



INFORMATION FROM THE PROGRAM MANAGEMENT TEAM

The theme for this edition of Nuts & Bolts is “**Child and Family Team Meetings**”. And for your convenience, Nuts & Bolts is also available on the SAFE website, so you can revisit it as often as you’d like! Much of the information we share in Nuts & Bolts comes from questions we receive from staff. So please email the appropriate program administrator if you have questions or need clarifications around practice, or if you have practice tips or ideas that you’d like to share. Thank you!

This Month’s Articles:

- It All Begins with Intake and CPS, by Darren Burdette, CPS Program Administrator
- DV Notes, by Del Bircher, Domestic Violence Program Administrator
- Indian Child Welfare Act (ICWA), by Savania Tsosie, Indian Child Welfare Program Administrator
- All Roads Lead Home - Tips for In-Home Cases, by Angela Robbins, In-Home Services Program Administrator
- Kinship Care, by Judy Hull, Kinship Program Administrator
- Permanency Pointers, by Tanya Albornoz, Permanency Program Administrator
- TAL Tips, by Jane Lewis, Transition to Adult Living Program Administrator
- Adoption Advice, by Marty Shannon, Adoption Program Administrator
- Substance Abuse and Mental Health, by Kenneth Brown, Substance Abuse/Mental Health Program Administrator

IT ALL BEGINS WITH INTAKE AND CPS

By Darren Burdette, CPS Program Administrator

I hope that you are still focusing on taking an extra 5 minutes on each case. As we focus on teaming, some may wonder what role or impact Intake and CPS really have. However, as discussed previously, Intake and CPS play a huge role in making first impressions and in starting the engaging process with families. These efforts are essential in identifying key members to include as part of the team. In addition, the information that we receive from these individuals can really help us to assess the protective capacity of a caregiver and the supports that they have available to them in addressing potential threats of harm and/or child vulnerabilities.

Remember... it all begins with Intake and CPS.

I would love to hear of any tips that you have used in your Intake and CPS work or if you have any questions about your work, so please email me at DBURDETT@utah.gov.

DV NOTES

By Del Bircher, Domestic Violence Program Administrator

When families with domestic violence issues are involved in a Child and Family Team Meeting, it is important to refer to practice guidelines [section 600](#), which state:

“The Child and Family Services domestic violence program staff will develop and deliver services and resources that honor the adult client’s right to self-determination. The client’s need for confidentiality will always be considered in the delivery of services, assisting the client to progress in their personal growth and development.

“The Child and Family Services domestic violence program staff will always assess the need to develop differential treatment activities for the adult clients (cohabitants) based on individual assessments of those clients, with careful consideration given to the client’s cultural needs and beliefs.

“The Child and Family Services domestic violence program staff will support and participate in the development of treatment plans that are based on client strengths, skills, and abilities. Available and appropriate resources will be taken into consideration. Active participation with the child and family team, when appropriate, will also be required.



“The Child and Family Services domestic violence program staff will participate in the development of community-based training for the community partners in the domestic violence network.

“The Child and Family Services domestic violence program staff will promote practice that recognizes and addresses offender accountability.”

It is key to attend to the unique needs of families with domestic violence issues, including the need to hold separate meetings for both parents involved in the case. This may require multiple meetings, but needs to happen to ensure that all involved have their needs, including custody, met. Local domestic violence community partners should be seen as a possible partner and participant in Child and Family Team Meetings. Regional Domestic Violence Program Administrators are invaluable as a resource for this population. Please feel free to refer to them and their teams when dealing with these cases.

What a great group of committed people work with our families. I appreciate all that you do. Please email me with any creative ideas or suggestions you may have related to your work with domestic violence issues. I can be contacted at DBIRCHER@utah.gov.

THE INDIAN CHILD WELFARE ACT

By Savania Tsosie, Indian Child Welfare/Diversity Program Administrator

More than half of all Native American people now reside in urban areas and “Walk in Both Worlds.” In the United States, there are more than 500 Native American Nations, each having their own separate customs, language, culture, set of beliefs, and religious practices. There are many Native Americans who follow traditional customs and spiritual beliefs. There are also many Native Americans who combine their traditional set of beliefs and religious practices within other beliefs and religious practices as a way of embracing both worlds.

Long ago, Indian parents were guided by traditions that did not leave parenting to chance. However, today many of the traditions have declined because of the influence of the prevailing society. Social concerns, such as poverty, unemployment, and alcoholism add to the problems some Indian parents face as they struggle to “Walk in Both Worlds.”

The 2007 Child and Family Services Annual Report indicates that there are 275 Indian children in foster care. When serving these children and their families, we might ask ourselves, “Are we fully implementing the Indian Child Welfare Act, and our five practice skills of Engaging, Teaming, Assessing, Planning, and Intervening in their Child and Family Team Meetings and in a way that honors and respects their family rules, traditions, history, and culture?”



To become culturally responsive when working with Indian families, their children, and their **Child and Family Teams**, workers need:

- An awareness and acceptance of cultural differences.
- An awareness of their own cultural values.
- An understanding of the dynamics of differences in the helping process.
- A basic knowledge about the family's culture.
- The ability to adapt practice skills to fit the family's cultural context.

In effective cross-cultural services with Indian families, a worker will ask, "What are the cultural differences in this situation that influence my practice? How should I adapt my practice to better serve this Native American family?"

Chief Seattle said, *"Our religion is the tradition of our ancestors—the dreams of our old men and women, given them in the solemn hours of the night by the Great Spirit, and the visions of our tribal chiefs—and is within the heart of our people"*.

Please email me at STSOSIE@utah.gov if you have any questions or suggestions about ICWA or other diversity matters. Thank you.

ALL ROADS LEAD HOME - TIPS FOR IN-HOME CASES

By Angela Robbins, In-Home Services Program Administrator

Few, if any of us, became Social Workers because we love paperwork. Nevertheless, documentation is essential to the work we do. Correct documentation saves time and helps others who are reviewing cases and working with us better understand the dynamics and situations in a family to know how best to assist us in casework.

Did you know that many of the SAFE screens and prompts were designed to help us do "best practice" in casework? For example, the "Team Meeting" tab of the Child and Family Assessment. If a worker uses the provided area to identify all members of the team and their involvement in each team meeting, many of the requirements to include mother, father, step-parents, and children in service planning and decision making will be addressed. Including the Child and Family Team Meeting notes under this section is also a great way to keep all the notes in one place so that another worker or supervisor can quickly be up-to-date on the case history.

If in your office it's the role of the support staff to enter the Child and Family Team Meeting notes into SAFE, each caseworker should be reviewing the notes and all the components of



the Team Meeting tab to ensure that the correct persons are documented as part of the team and what input they may have given. Oftentimes, support staff are not aware of input sought/received outside of the team meeting (i.e., through home visits, emails, telephone calls, etc.).

CHALLENGE: This month, focus on getting information from each member of the team and documenting that input.

Do you have “new” ideas to freshen up casework? Do you have any “out of the box” tips that other In-Home workers can try? I’m looking for tried and true ideas from the field to share with other caseworkers. Please send any of your engaging, teaming, assessing, planning, intervening, or organizational tips to AROBBINS@utah.gov. Thank you in advance!

KINSHIP CARE

By Judy Hull, Kinship Program Administrator

Always remember that kinship work with Child and Family Services is done in the context of a Child and Family Team. Included are a few highlights from the new practice guidelines [Section 500](#) Kinship Services, to help guide you when planning or conducting a Child and Family Team Meeting. And please document in your Child and Family Team notes all pertinent information discussed by the team.

- When bringing a Child and Family Team together, include critical members such as the biological parents, kinship caregivers, children 12 years of age or older, stepparents, other significant persons to family, and the tribe/ICWA worker.
- When developing roles and the primary purpose of the Child and Family Team, refer to the new practice guidelines Section 502.14.
- When making an active effort to locate potential kinship caregivers prior to placing a child into a shelter facility, conduct a Child and Family Team Meeting and ask if there are other caregivers who may be willing and able to care for the child.
- When choosing from multiple placement options bring the CFT together to try and reach a consensus as to which kinship placement would be the most appropriate for the child.
- When a child is placed in a Preliminary Placement, the Child and Family Team is encouraged to make decisions regarding the child’s ongoing care and to help determine what steps are necessary to promote the safety, well-being, stability, and permanency of the child.
- When there is a request for visitation between the child and an extended relative while the child is in a Preliminary Placement, the Child and Family Team will



determine whether a visit is in the best interest of the child. The visit will be individualized to meet the needs of the child.

- When a background screening is not approved, the caseworker and the Child and Family Team should carefully consider the long-term view and permanency plan for the child before recommending that the court grant custody and guardianship to the kinship caregiver.
- When the Child and Family Team decides not to recommend that the kinship caregiver be granted custody and guardianship, the caseworker may inform the kinship caregiver of their option to obtain their own legal council to seek temporary custody and guardianship of the child from the court on their own.

I would love to hear from you about your work with kinship families. Please email me at JUDYMILLER@utah.gov.

PERMANENCY POINTERS

By Tanya Alborno, Permanency Program Administrator

Think Outside of the Box

The Child and Family Services' "office" box, that is. As I speak with different workers from around the state, I have found that we often have a view of Child and Family Team Meetings as being a formalized process where the family and all the "formal" partners sit around a table in a Child and Family Services' office or therapist's office and enter into deep and sometimes uncomfortable conversations with the family. While there are obviously times we need to have formal meetings of this nature, the challenge we face in doing so on an ongoing basis is that the family may not be entirely comfortable and may feel threatened always being in Child and Family Services' "territory" for Child and Family Team Meetings.

Some of the most successful Child and Family Team Meetings I have attended or been made aware of are those that have been held in a neutral location, such as the family's home, a relative's home, a park, or even a room at the local public library. Holding these types of Child and Family Team Meetings will sometimes allow the family to feel more at ease and allow you a glimpse inside the workings of a family that you would not otherwise have. It may also allow you to have a more accurate view of the dynamics that exist between team members. I once had a worker tell me that the most successful Child and Family Team they ever had was one that began to hold regular team meetings at the family's home. The parents facilitated the meetings and were less defensive than they were at initial team meetings held at the Child and Family Services' office. The team felt that by being invited into the home, they had a tangible view into the parents' lives, their internalization of their services, and the resulting improvements they were making in their home. Those Child and Family Team Meetings were a turning point in the case, and the worker felt that it allowed



team members to work more closely together and more easily reach agreements when it was time to return the children home.

Sometimes, however, it may not be possible to hold a Child and Family Team Meeting in a location other than a Child and Family Services' office. In those types of situations, be creative in finding ways to help the children and family feel more at ease, such as allowing the family to facilitate their own meetings, having them introduce an element of their unique family culture into the meeting, and ensuring that informal as well as formal partners are invited to attend. Another idea is to hold a Child and Family Team Meeting for the express purpose of celebrating the successes of a family. These types of "celebrations" can be done in a meaningful way that will be memorable to the family and may even motivate them for further successes, especially when both formal and informal team members attend.

This month, I challenge you to be creative, when possible, in finding neutral locations and/or ways to hold Child and Family Team Meetings. I hope that you will find that it increases your ability to engage with the family and allows your team meetings to be more successful.

If anyone finds this "experiment" successful, I invite you to email me your experience at TALBORNO@utah.gov for inclusion in a future edition of Nuts and Bolts.

TAL TIPS

By Jane Lewis, Transition to Adult Living Program Administrator

While a young person is in custody, the Child and Family Team is the primary source of support for the youth. Preparing youth for a successful transition to adulthood is a team effort. The first step in involving youth in the process of the Child and Family Team is to understand how it benefits everyone involved - the agency, the caseworkers, and the youth themselves.

Young people in foster care need opportunities to participate in decisions about their own lives. Getting their buy-in is important, and ensuring real youth involvement is a significant challenge. Real involvement requires good planning and preparation - a preplanning conversation. The Child and Family Team work in collaboration with the youth at age 14. Once a youth turns 16, the Child and Family Team is led by the youth with support and guidance of the team (practice guidelines [Section 303.7](#)).

A true partnership on the Child and Family Team exists when each person has the opportunity to make suggestions and decisions, and when everyone's contribution is recognized and valued. Many youth do not feel that their voices are heard or that their input makes a difference. A youth-adult partnership exists when adults see young people as full partners on the Child and Family Team. Getting youth involved with their Child and Family Team and in



the development, design, and implementation of their service plan will allow youth to take a more meaningful role in their services and the Child and Family Team.

Please share your casework ideas, successes, and struggles related to TAL Services by emailing me at JHLEWIS@utah.gov.

ADOPTION ADVICE

By Marty Shannon, Adoption Program Administrator

As Qualitative Case Reviews are being debriefed, I have noticed that in cases in which a child is going to be adopted by their foster family, there is often a reduction in Child and Family Team Meetings. A future adoption may be a time when things appear stable for the child, thus the caseworker turns their energies to more pressing cases. While I empathize with the need to focus on pressing situations, regular Child and Family Team Meetings through the transition to adoption are crucial in helping the prospective adoptive family commit to a major life change and understand the complicated legal process. The family needs to understand that there will be significant change as they become the legal family for the child they have been fostering. For example, service options will change, financial assistance will change, legal status will change, and there are many emotional changes for the child being adopted as well as the adoptive family members. Regular Child and Family Team Meetings will make the difference in creating a smooth transition for the family. You will most likely want to add an adoption expert from Child and Family Services on the team to help. Some issues for consideration include:

- Have the federal Adam Walsh Act fingerprint requirements been met for all adults in the prospective adoptive family?
- Do the prospective adoptive parents know everything they want to know about the child and the child's history?
- Have the prospective adoptive parents re-read the child's file and have all their questions been answered?
- Has the Adoption Agreement form AD 21b been signed?
- Have the both the biological mother and father's parental rights been terminated? How is the child dealing with the emotional loss?
- Will there be contact with the birth family and others? Who and how?
- Do the prospective adoptive parents have a life book and personal history for the child?
- Do the prospective adoptive parents know what services they will have access to as an adoptive family and what services will no longer be available?



- Are the prospective adoptive parents aware of the losses that adoption will bring for the child? Are they aware that the child's behavior may be a magnification of their confusion, fear, grief, and anxiety about losing their original family?
- Has the adoption assistance been negotiated and the agreement signed?
- Does the family know the post adoption staff and services available?
- Have the prospective adoptive parents thought about how they will "claim" the child as their own? Will there be a name change for the child? How does the child feel about the name change? Does the name change allow the child to feel a connection to their sense of both biological family and their adoptive family? Some examples to help signify the child becoming part of their adoptive family include: having a new family portrait taken, participating in an entrustment ceremony, or having a family gathering to celebrate.
- Does the prospective adoptive family know they will need to hire an attorney for the legal finalization of the adoption in court? Do they know what costs can be reimbursed?

These are just a few of the many issues to consider as a child and family transition from foster care to becoming an adoptive family. Continued teaming with the family, extended family, teachers, mental health therapists, and others who may be helpful and will continue to be involved with the family is critical during this life changing process in order to have a successful transition.

If you have any other information you'd like to share with everyone related to adoption services, or if you have any questions, please email me at MSHANNON@utah.gov.

SUBSTANCE ABUSE AND MENTAL HEALTH

By Kenneth Brown, Substance Abuse/Mental Health Program Administrator

Confidentiality and HIPAA

When scheduling a Child and Family Team Meeting and the parents are in substance abuse treatment, you may find the treatment provider replying they can't attend or provide you with any information due HIPAA and/or 42 CFR concerns. HIPAA and 42 CFR, Part 2 are the two federal regulations regarding the confidentiality of patient (client) information. I have briefly outlined them below to give you an idea what each is about.

HIPAA (Health Insurance Portability and Accountability Act of 1996) was actually designed to make sharing of information easier between providers. The rule permits uses and disclosures for "treatment, payment, and health care operations" (TPO) as well as certain other disclosures without the individual's prior written authorization. HIPAA also establishes seven requirements necessary of a written authorization (Consent to Release Information). Be aware that HIPAA also requires that uses and disclosures of any protected client information



to be the minimum necessary for the intended purpose of the use or disclosure. Thus, HIPAA establishes procedures that allow exceptions to use and disclosure of alcohol and drug abuse client information; allowing for any treatment provider (doctor, dentist, counselor) to share the minimum amount of information necessary for the client to receive treatment without a signed release.

But in the case of substance abuse providers, an older and more stringent rule, 42CFR, Part 2 trumps HIPAA.

42 CFR restricts the use and disclosure of any and all client identifying information maintained by any federally assisted alcohol and drug abuse treatment program unless a proper written consent (as outlined in HIPAA) is initiated. This means that no information, not even the acknowledgement that a client is in the treatment program, is allowed without prior written authorization.

Hint: If a facility that you have had previous open discussions with about a client suddenly says, "we can neither confirm nor deny..."; then you know the client has revoked their consent - most likely due to some violation they do not want you to know about.

Many treatment programs in their efforts to fulfill their obligation under HIPAA and 42 CFR go too far and won't even allow caseworkers to enter the facility less it would identify other clients with the agency. The error in this logic is the client themselves are not bound by HIPAA or 42 CFR and thus they can tell anybody and everybody whatsoever they want about their involvement in treatment. Therefore, your client should invite their treatment person to the Child and Family Team Meeting to discuss their treatment status. They (the client) are releasing the information and allowing their counselor to do the same. If the counselor is nervous about attending and talking about the client, they can simply pull out their agency's Release of Information form and have the client sign it. Be advised, though, that there will be information the counselor will not be able to disclose under the minimum necessary clause. As a caseworker you can assist by preparing clients ahead of time on how to ask their treatment professional to attend the Child and Family Team Meeting and then pre-conference with that treatment professional to discuss what information is to be shared.

If you need more information regarding HIPA and 42 CFR, Part 2, or about substance abuse and mental health issues; please feel free to contact me at 801-538-4509 or email KHBrown@utah.gov.

