youth	Parent/ Guardian	Responsible Party
Emotional/Behavioral	X	X	X
Physical health/ disability	X	X	X
Education	X	X	X
Family Relationships	X	X	X
Child Development	X	X	X
Relationships	X	X	X
Life Domains	Probation Youth		
Re Youth's Protective Factors			
Life Risk Level for Re-offending			
Strengths/Needs	X	X	X
Sexual Orientation/Gender Identity & Expression	X	X	X
Transition to Adulthood	X	X	X
Household Relationships	X	X	X
Social Support Systems	X	X	X
Parenting Skills	X	X	X
Mental Health/Coping Skills	X	X	X
Placement Preferences	X	X	X
Permanency	X	X	X

https://www.cdss.ca.gov/info/services/pdf/CCR_LifeSkillsAssessment.pdf

IDENTIFYING A CFT PROCESS

Probation expressed concerns regarding the process and the different barriers faced with timelines and services

During this time, the group began inviting Tulare County Children's Mental Health to the table to discuss collaboratively their role in this process

CONTINUALLY ASSESSING THE CFT PROCESS

If not careful, the group learned there could be a duplication of services between child welfare and mental health

Our children's clinics provide CFT's to those children who are identified to receive Intensive Care Coordination Services

CONTINUALLY ASSESSING THE CFT PROCESS

During the process the group with the inclusion of Mental Health (MH) and Probation agreed that if a child/youth came to the attention of Child Welfare and was receiving mental health services then a process of identification would be in the best interest of the two programs

CONTINUALLY ASSESSING THE CFT PROCESS

After discussion of the How, the Who, the What, & the Why

The group decided the Child Assessment (CAT) Social Worker would inquire with MH if the child/youth was linked to a MH professional to begin the discussion of a shared responsibility. This included the CAT SW having provided the child consents to receive such information.

CONTINUALLY ASSESSING THE CFT PROCESS

Mental health identified a point person for this function who could access the children's records and provide information.

The CAT SW will provide the necessary consents to MH regarding the child prior to information sharing.

During this process, the State provided instruction for sharing of information for purposes of child enrichment across agencies (ACL 18-09)

AUTHORIZATION FOR USE OF PROTECTED HEALTH AND PRIVATE INFORMATION

SCREENING AND REFERRALS

- Pathways to Well-Being (ICC)
- Letter of Referral (LOR)
- Release of Information
- Confidentiality forms
- Central Valley Regional Center (CVRC)
- Relative Assessment
- Family Finding
- CSEC
- Specialized Care and Incentive Assistance Program (SCIAP)
- Turning Point
- ILP Referral

CONTINUALLY ASSESSING THE CFT PROCESS

The workgroup continued to meet weekly and discuss continued development of the Child Family Teaming Process

At this time a rough draft of a tool that outlined all of the CCR-CFT domains was created.

TOOLS USED FOR CFT'S

[illegible][illegible]

CONTINUALLY ASSESSING THE CFT PROCESS

This tool was a work in progress and reviewed by the workgroup for feedback and modifications

The group realized that there would need to be an addition of prompting questions under each domain for the CFT Interview Tool

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PROMPTING QUESTIONS

<p>Child Development ASQ Screening Tool – nurses 2yrs and older</p> <p>O- Has the child met all developmental markers?</p> <p>O- Do you now or did you ever have concerns regarding your child's development? If so please explain</p> <p>O- Was the child ever born exposed to alcohol or drugs?</p> <p>O- Has the child ever been a client of CMMC or Bright Start? When? Why?</p>			
<p>Education O- What school is the child attending, grade, grade level IEP-504plan?</p> <p>O- Are there current concerns regarding the child's education? If so please list all about them.</p>		<p>Mental Health/Coping Skills (Complete AC Screening Tools)</p> <p>O- Has the child ever participated in counseling services? Where, When?</p> <p>O- Has the child been diagnosed with a mental disorder? What, When, by Whom?</p> <p>O- Does the child currently take medication?</p> <p>O- Has the child ever been hospitalized or evaluated for a 5107?</p> <p>O- Has the child ever experienced any suicidal thoughts/behaviors or suicidal ideation?</p> <p>O- Has the child ever practice self-harming behaviors such as cutting? When?</p>	

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CONTINUALLY ASSESSING THE CFT PROCESS

Upon identifying the CCR-CFT process, the group developed a Check Off List for the person completing the CFT process

CFT CHECK OFF LIST

CFT Check-off List

☐ Step 1: Initial Assessment
☐ Step 2: Initial Assessment
☐ Step 3: Initial Assessment

Completed Screening Materials

Material	Date	Initial	Completed
CCFCA packet			
Confidentiality form			
Admission document			
CAC (if needed)			
CSC (if needed)			
CCF (if needed)			
Turning Point			
US National at age 25%			

Referral/Transfer

☐ Referral/Transfer applicable
☐ Referral/Transfer not applicable
☐ Referral/Transfer not applicable
☐ Referral/Transfer not applicable

COLLABORATION

At this stage the pilot group had:

- Developed a CFT Process
- Discussed documentation and
- Began the discussion of extended community collaboration
- Created a CFT Brochure (prior to the ones developed by the State)



Child and Family Teaming

What is a Child and Family Team Meeting?

A Child and Family Team Meeting (CFTM) is a meeting of people who are involved in the life of a child and family. It is a place where everyone can share their ideas and concerns, and work together to make decisions about the child's future.

Who is invited?

- The child and family
- Parents and family members
- Teachers and school staff
- Health care providers
- Community service providers
- Anyone else who is involved in the child's life

What is the purpose of a CFTM?

- To share information and concerns
- To make decisions about the child's future
- To develop a plan for the child's future
- To make sure everyone is on the same page

How often are CFTMs held?

CFTMs are held as often as needed. They can be held once a month, once a quarter, or more often if needed.

Why is the family teaming important?

Family teaming is important because it gives everyone a voice in decisions about the child's future. It helps to make sure everyone is on the same page and working together to make the best decisions for the child.

Child and Family Team Meetings

Tulare County Child Welfare Services
2000 S. Monterey Road
Fresno, CA 93727
(559) 434-4000

Tulare County Probation Department
211 S. Monterey Street, Ste. 4200
Fresno, CA 93702
(559) 733-7425

Tulare County Office of the Sheriff
2000 S. Monterey Road
Fresno, CA 93727
(559) 434-4000

COLLABORATION

The CCR Stakeholders group was developed and initially met once a month but now they are meeting quarterly

At this meeting there are report outs on CCR process and discussion



COLLABORATION

CWS began the discussion and collaboration of:

- What CCR was
- How it was going to affect the work we all do
- And what was still to come

HYBRID CFT/TDM

- Placement Change (7-day notice)
- Step-down

PPAU Unit	<ul style="list-style-type: none">• Will schedule Hybrid CFT/TDM meeting
TDM Supervisor/Lead	<ul style="list-style-type: none">• Will complete the Interview Tool during the meeting• Provide the Interview Tool to the PPAU facilitator after the meeting
PPAU Office Assistant	<ul style="list-style-type: none">• Will document the Hybrid CFT/TDM and keep track for reassessment purposes
Assigned Social Worker	<ul style="list-style-type: none">• Will complete child referrals for services• Will complete ICC referrals• Will complete Release of Information
PPAU Facilitator	<ul style="list-style-type: none">• Will document in cws/cms the Special Project Code, Content of Narrative, and State process• Will complete the Child Assessment document (they will have 2 weeks to complete after the meeting)

- | | |
|-------------------------------|--|
| PPAU Unit | <ul style="list-style-type: none"> Will schedule Hybrid CFT/TDM meeting |
| TDM Supervisor/Lead | <ul style="list-style-type: none"> Will complete the Interview Tool during the meeting Provide the Interview Tool to the PPAU facilitator after the meeting |
| PPAU Office Assistant | <ul style="list-style-type: none"> Will document the Hybrid CFT/TDM and keep track for reassessment purposes |
| Assigned Social Worker | <ul style="list-style-type: none"> Will complete child referrals for services Will complete ICC referrals Will complete Release of Information |
| PPAU Facilitator | <ul style="list-style-type: none"> Will document in cws/ons the Special Project Code, Context of Narrative, and State process Will complete the Child Assessment document (they will have 2 weeks to complete after the meeting) |

[illegible]

COLLABORATION

CWS began meeting and providing an overview of what was being done in Tulare County with the following:

Foster Family Agencies	Medical Staff
Resource Parents	Wraparound Provider

Medical Staff
Wraparound Provider

[illegible]

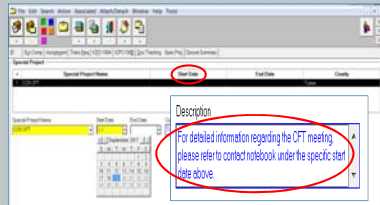
A close-up photograph of a spiral-bound notebook with a red cover. The notebook is open, showing lined pages. A silver pen and an orange pencil are resting on the pages. The word "Documents" is written in red text above the notebook.

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SPECIAL PROJECTS CODE

INTERNAL DOCUMENTING SYSTEM FOR TULARE COUNTY

The CFT facilitator will need to enter a cws/cms contact with basic information about the meeting



LEVEL OF CARE (LOC)

What is an LOC?
How do CFT's inform the LOC?

WHAT IS THE LEVEL OF CARE RATE PROTOCOL (LOC)

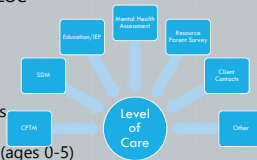
The LOC Rate Protocol was developed for use by county child welfare and probation staff as a strengths-based approach to identifying the individual needs of foster children and matching those needs to a Resource Family, including if applicable, an Intensive Services Foster Care (ISFC) rate, to support their placement in a family setting.

WHAT INFORMATION IS NEEDED TO COMPLETE THE LOC RATE PROTOCOL?

The CFT will inform the Level of Care assessment

Other information can inform the LOC assessment, such as:

- Mental Health assessments
- Client contacts
- Education/IEP
- SDM
- Community Based Organizations
- Resource Parent survey
- Ages and Stages Questionnaire (ages 0-5)
- SDQ's and SCARD Screening tools

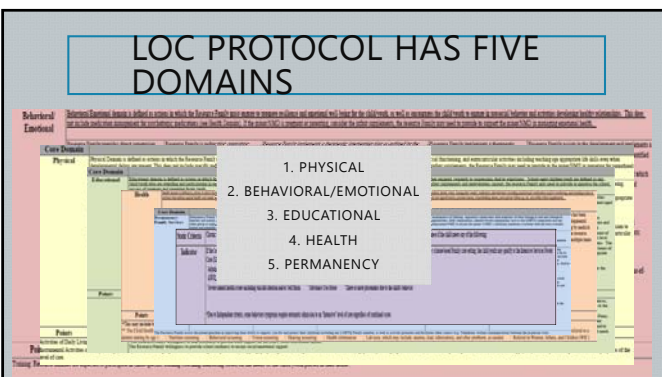


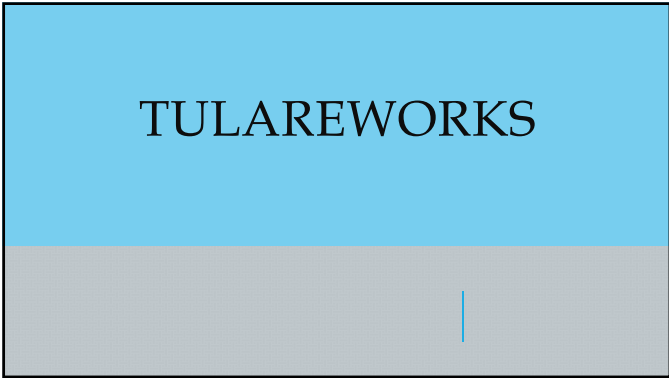
LOC RATE PROTOCOL IS REQUIRED FOR

- Initial foster care placement into a home based setting (as of February 1, 2018)
- Upon change of placement (as of February 1, 2018)
- Upon request of the resource parent, child, social worker, or community partner (as of February 1, 2018)
- When a child is moving to a lower level of care (such as ISFC) (as of February 1, 2018)

LOC PROTOCOL HAS FIVE DOMAINS

1. PHYSICAL
2. BEHAVIORAL/EMOTIONAL
3. EDUCATIONAL
4. HEALTH
5. PERMANENCY





COLLABORATION

TulareWORKs

Rosemary Juarez, Foster Care Program Specialist

*Tulare County Foster Care eligibility and Child Welfare Services are collaborating efforts to implement LOC, RFA process and the New Short-Term interim Funding

COLLABORATION

TulareWORKs

- *CalWORKs Application
- *EA funding
- *ARC Funding
- *LOC
- *FC eligibility once RFA is approved



Session 2

CONTINUUM OF CARE REFORM: PARTNERSHIPS AND CHILD AND FAMILY TEAM MEETINGS

Tulare County

IMPLEMENTING PARTNERSHIPS

Mireya Anaya, Policy & Program Specialist

- Welcome and Introductions
- History of Partnership
- Focus of each agency and overall Vision

TULAREWORKS


PROBATION

CHILD WELFARE SERVICES

PARENTING NETWORK FRC

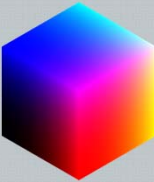
MENTAL HEALTH

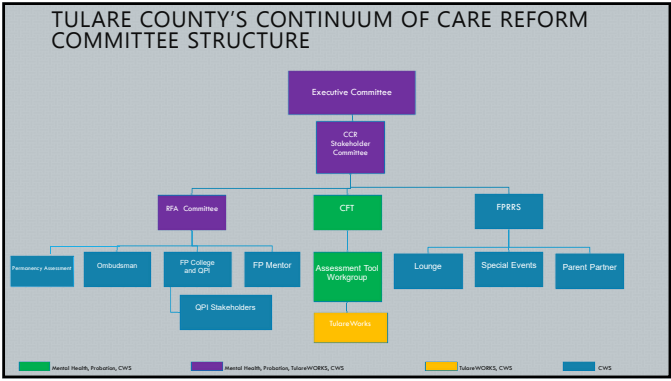
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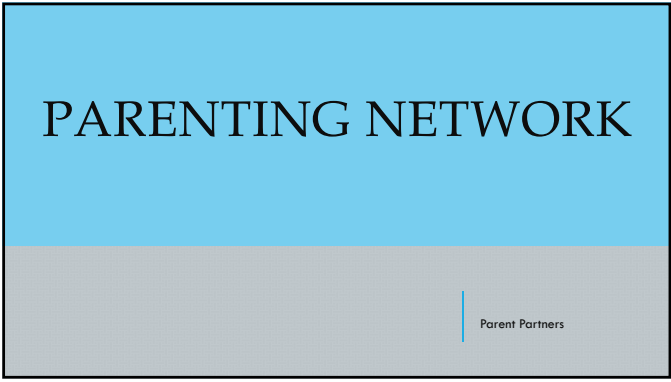


LET'S PLAY!

- What color do you see?
- Please move to another section
- What color do you see now?







PARENTING NETWORK FRC

Mike Gibson, Director

History of Parent Partner's/Resource Family Mentor Programs

PARENTING NETWORK

Christina Osorio, Program Manager

- Training Curriculum and implementation for Parent Partners

"As Parent Partners, We know what it's like to have our children removed from our care. We know how to successfully navigate the system. We can encourage you when you're feeling discouraged. We can help you understand your rights as a parent. Parent Partners we are here for you."



PARENT PARTNER'S

Tammy Cunningham, Parent Partner

- Personal Story



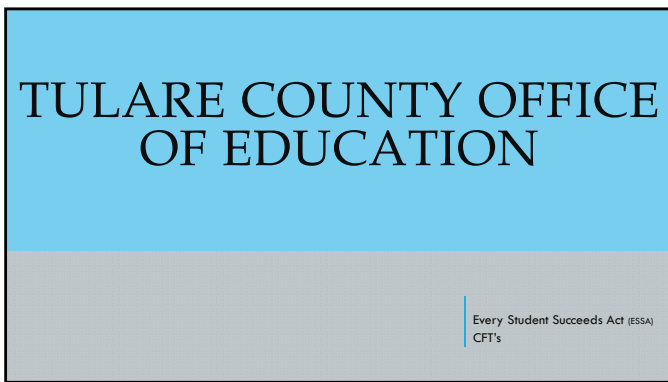
PARENT PARTNER'S

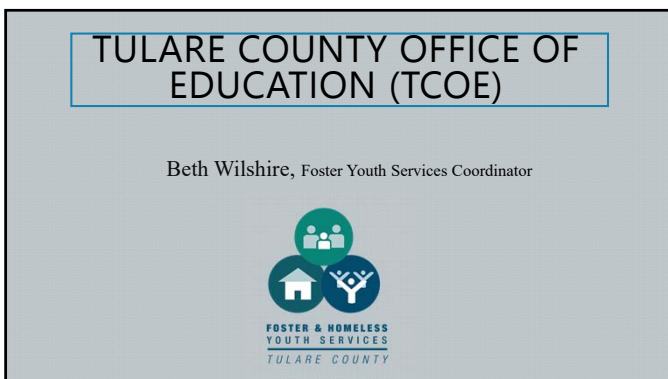
Tammy Cunningham, Parent Partner

- Personal Story









TITLE IV-E

- Memorandum of Understanding (MOU) completed between CWS/TCOE
- Passes Title IV-E Federal funds to TCOE
- Increases the budget for the Foster Youth Services Program

EVERY STUDENT SUCCEEDS ACT (ESSA)

- Child Welfare Services provided information on CFT's and the Educational Role
- Developing a countywide MOU
- Foster Youth Services Coordinating Program (FYSCP) acts as the hub for transportation discussions



EDUCATION PARTICIPATION IN CFT

Education staff are able to support school engagement for foster youth/child through a cohesive and consistent system that leads to improved academic and social outcomes, including high school completion, graduation, and transition to college or advanced career training.

- Participating in CFTs will provide opportunity for sharing information that will help education be better prepared and informed to meet the needs of their students.
- For students who are foster youth, the CFT process is an opportunity to support the continuity of education and help alleviate some of the common challenges facing students who are experiencing a placement change or other stresses that are unique to students in foster care.

CCR Education Sub-workgroup: The Participation of Education Staff in Child and Family Team Meetings Hosted by Child Welfare or

EDUCATION PARTICIPATION IN CFT

For Child Welfare and Probation

- School-age children spend more time in school than they do anywhere else. Therefore, their educators have critical information that can inform case planning decisions, including, but not limited to, their educational needs and academic progress.
- Including education partners in the CFT process is critical to ensuring that children and youth succeed in multiple environments, including home and school, throughout their lives.
- It is important for staff participating in a CFT meeting to know the services that a child may be receiving at school, including but not limited to health services, behavioral

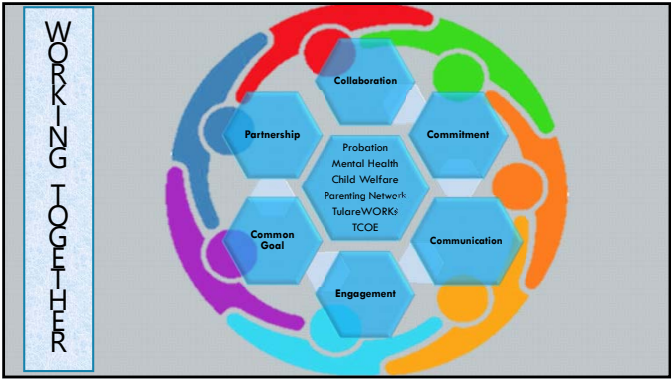
CCR Education Sub-workgroup: The Participation of Education Staff in Child and Family Team Meetings Hosted by Child Welfare or Probation

TCOE AND CFT'S

- All CFT invitations are sent through FYSCP
- The role of the District Liaison
- If requested FYSCP may attend those meetings for districts
- Providing assistance to Resource Parents and Social Workers
 - How to access services
 - Work with District Liaisons
 - Mitigate delays in getting into school

TCOE, CSEC AND MDT'S

- Foster Youth Services coordinates invitations for meetings
- Attends Multi-Disciplinary Team (MDT) meetings
- Invitations are sent to:
 - School Districts
 - Educational Mental Health
 - Other professional areas relevant to education
- Information is provided about appropriate school settings, minors educational rights, etc.



INFORMATIONAL WEBSITES

CDSS Continuum of Care Reform websites: <http://www.cdss.ca.gov/cdssweb/PG4869.htm>

Continuum of Care Reform: Communications Toolkit: <http://www.cdss.ca.gov/cdssweb/PG4921.htm>

California's Child Welfare Continuum of Care Reform: Framework http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf

Additional information on the CDSS website: <http://www.cdss.ca.gov/cdssweb/default.htm>

ACL 16-84 Requirements and Guidelines for CFTs: <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-84.pdf>

ACL 18-09 Requirements for CFTs and CANS: <http://www.cdss.ca.gov/Portals/9/ACL/2018/18-09.pdf?ver=2018-01-26-162122-640>

CCR Education Sub-workgroup: The Participation of Education Staff in Child and Family Team Meetings Hosted by Child Welfare or Probation

ACRONYMS

CCR: Continuum of Care Reform

CCR Framework: Refers to the Legislative Report which was enacted by AB 403

CFT: Child and Family Team meetings (different than Katie A.)

CPT: Child Planning Protection Counsel

Congregate Care: Refers to Group Homes

CVRC: Central Valley Regional Center (Regional Centers for developmental disabilities)

FP College: Online training for Resource Families (foster parents) and Social Workers

FPRES: Foster Parent Recruitment, Retention, and Support

ICC: Intensive Care Coordination (Pathways to Well-Being)

LOE: Letter of Referral (for Mental Health services)

QPI: Quality Parenting Initiative

RAA: Resource Family Approval (new streamline process for foster home licensure)

STRIC: Short-Term Residential Therapeutic Centers (formerly group homes)

EPSTF: Early and Periodic Screening, Diagnostic, and Treatment

CANS: Child and Adolescent Needs & Strengths (multi purpose tool)

TOP: Treatment Outcome Package (behavioral health assessment)

TCF: Therapeutic foster care

PAT: Pre-approval training (curriculum for Resource Families used by Tulare County)

PRIDE: Parent Resources for Information, Development, and Education

SCARED: Screen for Child Anxiety Related Disorder

SOAR: Specialized Care and Intensive Assistance Program

SDQ: Strengths & Difficulties Questionnaire



**TULARE COUNTY
CONTACT INFORMATION**

Probation (559) 735-1560	TulareWORKs (559) 623-0300
Mental Health (559) 624-7445	Parenting Network (559) 625-0384 parentingnetwork.org
Child Welfare Services (559) 623-0500	TCOE (559) 730-2910

CFT Check-off List

- ☐ Initial Assessment
☐ Re-assessment
☐ Other:

Child: _____ DOB: _____
 Current Address: _____ Case name/number: _____
 Date Initiated: _____
 Mother: _____
 Father: _____
 Assigned SW: _____ Resource Family: _____
 CFT Facilitator: _____ Probation status: ☐ Informal ☐ Formal
 Name of officer: _____

Items to Complete

- | | |
|---|--|
| <input type="checkbox"/> Obtain Referral (via petition/TDM/SW referral) | <input type="checkbox"/> Schedule CFT, invite all individuals necessary
Date: |
| <input type="checkbox"/> Email Managed Care regarding mental health | <ul style="list-style-type: none">• Mental Health• TCOE• Service Providers |
| <input type="checkbox"/> Contact family to schedule interviews | <input type="checkbox"/> Provide CFT brochure and future date at the CFT mtg |
| <ul style="list-style-type: none">• Interview mother• Interview father• Interview child/youth• Interview Resource Family | <input type="checkbox"/> Document CFT mtg in CMS under special projects code and enter contact Date: |
| <input type="checkbox"/> Complete assessments & consents | <input type="checkbox"/> Enter contact for CFT mtg |
| <input type="checkbox"/> Conduct ICC assessments | <input type="checkbox"/> Save assessments and CFT plan in "L" drive |
| <input type="checkbox"/> Document ICC assessment in CMS under health information
Date: | <input type="checkbox"/> Family Connections-input youth information in shared drive if applicable |
| <input type="checkbox"/> For CFT re-assessments, review if there is a need to change LOC <input type="checkbox"/> No <input type="checkbox"/> Yes Date: | <input type="checkbox"/> Presumptive Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of exception <input type="checkbox"/> Yes <input type="checkbox"/> No |

Completed Screening/Referrals

<input type="checkbox"/> ICC/LOR packet	Date: _____	Notes: _____
<input type="checkbox"/> new <input type="checkbox"/> reassessment		
<input type="checkbox"/> Confidentiality form	Date: _____	Notes: _____
<input type="checkbox"/> Relative Assessment	Date: _____	Notes: Relative name: _____
<input type="checkbox"/> CVRC (if needed)	Date: _____	Notes: _____
<input type="checkbox"/> CSEC (if suspected)	Date: _____	Notes: MDT date: _____
<input type="checkbox"/> SCIAP (if necessary)	Date: _____	Notes: _____
<input type="checkbox"/> Turning Point	Date: _____	Notes: _____
<input type="checkbox"/> ILP Referral at age 15 ½	Date: _____	Notes: _____

Presumptive Transfer

- ☐ Is Presumptive Transfer applicable: ☐ Yes ☐ No
- ☐ If applicable then inform the following individuals:
- ☐ Foster child **Date:** _____ ☐ Child's attorney **Date:** _____
- ☐ Mental Health Rights holder **Date:** _____
- ☐ Waiver of exception (if applicable): ☐ Yes ☐ No

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____ ICWA Identified: Yes ☐ No ☐

Date: _____ Person Interviewed: _____ Does Presumptive Transfer apply: Yes ☐ No ☐

Physical Health/Disability

Last Physical Exam:	<input type="checkbox"/> Within Past 12 months	<input type="checkbox"/> More than 12 Months	<input type="checkbox"/> Unknown	<input type="checkbox"/> No- Explain below
Last Dental Exam:	<input type="checkbox"/> Within Past 12 months	<input type="checkbox"/> More than 12 Months	<input type="checkbox"/> Unknown	<input type="checkbox"/> No- Explain below
Are there any health concerns (medical illness, medical symptoms)?	<input type="checkbox"/> Unknown / None Reported		<input type="checkbox"/> No	<input type="checkbox"/> Yes- Explain below
Non-Medication Allergies (Food, Pollen, Bee sting, etc)	<input type="checkbox"/> Unknown / None Reported		<input type="checkbox"/> No	<input type="checkbox"/> Yes- Explain below
Medication Allergies (list type)	<input type="checkbox"/> Unknown / None Reported		<input type="checkbox"/> No	<input type="checkbox"/> Yes- Explain below
Has the child or caregiver reported any of the following problems/experiences? (check all that apply)				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Surgery of any kind. Explain below:		
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> High or Low Blood Pressure	<input type="checkbox"/> Thyroid Problem		
<input type="checkbox"/> Convulsions or Seizure	<input type="checkbox"/> Immune System Problems	<input type="checkbox"/> Tuberculosis (TB)		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Liver Problems or Hepatitis	<input type="checkbox"/> Obesity		
<input type="checkbox"/> Exposure to Toxic Lead Levels	<input type="checkbox"/> Motor or Movement Problems	<input type="checkbox"/> Weight Gain or Loss. Explain below:		
<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Urinary Tract or Kidney Problems	<input type="checkbox"/> Eating Disorder		
<input type="checkbox"/> Cancer	<input type="checkbox"/> Serious Rash or Other Skins Problem	<input type="checkbox"/> Appetite Changes		
<input type="checkbox"/> Head injury	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Speech or Language Problems. Explain below:		
<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Other		
<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Sexually Transmitted Disease (STD)	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Enuresis	<input type="checkbox"/> Encopresis	<input type="checkbox"/> Non/None Reported		

Domains	Responses
Physical Health/Disability	

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

<p>Child Medical Plan **Who has medical rights for the child (name/relationship to the child)?</p> <p>Who to contact if the child needs medical treatment Name(s), phone number(s), Address?</p> <p>Does the agency have a signed Consent for Treatment form from the parent or guardian? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are there any medical treatment limitations being requested? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the Resource Family Parent been notified of the child's Medical plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If no, what is the medical plan if the child gets sick?</p> <p>If yes, what are the limitations?</p> <p>If no, document date when notified:</p>
<p>Child Development ASQ Screening Tool – nurses 2yrs and under</p> <p>Q- Has the child met all developmental markers?</p> <p>Q- Do you now or did you ever have concerns regarding your child's development? If so please explain.</p> <p>Q- Was the child born drug exposed to alcohol or drugs?</p> <p>Q- Has the child ever been a client of CVRC or Bright Start? When? Why?</p>	
<p>Education Q-What school is the child attending, grade, grade level / IEP-504plan?</p> <p>Q – Are there current concerns regarding the child's education? If so please tell us about them.</p>	

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

Q- Is the child currently participating in any tutoring services?	
Mental Health/Coping Skills (Complete ICC Screening Tools) Q- Has the child ever participated in counseling services? Where, When? Q- Has the child ever been diagnosed with a mental health disorder? What, When, by Who? Q- Does the child currently take medication? Q- Has the child ever been hospitalized or evaluated for a 5150? Q- Has the child ever expressed any suicidal thoughts/ideations or attempts? When, How? Q- Has the child ever practice self-harming behaviors such as cutting? When?	
Emotional/Behaviors Q- Can you please tell us what it looks like when your child is happy/sad/mad/angry? Q- If you direct the child to complete a task do they comply as requested? Q- How does the child respond to stress/crisis? Ex: leaving a visit with the parent, coping with removal from home.	
Family Relationships Q- What do your family relationships look like? Q- Does your child identify or feel close to any family member, if so please list.	

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

<p>Q- Is there anyone in the family the child does not like?</p> <p>Q- Has the child ever been exposed to Domestic Violence?</p> <p>Q – Prior to CWS intervention who lived in the home?</p> <p>Q- Prior to CWS intervention what were the family roles in the home?</p>	
<p>Substance Abuse</p> <p>Q- Have you ever known the child to use alcohol or drugs? If so, what, when etc.?</p> <p>Q- Have you talked to/educated the child about drugs?</p> <p>*If using: Q- In what way have you observed the drugs/alcohol to affect the child's functioning? Ex: school, jail, work, family, medical.</p>	

SUBSTANCE USE/ABUSE

Answer the following questions about all current drug and alcohol use. List applicable drug(s) for items marked "Yes".

TYPE OF SUBSTANCE	Prenatal Exposure		CURRENT SUBSTANCE USE							
<input type="checkbox"/> Not Applicable (Comments required)	Yes	None/ Unknown	Age At First Use	None/ Denies	Current Use	Current Abuse	Current Dependence	In Recovery	Consumer- Perceived Problem	Last Date Of Use
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amphetamines (Speed/Uppers,Crank,Ritalin)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Opiates (Heroin, Opium,Methadone)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hallucinogens (LSD,Mushrooms,Peyote,Ecstasy)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sleeping Pills, Pain Killers, Valium, or Similar	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

PCP (Phencyclidine) or Designer Drugs (GHB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inhalants (Paint, Gas, Glue, Aerosols)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana/Hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamines (Meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco/Nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caffeine (Energy drinks, Sodas, Coffee, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Over the Counter: specify in comments below (ie: diet pills, cough syrup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Substance(s): specify in comments below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the child report receiving any alcohol and drug services: ☐ Yes, from this program ☐ Yes, from a different program ☐ No

Does the child report receiving any alcohol and drug services: ☐ Yes, from this program ☐ Yes, from a different program ☐ No

Comment on any co-occurring substance abuse/use as they relate to mental health symptoms and behaviors.

Cultural Identity/ Primary Language

Culture is a system of shared actions, values, beliefs, and traditions that guide the behavior of families and communities. *For this item, cultural identity may refer to a family member's race (African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, Latino/a, multiracial, White, other), ethnicity, tribal affiliation, sexual orientation (heterosexual, gay, lesbian, bisexual), gender identity/expression (female, male, transgender, other), religious/spiritual affiliation, disability, or other social identity that reflects the family's unique characteristics.*

Q- Language of Child, Language in the home? Is there a secondary language?

Q-Are there any specific cultural practices that are important to the child?

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

Q - How does the child identify him/herself (see culture and cultural identity above)

Q- Have there been any historical experiences of oppression/discrimination that are important or relevant to this child?

Q- Have there been any current experiences of oppression/discrimination this child might be experiencing – and - any coping skills, strengths, and survival skills this child has developed or demonstrated in facing oppression/discrimination.

Q- How do all of the above influence or shape the child/youth/young adult?

Peer/Adult Social Relationships

When considering adult relationships, consider the child's relationships with adults who are not immediate family members or foster family members. This domain would include coaches, neighbors, child welfare workers, club leaders, teachers, mentors, etc. When considering peer relationships, consider the child's relationships with other children in school and the community. Exclude relationships with siblings.

Q- Does the child have positive interaction with adults? See examples above.

Q- Are you aware of any adults that your child is close to that are not family members?

Q- What type of reaction to the child do other adults (not related to the child) have?

Q- Does the child easily make friends?

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

<p>Q- Does the child have trouble with friends?</p> <p>Q- Does the child have a best friend?</p> <p>Q- Do you have any concerns about the child's choice in friends?</p>	
<p>Delinquent Behaviors/History Delinquent behavior includes any action that would constitute a crime. Consider this domain to include both offenses for which the child has been arrested/charged and those which have not yet come to the attention of law enforcement.</p> <p>Q- Has the child ever done anything that would be considered a crime if the child was an adult?</p> <p>Q- Has the child ever had any interaction with Law Enforcement? Ever been arrested? Ever been on probation? If so, what and when?</p>	
<p>Trauma</p> <p>Trauma may occur when a person has experienced, witnessed, or been confronted with an event(s) of actual or threatened death or serious injury, or a threat of serious physical harm to him/herself or others. Trauma may be caused by many experiences, e.g., serious physical harm; sexual abuse; bullying; domestic violence; natural disasters; and long-term exposure to extreme poverty, neglect, or verbal abuse.</p> <p>Q- What types of trauma has the child experienced or been exposed to? See examples above</p> <p>Q- How has the trauma impacted the child? Ex: nightmares, sleeping, eating, anger etc.</p>	

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

Sexual Orientation, Gender Identity & Expression

Q- What is the child's sexual orientation? Ex: Heterosexual, Gay, Lesbian, Bisexual, and Other.

Q- What is the child's gender identify/expression? Ex: Male, Female, Transgender, Other.

Q- Are you in support of your child's sexual orientation and gender identity? Why, why not?

Confidential to Child Only

Q- Have you come out?

Q- Do you feel accepted by family/caregiver etc?

Transition to Adulthood (15 ½ years and older)

Q- What is the extent of the child's financial knowledge? Ex: handling money, banking, budgeting, bill payment

Q- What are the child's work skills or experience? Ex: having self-supporting employment OR secondary education preparation

Q- Does the child have time management skills?

Q- Does the child keep up with daily activities such as hygiene, laundry, housekeeping, grocery shopping, cooking, basic health care, etc.?

Q- Does the youth have any sex offense charges and is ineligible for federal housing programs?

Q- Is the youth in an out-of-state facility where independent living planning is impeded?

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

<p>Q- Does the youth have any developmental delays that impede independent functioning?</p>	
<p>House Hold Relationships Relationship With Substitute Care Provider & household</p> <p>Q- Has the child shared any thoughts or feelings about the current placement?</p> <p>Q- Do you feel the child has integrated into the family? Why, why not?</p> <p>Q- Is there anyone in the home the child has conflict with or does not feel comfortable being around? Who, why?</p> <p>Q- Do you feel the child is treated fairly/equally? Why, why not?</p> <p>Q- What does dinner time look like?</p> <p>Q- What kind of activities does the child like to participate in at home?</p> <p>Q- Specifically, what have you done with the child to develop a bond and a sense of belonging?</p>	
<p>Social Support System (Gather contact information to invite to CFT)</p> <p>Q- Who can the child call in time of need, or needs to talk?</p> <p>Q- Who does child enjoy spending time with?</p>	
<p>Parenting Skills</p> <p>Q- What type of discipline is used with the child? How does the child respond to discipline? How often do you have to discipline the child?</p>	

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

Placement Preference

Q- While the child must remain in out-of-home placement, who do you feel can best meet the child's needs? Why?

Q- Do you see the current placement as a good fit? Why, why not?

Permanency/ Concurrent Planning (309e Efforts)

In this section inquire and list all relatives on both maternal and paternal sides of the family. If you can obtain contact information please do and document it.

Q- In the event the child does not reunify, who do you feel would provide the best permanent home for the child?

Q- Do you feel the current placement is able/willing to provide permanency: LG/Adoption?

Relative Name	Contact Information/Address & phone number	Relationship to the child

Notes/ Placement Preference:

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

<p>**Family Connections: Are relatives identified? If not contact RFA/NREFM Identification worker and complete a Relative/NEFRM Identification Referral Form.</p> <p>**If Relatives are identified however the child is not in contact with relatives, discuss with case carrying SW the option of completing a Family Connections referral and connect with Fam. Connections Staff.</p> <p><i>Referrals Found in CMS/ Green Section</i></p>	
<p>Strengths & Needs</p> <p>Q- What would you say are the child's strengths?</p> <p>Q- What would you say are the child's needs?</p> <p>Q- What are some things the child enjoys doing?</p>	
<p>Presumptive Transfer</p> <p>Qualifications: A Tulare County dependent child is being placed out of county and is receiving or may need Specialty Mental Health Services (SMHS)</p> <p>-OR-</p> <p>A Tulare County dependent child is already placed out of county and is receiving or may need SMHS but is being moved to another out of county home (includes Group Homes or STRTPs)</p> <p>Refer to Presumptive Transfer Policy for details</p>	<p>If this item is applicable, please discuss with the CFT members at the CFT meeting, if everyone is in agreement to move SMHS to the new county</p>

CFT Interview Tool

Child's Name _____ DOB _____

Case Name _____ Case # _____

Date: _____ Person Interviewed: _____

Probation Specific Domains:

Youth's Protective Factors- *identify and discuss with the youth, his/her protective factors.*

Risk level for re-offending: *discuss with the youth and the team what the youth's risk level is of re-offending.*

Q- What is your (youth) understanding of your needs in order to keep you from getting into trouble?

Q-Can you describe what you believe you need, in order for you not to re-offend.