Coordinated Services Team Initiative
Handbook for Working with Children & Families

Module 2

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2.1   Referral, Screening, and Enrollment

Referral

Key Steps in the Referral Process

- Referent discusses referral to CST as an option with the family
- Referent discusses potential referral with project staff
- Referent and parent complete Referral Form
- Project staff reviews referral, responds to questions, and makes connections when appropriate (e.g. parent advocate)
- Project staff organizes the screening process

A referral to CST can come from many sources including, but not limited to: schools, human service departments, health care providers, and family members. A key is that the referent knows the family and is comfortable making the referral with the family. Anyone wishing to make a referral should contact the CST Project Coordinator to discuss the potential referral and request a referral form. This discussion between the referent and Project Coordinator is important, as CST may or may not be the best way to meet the child and family's needs. The Pre-referral Checklist *(sample found in "Tools")* can be used as a guide. If it is determined that CST is a good option to pursue, a Referral Form *(sample found in "Tools")* should be given to the individual wishing to make the referral. If the referent is not familiar with the referral process, the Project Coordinator should set up a time to meet with them to review the form and process. PLEASE NOTE: the Pre-referral Checklist and Referral Forms provided in this are examples; the details, including enrollment criteria, may vary by site.

At the time of referral, every attempt should be made to help the parent feel comfortable and aware of the process. The Family Orientation Packet *(sample Table of Contents found in "Tools")* which contains basic information about the CST process along with advocacy information should be reviewed with the parent. If the individual making the referral is not familiar with the CST process, the Project Coordinator may offer to meet with them and the family to review the Referral Form and Family Orientation Packet. The referent should then complete the Referral Form *with the parent(s)* and return the completed form to the Project Coordinator.

When a filled out Referral Form is received by the Project Coordinator, it should be reviewed for completeness. A contact should then be made to the referent, and to the family, to confirm receipt of the referral form, gather any additional information, and explain the next step in the process – the screening.

Screening and Enrollment

The "screening meeting", arranged by the Project Coordinator, is a process for determination of enrollment which models the collaborative spirit of the community for decision-making, rather than putting the decision in the hands of one individual. Attendance is partially made up of representatives of the Coordinating Committee including the Project Coordinator and a parent member/advocate. The referent and parents should also be in attendance if at all possible (at least one parent is required). In addition, representatives from agencies working with the child and family (e.g. school, human services, law

Goals of the Screening Process

- Confirm eligibility
- Determine if CST is the best way to meet needs
- Answer/clarify questions related to child & family team involvement
- Affirm family & partner commitment
- Enrollment in CST or discussion/suggestion/referral to other supports that better fit address identified needs

enforcement) as well as natural supports (e.g. extended family members, clergy or neighbors) should also be encouraged to attend. Scheduling time and location of the meeting should be convenient for everyone. The primary goals are: to confirm eligibility; affirm the commitment of the family and partners; determine if CST is the best way to meet needs; to answer any questions the parents may have – ensuring they understand the process. If it is determined that CST is not the best way to meet the child & family's needs, specific recommendations for community resources and how to access them should be provided to the family. If it is determined CST is appropriate, and the parents and partners have committed to participate, the child will be enrolled in CST.

If a Service Coordinator has not already been identified, it is the responsibility of the Project Coordinator to do so and to meet with the Service Coordinator to review the Referral Form and possibly to introduce him or her to the family. The contact between the Service Coordinator and family should be made as soon as possible after the commitment meeting. Either the Service Coordinator or Project Coordinator should review the Family Enrollment Packet *(sample Table of Contents found in "Tools")* with the parent(s).

2.2 Engagement Phase: Building Trusting Relationships

Engagement Phase Tasks

- Meet with family and other team members and begin the engagement conversation
- Explain the child and family team process
- Assess for safety and immediate needs; if safety is a concern, coordinate the development of an initial Crisis Response Plan *(process described in Module 3)*
- Gather deeper perspectives on strengths and needs
- Complete draft of Strengths and Needs Assessment Summary *(form can be found in "Tools")*
- Begin to identify an emerging sense of mission
- Obtain family commitment to engage in the process
- Identify, invite and orient CST members
- Arrange initial CST meeting

Engagement Phase Products

- Family and other team members have a sense of being understood
- Enough trust by family and other team members to start the CFT process
- Safety and stabilization issues are addressed
- First draft of Strengths and Needs Assessment Summary
- An emerging sense of mission

The Importance of Advocacy

Most people feel most comfortable with other people who are similar to them – whether it be similar hobbies, interests, life experiences, or occupation, the power of someone who's "been there" goes a long way. The decision to be involved on a Child and Family Team is a big commitment on the part of a family. Imagine opening up almost every aspect of your child and family's life to a table of people who are focusing on your needs and strengths – this experience can be overwhelming. One way to help families feel more comfortable is to offer the involvement an "advocate" as early on in the process as possible.

The term "advocate" can refer to a wide range of roles depending on who or what the individual is advocating for, as well as what system (e.g. educational, health care) they come from or represent. In this case, an "advocate" refers to a person who has experience as a client in the child and family service system. Preferably, the individual has been through the CFT process with their family.

The role of an advocate in CST:
- Reinforce the CFT process with the family and other team members
- Support family through the CFT process, using their own experience as a guide
- Attend & participate in team meetings
- Encourage balanced participation of family and service providers
- Ensure communication is understood by all – clarify "jargon" and ask questions
- Ensure team members are being heard
- Encourage active listening

The development and support of a cadre of individuals to serve as CST advocates is one of the roles of each site's Coordinating Committee.

Understanding Family Culture

Culture is defined in Webster's dictionary as "a particular form of civilization, especially the beliefs, customs, arts, and institutions of a society at a given time." Family culture is the unique way that a family forms itself in terms of rules, roles, habits, activities, beliefs, and other areas. The racial or ethnic culture in which a family lives may strongly influence family culture. Other families are no longer tied to cultural norms of their ethnic or racial group. Every family is different; every family has its own culture. Children and youth with complex needs also form a culture on the street as they hook up with street connections.

What is cultural competence in the area of family culture? As a service coordinator, we are in the profession of assisting families. Often, because we do not learn the unique culture of a family, our interventions effectively ignore how this family operates. We then are sometimes puzzled by why the family does not respond to services, or why their buy-in or cooperation is low. Culture is about differences: legitimate, important differences. Cultural competence in the area of family culture occurs when we not only discover what the individual family culture is, but we appreciate the cultural differences of the family. You may find that most people are not used to thinking about culture in terms of other than race or ethnicity, and that family culture is a new term for them.

Just as countries, ethnic groups, and business organizations all have cultures, so do families. Discovering, appreciating, and designing plans that reflect that family culture is key to successful work in the Child and Family Team (CFT) process.

Sometimes beginning service coordinators may have difficulty identifying family culture or reflecting it in CFT meetings and in Plans of Care. One of the most common errors is limiting thinking about culture to race, language, or food. Family culture does include these things, but it is much more as well. Without a quality and thorough discovery of family culture, and without reflecting that culture in the work of the
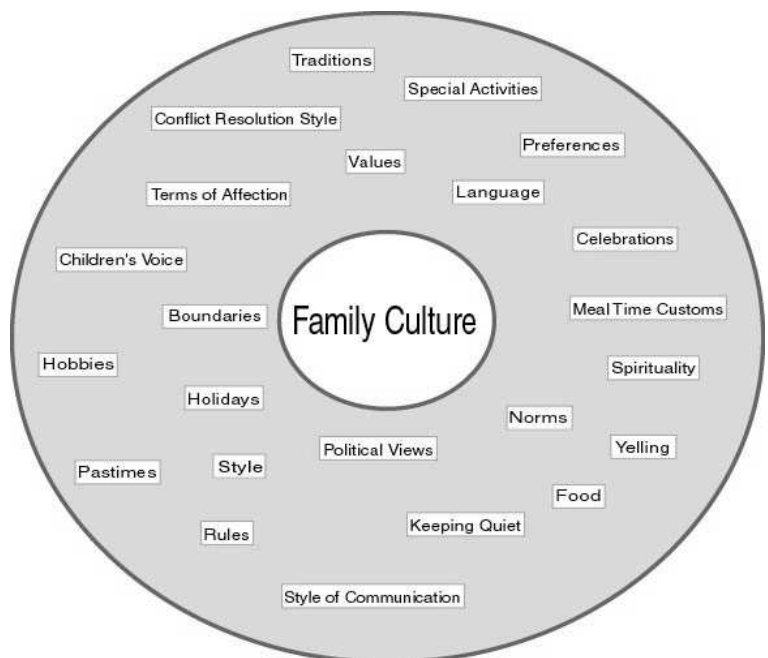
CFT, Plans of Care are less likely to be successful.

Family culture is what makes each family different and unique from every other family. No two families will share exactly the same family culture. Even within the same communities, races, religions, or even extended family groups, each individual family has a culture all its own that is different from that of any other family.

Building Trust

Benefits of Building Trust

Motivational writer and speaker, Steven Covey identifies several consequences of a lack of trust, including: increase in conflict, deterioration of relationships, escalation of uncivil behavior, questioning of commitment, and decline in service quality.

On the flip side, Covey lays out benefits of building trust. Benefits include: improved quality of services; increased commitment; improved relationships; more effective, cohesive teams; decreased frustrations; and the reduction or elimination of uncivil behavior.

Building Trust with Families

An advocate with Wisconsin Family Ties conducted an informal survey where she asked parents how service providers could build trust with families. Below is a summary of the results:

| Trust Builders	Trust Breakers
• Listen with true concern, without judging • Don't rush decision-making • Two-way conversation • Get to know each other as people • Be honest • Treat parents as equals – acknowledge they know their child best • Step "in their world" – work with families where they're at • If you don't know the answer, say you don't • Clear expectations	• Going behind parents' backs to get information to "keep tabs" on them • False statements of understanding • Taking control – power over • Not calling back or putting them off • Not following through, broken promises • Changing plans/making decisions without family • Forcing/pushing for formal services that may not address the family's needs

Adapted from interviews between Wisconsin Family Ties advocate, Tina Swinford, and parents involved in the CST/ISP process, June 2004

Behaviors that Convey Respect, Acceptance and Trust

Physical attending is the intentional use of the environment and body. You want to create a comfortable environment absent of distractions, and assure open communication by not placing any barriers between you and the family members. Some of the things to consider are: attentive body posture, appropriate eye contact, no physical barriers between you and the person.

Psychological attending involves observing and listening to the person and responding. It involves observing the person's nonverbal behavior, verbal behavior and assessing congruence between the person's words and behaviors. Examples of verbal statements that can be encouraging are; "Oh", "Really?", "Can you tell me more?" and "You look worried."

Essentials for Partnering with Parents

Genuinenes

Empathy

Respect
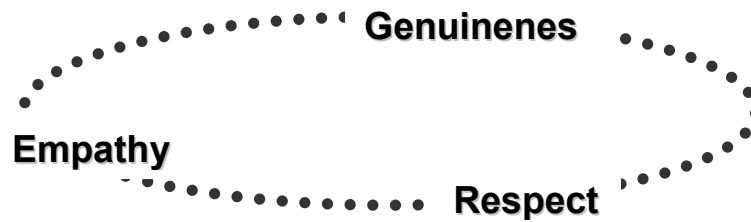
Genuineness is "being you", being consistent in what you say and what you do. You can demonstrate genuineness by:
- Being yourself and not acting differently than you feel or believe
- Making sure that your verbal and nonverbal behavior are consistent
- Expressing yourself naturally
- Being non-defensive
- Communicating trustworthiness and acceptance
- Self-disclosing in a purposeful and brief manner

Empathy: Communicating with empathy results in more openness in people. Demonstrating empathy is a two-step process in which you:
- Recognize and value the person's experiences, feelings and nonverbal communication, and
- Communicate with words your understanding of the person's experience

Respect involves believing that there is value in each human being and that each has potential within them. There are two aspects of respect:
- Your attitude or value about people
- Your ability to communicate respect in observable ways

Respecting a person involves valuing another as a person, separate from any evaluation of his/her behavior. Respecting a person does not mean sanctioning or approving his/her thoughts or behaviors of which society may disapprove. Values and beliefs that convey respect include belief in the following: all human beings are worthy; each person is a unique individual; people have the right to self-determination and to make their own choices; and people can change.

Respect can be communicated and demonstrated by:
- Communicating warmth
- Showing commitment
- Recognizing and using a person's strengths
- Being open-minded

Explaining the CFT Process and a Parent's Role

Sometimes families have difficulty understanding the CFT process because they are used to service providers assessing their needs and prescribing services for them. Take time in explaining the CFT

process to the family so they understand how it works and what their responsibility is in the formulation and functioning of the team. Here are some suggestions:

The child and family team process is a planning process
- The family and service coordinator work together to determine who will be on their team. These members can be anyone the family feels are supportive to their needs: friends, family members, teachers, counselors, etc.
- The family's team (of which they are central) reviews a summary of strengths and needs, prioritizes needs, and develops an individualized Plan of Care
- It is a problem solving process and a supportive group for the family

The child and family team is strengths-based and needs driven
- The team focuses on the actual needs behind the behavior in order to address the problem. This helps stabilize the behavior in the long term rather than just giving the behavior a service or quick fix.
- The team uses the child and family's strengths, rather than the deficits to meet their needs.

The child and family team is family-centered
- The family is an equal partner on the team. Strategies and supports are based on what's worked in the past. The team provides the family with support to make sure their voice is heard.
- Teams do not meet with out at least one parent present. The team meets when and where it is convenient for most of the members on the team, including the family.

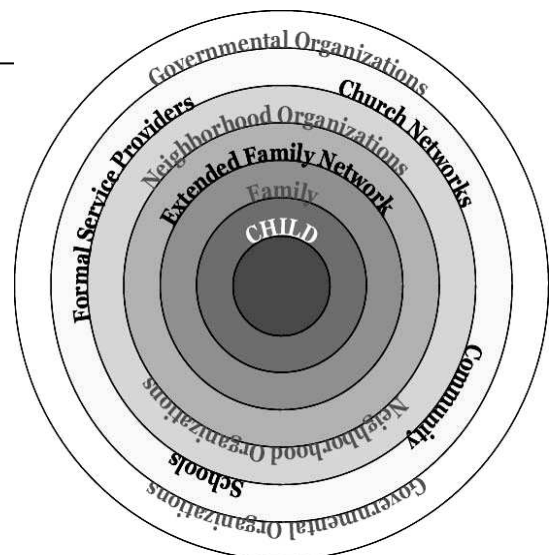**The child and family team assures that all parties are on the same page**
- The team gathers all parties that are involved in the child's life (e.g., family, neighbors, school, service providers, community-based organizations, juvenile justice, etc.) and brings them all to the table to create one consistent plan of action for the child.

Comprehensive stabilization is provided
- The team is available to address *all* aspects of the family's functioning, not just that of the child.

2.3   Child and Family Team Development

Support Map for Children and Families

The Differences Between Formal and Informal Supports

Formal Supports	Informal Supports
Invested in the outcomes and interests of the agency/profession/service they formally represent.	Tied to the interests and outcomes that comprise the family's hopes and dreams.
Focused on providing pre-defined interventions and supports.	Involved in daily life in natural ways and participating side by side with the youth and family.
Tend to be accessible during times that families are not together (day-time office hours, specified periods).	Easily accompany the youth and family across a day, week, as this is when they are naturally there.
Measure success based on the system's expectations and demands for the family's life.	Perceptions of success based in families or personal system of beliefs and values rather than the system's needs.
Formal supports are trained to be emotionally distant from the feelings of the people they serve.	Informal supports are closer to the youth and family as they have been selected by the family's choice and lifestyle.
Approaches to the youth and family are frequently based in the authority of the position they hold.	Respect and shared history give rise to relationship that empowers access and support to the family.
Prior experiences with difficult youth and families shape and diminish the expectations that formal support people hold for individual youth and families.	Expectations are for a life as "good" as their own and the enthusiasm they bring from their natural relationship to the family moves this forward.
Formal supports have access to the resources that the system they represent holds in its services and structures.	Informal supports have knowledge about resources and practices of the individual family and the community they live in from a community based perspective.
Involvement and commitments may be based on conditions imposed by people who are very distant from the family (supervisors, managers, etc.).	Investment is more often unconditional and controlled directly by the key actor and not influenced by people outside the family.

Creating the Child and Family Team (CFT)

With the help of the Service Coordinator and Family Advocate (if available), the family will determine who the members of their CFT are. The types of team members chosen are often the people who know the family best, are able to help them reach their potential, care about the family, and are who the family turns to in times of crisis. The team should be a balance of the family's informal and formal supports. Formal supports should include representatives from each agency the child (and possibly family) is receiving services from that play a significant role in the lives of the child and family.

Qualifications for Team Involvement

To qualify for team involvement, individuals should:

Have a role in the life of the child and family

- The team should be made up of individuals who are already involved in the life of the child and/or family – friends, neighbors, family members, and current service providers. The team development stage is not the time to bring "potential" service providers to the table. The need for additional services and supports is an activity that will be focused on during the development of the Plan of Care.

Be supportive of the child and family

- Team members must have an interest in supporting the child and family in the least restrictive setting possible.

Be supported for membership by the family

- The parent needs to be comfortable with everyone sitting around the table. This can be difficult, especially with agencies and individuals with whom the parent has had a bad experience. Part of the role of a service coordinator is to share the benefits of including key service providers on the team, and, if necessary, work with the family to identify agency representatives the family feels comfortable including on their team.

**Be committed to participate in the process – including regular team meeting attendance**

- Team membership is a big commitment. Service coordinators should ensure potential team members are oriented to the team process and know the expectations of team membership.

Participate in discussions

Be involved in the Plan of Care development, implementation, and monitoring

Possible Team Members

The following diagram illustrates possible team members and is intended to help the facilitator and Family Advocate assist the family in considering the various individuals who may be helpful members of their team. The Team Member Selection Checklist *(sample can be found in "Tools")* can also be used as a guide.
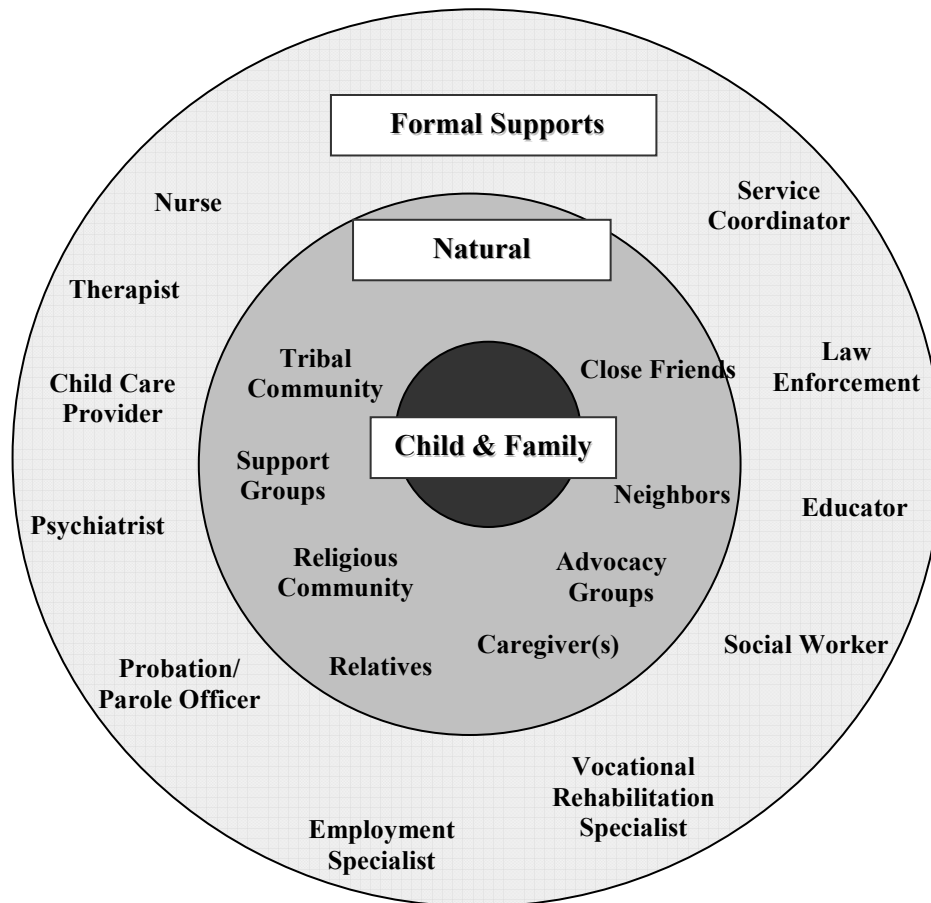
Questions to Help Families Identify CFT Members

- When (the incident / call / crisis) happened, who was the first person you called?
- Are there family members who have been supportive and helpful over the years?
- It appears you've been able to cope with this situation for a long time. Whom have you relied on for help and support?
- Whom at you child's school do you trust? What have they done that has been the most helpful?
- Do you have neighbors who are aware of your situation and can help you?
- Are there any activities in your community for your child?
- Was there a professional you worked with that you really felt helped?
- Do you belong to a religious group? Have you ever? Would you want some help in order to reconnect with that community?
- Are there any supports / services you would be interested in joining in your community?
- Are there any professionals who you would like to have on the team because of their expertise? Who?
- Does your son or daughter have any friends who they listen to? Could that person be on the team?

Children and Youth as Team Members

If possible, the child should be an active member of the team. The parents, with the support of the service coordinator and team should make the decision for inclusion or exclusion. Factors to consider may include:

- Age
- Nature of the child's disability
- Ability to contribute to and benefit from team meetings
- Would the child benefit from having an advocate on the team?

2.4   Assessment Summary of Strengths and Need – CANS Comprehensive

Child and Adolescent Needs and Strengths (CANS) - Comprehensive (Comp) Version

Overview

In the fall of 2007, Wisconsin began to pilot the Child and Adolescent Needs and Strengths for children and youth with mental health challenges (CANS-MH) as an evaluation tool to be used by Coordinated Services Team (CST) Initiatives during the initial child and family assessment process, and as an ongoing communication and evaluation tool.

In the fall of 2010, the Wisconsin Department of Child and Family Services (DCFS) adopted a Comprehensive version of the CANS (CANS-Comp) for use statewide in its out-of-home care system. After input from CST sites across the state, the decision was made by the Wisconsin Department of Health Services to transition from use of the CANS-MH to use of the CANS-Comp. This switch is seen as an important step in cross-system collaboration, and progress toward the goal of a single cross-system assessment and plan of care for children and families involved in multiple systems of care.

The CANS-Comp is a multipurpose tool developed to support communication of strengths and needs. The tool helps facilitate the link between the assessment and plan of care processes, and can also be used to monitor and communicate outcomes. The rating of each item translates into action levels:

Rating Needs Items	
Rating	**Team Action Level**
0 = No Evidence of Problems	No action needed
1 = Mild Problems	Let's watch / try to prevent
2 = Moderate Problems	Action needed
3 = Severe Problems	Immediate / Intensive action needed

Rating Strengths Items	
Rating	**Team Action Level**
0 = Centerpiece Strength	We can build around this in the Plan of Care
1 = Useful Strength	With help, this could be a strong strength
2 = Identified Strength	Need to develop in order to use
3 = No Strength identified	N/A

A rating of "2" or "3" on a Needs Item suggests the area should be addressed in the Plan of Care. Strengths rated a "0" or "1" should be used, if at all possible, to help meet needs identified in the Plan of Care.

Rater Training and Recertification

In order to utilize the CANS-Comprehensive tool or to complete the "CST Assessment Summary of Strengths and Needs - CANS-Comprehensive", individuals must be certified as "reliable CANS raters", and receive annual recertification. The Coordinated Services Team (CST) Initiative is collaborating with DCFS's training resources, including their "CANS Tool Online Training and Certification" system. Although this system was primarily developed for child welfare workers, the approach, rating of the tool's items, and usefulness of the tool should be consistent across systems.

A link to the training website as well as instructions and other CST-related resources are available on the Collaborative Systems of Care website:
www.wicollaborative.org/CANS_Comp.htm

For More Information

For more information on the Wisconsin's use of the CANS-Comprehensive, please contact: Tim Connor at: tim.connor@wisconsin.gov, (608) 261-6744.

Completing the Assessment Summary of Strengths and Needs – CANS Comprehensive

The Service Coordinator should begin gathering the information needed to complete the Assessment Summary of Strengths and Needs with the family before the first team meeting, during the engagement and trust building stage. Through the engagement and trust building process, the service coordinator will gain a wealth of knowledge about the strengths and needs of the family from their point of view.

Although formally "interviewing" the family with the Strengths & Needs Assessment Summary form in-hand is not recommended, the information gathered through discussion and sharing should be translated by the service coordinator onto this form, which will serve as an important tool for the child and family team.

During this same time, the service coordinator can be gathering information regarding strengths and needs from other family supports and service providers, to add to the depth of the assessment summary.

The purpose of the Strengths and Needs Assessment Summary is to provide a "big-picture" overview of the key strengths and needs of a family that accurately reflects their current story. It is not a clinical assessment, rather a summary of what team members need to know about the life of the child and family in order to effectively plan with the family to address needs.

The Strength and Needs Assessment Summary form is divided into the following life domains:
- Living situations
- Youth and Family Situation
- Trauma
- Mental, emotional, and behavioral health
- Physical health
- Developmental status
- Youth and family acculturation
- Child Welfare
- Social and recreational status
- Educational/vocational status
- Legal involvement
- AODA status
- Crisis response
- Youth strengths
- Caregiver needs and strengths

Keeping Assessments Strength-Based

Key Assumptions:
- Each person is unique and possesses strengths
- All environments contain strengths
- Change is supported by building on strengths
- People know their strengths and needs, but may not know how to describe them
- A strength focus recognizes the success of survival in difficult conditions

- Strengths are found in relationships with individuals, groups, and communities

Tips for Strength-Based Assessments
- Identify the strengths of each family member
- Identify the strengths of other team members and e
- Encourage all team members to identify strengths
- Share your own strengths
- Expect strengths and needs to emerge, clarify, and change over time
- Celebrate new strengths

Elements of Strengths
- Attitudes and Values
- Skills and Abilities
- Attributes and History
- Preferences and Dreams

Questions for exploring family Strengths and Needs
- What are your hopes and dreams for your child (grandchild, niece, nephew)?
- What are your hopes and dreams for your family?
- Please identify the three most significant challenges currently facing your child, your family.
- Of all the things you have tried, what has worked the best?
- What does your child enjoy, or do particularly well?
- What are some positive things about your family?
- Other than immediate family members, please identify the most important people in your child's life (e.g., friends, clergy, extended family, neighbors, day care providers, service providers).
- Family Goals:
    - What does your family hope to accomplish over *the next few weeks*?
    - What does your family hope to accomplish over *the next few months*?
- If you could try anything at all (if support, money and resources were unlimited) to improve your family situation, what would it be?
- Please share any additional information you feel is important about your child/family

Types of Strengths

Descriptive Strengths describe a positive attribute about a person; they engage people and tell a story.

For example: "She has a good sense of humor"

Contextual Strengths tell a story as a learning form

For example: "She used jokes to help her dad stay calm before surgery"

Functional Strengths are skills which can be applied in a more organized way that are targeted to needs and make sense in the context in which the family is operating.
For example: "She can use humor to begin making new friends."

Clearly Identifying Needs

Ways to Talk About Needs

As something desired
For example: "I need a better car"

As an imperative (indirectly expressing an order or obligation)
For example: "you need to pay your taxes"

As something missing or lacking that is important to health
For example: "I need a place to sleep tonight"

As necessary steps toward accomplishing a goal
For example: "to get from here to there, you need to drive three blocks west on Kendall till you reach the Car Wash, then turn left for two blocks."

As the holes in our hearts that drive us to do the things we shouldn't and keep us from doing the things we should
For example: "I need to be sure that no one will try to hurt me again."

The Difference Between Needs and Services

People commonly confuse "needs" with services. A service should never be stated as a need. Services are options available to address needs.

Take, for example, the statement: "Mrs. Smith needs respite services". When the formal service "respite" is stated as the need, the options for meeting the need are clearly limited to formal respite services.

When Mrs. Smith's needs are explored, she may say something like, "I need a break from my three children one Saturday a month – noon to 5:00 would be nice". By stating the actual need, "a break", and getting very specific about the details of the need, many possible options, or combinations of options come to light. Now, formal respite services are one option amongst other activities, people, and interventions brainstormed by the team.

Services
- Are usually provided by paid professionals
- Often have eligibility requirements
- Are often time-limited
- Service providers are often referred to as "formal supports" (therapists, school staff, social workers, etc.)

Needs
- A specific issue that requires attention
- Are best expressed in very specific terms (e.g. adult supervision between the hours of 3:30 and 7:00 PM Mondays and Thursdays)
- Needs can often be addressed by EITHER formal supports (above), OR "informal supports" (relatives, friends, neighbors, etc.)

The Involvement of Service Providers

Sample Questions for a Stakeholder Strength-based Assessment

Stakeholder Role and Vision for the Child and Family
- What is your role in working with (name of child/family)?
- How long, and in what capacity have you known this family?
- What is your vision for success for this child and family?

Perceived Needs of the Child and Family
- What is your perception of the needs of this family?
- What is the most critical need that you feel must be addressed?

Perceived Strengths of the Child and Family
- What is your perception of the strengths of (name of child/family)?
- What strengths might we use in developing a plan with them?

Perception of What Works
- Up to this point, what have been successful strategies that have worked with this child and family?

Tools

- Pre-Referral Checklist
- Sample Referral Form
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