

Child and Family Team Meetings— Creating Better Outcomes: Exploring Sonoma County’s TEAM Model

RENEE CAGE

EXECUTIVE SUMMARY

On January 1, 2017, Child and Family Team (CFT) meetings became a requirement of all child welfare agencies in the State of California with the passing of Assembly Bill 403. Consistent with child welfare best practice, CFT meetings are family-driven, inclusive, family-centered, strength-based and solution-focused. Alameda County Department of Children and Family Services (DCFS) will be implementing CFT meetings in the near future, and has created infrastructure to do so. Sonoma County Family, Youth and Children Services (FY&C) have

several years of experience in conducting CFT meetings. Notable is their TEAM (Together, Engage, Act and Motivate) model, which has resulted in noteworthy outcomes for Sonoma County families and youth. TEAM facilitators and the administrative staff support are crucial to the case-carrying child welfare worker and family. The TEAM approach reduces the administrative duties of child welfare staff, affording the necessary time for engaging and teaming with the parents, youth, family members, and other important members of the team.

Renee Cage, Social Services Program Manager,
Alameda County Department of Children and
Family Services

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Introduction

Sonoma County is one of the first counties in California to implement Child and Family Team (CFT) meetings. Through realignment funding, received in 2011, Sonoma County Family, Youth and Children Services (FY&C) was visionary in implementing a practice that engaged families in their own case planning. Through this initiative, TEAM (Together, Engage, Act and Motivate) was created. Through the TEAM model, the desired outcomes are that parents and youth are involved in their case planning and placement decisions, a network of support is identified, and barriers to achieving case plan goals are eliminated. The success of the TEAM model heavily relies on the use of an intensive case management linkage mechanism with the support of the administrative staff and the TEAM facilitator.

Project Rationale

Alameda County Department of Children and Family Services (DCFS) is in the process of implementing CFTs as a requirement of AB 403, also known as Continuum of Care Reform (CCR), which is sponsored by the California Department of Social Services to improve outcomes for youth in foster care. CCR draws together a series of existing and new reforms to child welfare services programs, designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed, nurturing family homes. AB 403 provides the statutory and policy framework to ensure services and supports

provided to children, youth and families are tailored toward the ultimate goal of maintaining a stable permanent family.¹ An initiative from CCR is the use of Child and Family Team meetings.

Alameda County has been a leader in the use of teaming meetings with its implementation of Team Decision Meetings in 2007 for all placement decisions, placement changes, reunification consideration, or permanent planning. Although Alameda County DCFS has been using TDMs for several years, the program still has challenges with underutilization. CFTs are anticipated to add another component to the practice; one that requires skills, practice, and additional teaming meetings with greater coordination and collaboration of services, service providers, and participants. Given that Alameda County DCFS is in the midst of implementing CFTs, having the opportunity to learn about how Sonoma FY&C created their CFT infrastructure and their experiences are valuable for Alameda County’s implementation efforts.

Key Elements of TEAM meetings

TEAM stands for Together, Engage, Act and Motivate. It is a program designed to support families and youth receiving services through Sonoma FY&C. TEAM meetings are held at different intervals throughout the life of the case: prior to disposition, for initial case plans for Voluntarily and Involuntary Family Maintenance cases, in Family Reunification (FR) cases, approximately six weeks prior to the status review hearing for FR cases, six weeks prior to

the 12-month permanency planning, and 6 weeks prior to all permanency planned hearings.

Although the case-carrying CWW is one of the primary participants in the TEAM meeting, the success is built on the collaboration of all the internal team members. In developing TEAM, Sonoma County FY&C determined they did not want to add more work for case-carrying CWWs, who frequently are overwhelmed with varying tasks and case management crises. The TEAM model incorporates a system that focuses on engaging the family or youth in partnership to create a behaviorally based case plan and connect them with services immediately, while supporting the case-carrying CWW by distributing the administrative tasks, so that more time can be spent on engaging and working with the family and youth. At Sonoma County FY&C, culturally, support staff are seen as part of the larger team and their work is driven by what is the most efficient way to help families succeed, therefore, staff do not feel like they are just taking tasks from the case-carrying CWW.

In child welfare, one of the major areas of concern is workload. An extensive study of 768 children's service workers in Louisiana (Ellett et al., 1996) was designed to explore retentions. Findings showed that the major areas of dissatisfaction were organizational factors: low morale, lack of clerical support, administrative policies and procedures, and lack of support of employees. (Bernotavicz et al., 1997). Another study in Maine regarding Child Welfare Worker (CWW) turnover revealed the staff had four types of recommendations related to workload: reducing caseload, delegating tasks and activities to case aides, increasing clerical support, and reducing paperwork (Bernotavicz et al., 1997).

Paul Dunaway, MFT, Section Manager, stated he is most proud of being in the forefront of implementing CFTs and the TEAM model before AB 403 and CCR were mandated. He stood committed to implementing a practice that would result in better outcomes for families without increasing the workload and burnout of staff. The TEAM model incorporates all of the above recommendations

from the Maine study with the exception of reducing caseloads.

The core of the communication is the Apricot system, which is the communication dashboard. The Apricot system was initially envisioned as a communication hub used to make referrals to community-based organizations and service providers, receive timely inbox confirmation of referrals made, enter notes and receive feedback from providers. Ideally, it is a tracking mechanism to obtain a snapshot of what services were offered to the family and the family's progress. In addition, it tracks the family's history of family support and natural networks. Prior to using Apricot, CFTs were managed with Excel, which was not an efficient way to track data, nor did it have the capacity for service providers to connect to it and enter data.

Participants

TEAM meeting participants include the parent(s), family supports, youth, service providers, Indian Child Welfare Act (ICWA) representatives, Court Appointed Special Advocates (CASA), parent or youth advocates, foster parents, foster family agency staff, mental health supports, intensive care coordinators (Katie A. Services coordinators), the case-carrying CWW, and the TEAM facilitator. Other important members that are not active participants in the meeting but are integral to the program include the clerical administrative staff, TEAM steering committee, community stakeholders, Social Solutions (the software company that represents Apricot), and Sonoma County FY&C departmental leadership.

Evaluation

Data obtained from Apricot has been helpful in identifying areas of concern. Sonoma County FY&C bases its success on the number of CFTs completed compared to cancelled, the number of CFTs attended by older youth, the number of families having at least 50% of the TEAM participants as natural supports, and meetings that occur in a timely fashion. Sonoma County FY&C continues to have a

Steering Committee with community stakeholders that meets bi-monthly to discuss data, outcomes, and ideas on how to better engage families and support social workers. Initially, Sonoma County FY&C relied on client participants surveys, however, this method was not effective in eliciting quantitative feedback. Currently there is not a process in place to obtain feedback from the participants; however, management holds an internal monthly floor meeting to share successes, concerns, and next steps. The floor meeting is an opportunity for staff to share and have an open dialogue regarding CFTs.

Funding

The budget for TEAM was \$1,055,638, which covered the cost of eight additional positions. These positions include three additional non-case-carrying senior social workers as the TEAM facilitators, and five clerical administrative staff. The Apricot system had an initial cost of \$110,000 for the creation of the database and \$450 per user. In addition, Sonoma County FY&C contract monthly hours with a consultant who supports the program design and the reporting structure, ensuring the system is built with integrity and with the capacity for ongoing improvement.

What is Working

Since starting in June 2013, Sonoma County FY&C has completed approximately 1100 CFTs to make placement decisions and 2300 CFTs to create case plans. As of January 2017, they have successfully implemented TEAM throughout all of their programs. The “Champions” of CFTs at Sonoma County FY&C are the staff from Family Reunification, Court Family Maintenance, and Court Services (referred to as Dependency Investigation in Alameda County). Intended outcomes such as timely reunification have been achieved. For the last four years, Sonoma County FY&C have met the National Standard for timely reunifications within 12 months of 40.5%, and for the first time this year, they met the National Standard of 30.3% for achieving permanency within 12 months after 24 months

of care. Lastly, since implementing CFTs, Sonoma County FY&C's group home rates have reduced significantly, from having 119 youth in congregate care in 2012 to only 33 in 2018. It is presumed that having the parent or youth at the table in the development of their case plans have positively impacted these outcomes.

The support the TEAM facilitator provides to the case-carrying CWW, by generating the action plan and case plan, and following up within a week with the parent or youth to identify any barriers, has allowed the case-carrying CWW relief while maintaining the same caseload. Equally impactful is the use of the Apricot system. Vicky Miller, Administrative Data Specialist, shared, “The Apricot system is an excellent system with few limitations. Leadership continues to see the value in the TEAM model and investment in the Apricot system and is committed to the funding associated with maintaining and building upon it.”

Concerns and Challenges

Challenges are normal when implementing new policies, practices and procedures and Sonoma County FY&C had quite a few. In practice, CWWs are not accustomed to families joining in on the case planning aspect. It was difficult for some of the CWWs to allow families to make their own decisions on their case planning. Letting go of control felt risky with unknown consequences. Shifting the culture has been slow. Another concern is that some CWWs are not always responsive to the CFT Outlook Calendar invites, will cancel without rescheduling, and are unresponsive to requests for additional information. There is also resistance and reluctance to use the Apricot system, due to some staff not being computer savvy. Section Manager, Paul Dunaway, M.F.T., shared that another area of concern was the need for more training on clinical skills for facilitators, as nuances that happen in the room are missed opportunities for redirecting and reframing. However, his biggest concern is the attendance of a parents' natural support which is still only on average 1:1. Lastly, the Permanently Planned and Adoption

programs required a modified roll-out and implementation plan because they capture unique information that shifts the focus and case plan from the birth parents to the youth, Non-Minor Dependent (NMD), and proposed adoptive and/or legal guardian parents.

Implications for Alameda County

Alameda County DCFS has been convening its own CFT implementation team since November 2016 and Sonoma County's FY&C TEAM model has several different approaches in their expansion of the roles for existing staff for implementing CFTs. Sonoma County FY&C TEAM model includes their social worker as facilitators, who take on several tasks. Whereas in Alameda County, facilitators are child welfare supervisors who do not have any prior knowledge of the case, and will only write up the action plan. Sonoma County FY&C TEAM model allows an adoption case-carrying CWW the ability to conduct its own CFT after a 366.26 Termination of Parental Rights hearing, however, Alameda County DCFS's proposed infrastructure will not allow a case-carrying CWW to conduct their own CFTs, regardless of the permanent plan.

The Apricot system appears to be a useful tool in managing the setting up of meetings and inviting participants, documenting referrals for services, tracking services obtained, and providing real-time updates about the client from services providers. Sonoma County FY&C's usage of the Apricot system is limited to only 60 case-carrying CWWs, and a handful of services providers, while Alameda County DCFS has over 350 case-carrying CWWs and several service providers in and outside of the county, resulting in potentially several users with unknown limitations and barriers. Sonoma County is a much smaller county than Alameda County and its county's population of children in care is 1/3 of that of Alameda County, with an even smaller workforce. Sonoma FY&C started their implementation of CFTs years prior to AB 403, and therefore, has had ample time to implement at a slower pace. However, Alameda County DCFS will have to

implement its CFTs in a swifter manner due to the federal mandates of CCR.

Alameda County DCFS is approaching the end of its waiver funding, which has in years past given the department the ability to implement and try different approaches for better outcomes. With fiscal uncertainty and other anticipated and unanticipated cuts to social services, it may be a risk to invest in a new database and change how facilitators and clerical staff support case-carrying CWWs. It may require additional staff to manage the facilitation of the meetings and additional administrative staff. Purchasing Apricot would require training on the new system and training for the service providers. The estimated annual cost for five additional facilitators who are supervisors in Alameda County would be approximately \$950,000; five additional administrative staff would be approximately \$500,000, initial cost of the Apricot system is \$110,000, for 350 case-carrying CWWs, approximately \$157,500 and \$11,250 for 25 service providers. An estimated initial annual investment of \$1,728,750 with an annual rate of \$1,618,750 thereafter.

Recommendation

Sonoma County FY&C's CFT TEAM model has demonstrated positive outcomes in the federal dashboards benchmarks, areas Alameda County DCFS is working on improving. Alameda County DCFS could benefit from using some elements of the TEAM model. The utilization of the facilitators as a member of the TEAM, ensuring collaboration and coordination of services, is a cost-effective approach to utilizing existing resources. Equally, the expansion of the clerical support role is another cost-effective approach that significantly support the CWWs as they implement the expectations of CFTs at every juncture of a youth's life on their caseload. Currently, Alameda County DCFS uses a system built by the agency's Information Technology Department to track and schedule TDMs and intend its continued use for CFTs. It would be beneficial to consider exploring the usage of Apricot, as it is web-based, and determine whether it can be built

to meet the unique needs of each program and provide the case-carrying CWW with up-to-date progress information. Completing service referrals and getting information in a timely manner can affect a case-carrying CWW's ability to report case progress to the court, and prove that reasonable efforts were made. By alleviating administrative work, the case-carrying CWW may have more time to engage parents, youth, NMDs, and care providers. The greatest investment would be to obtain both additional staff to facilitate the CFTs, and clerical staff for administrative support. As a suggested solution, resources could initially start with support to increase the clerical staff, as it has the least financial impact, and Alameda County could explore if the existing TDM system could be modified to mimic some of the components of the Apricot system.

When successfully implementing large system practice changes, organizations look at systems and tools that minimize an increase in workload and incorporate ways to lighten the burden of their existing work demands. Research shows that lessening the administrative demands on social workers in child welfare and working with a team approach reduces burnout and increases job satisfaction, therefore impacting retention. Therefore, it is respectfully recommended that Alameda County DCFS consider incorporating some or all aspects of the TEAM model as one of its responses to supporting its child welfare staff, while implementing CFTs, a practice that will ultimately have better outcomes for children and families.

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