

## REPLACES:

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## I. OVERVIEW

Child welfare agencies are mandated to identify a Child and Family Team (CFT) for children, youth, and Nonminor Dependents (NMDs) in out-of-home care. CFT meetings are convened throughout the life of a child welfare case to identify needs and natural supports, inform placement decisions, and help achieve positive outcomes for safety, permanency, and well-being through collaborative decision-making. CFT meetings are required to occur at least once every six (6) months, with some additional timeline considerations as applicable.

A CFT meeting is not mandated until a child/youth is placed in foster care, but may still occur prior to court involvement. Safety Planning CFTs, formerly known as Team Decision Making (TDM) meetings, allow families and individuals to come together during the Emergency Response (ER) referral stage to make the best possible decisions for a child's safety, with an emphasis on enhancing protective factors, preserving the family unit, and developing community-based supports.

## II. POLICY

### A. COMPOSITION OF THE CFT

Services for children and families are most effective when delivered in the context of a single, integrated team who hold a shared responsibility to assess, deliver, and monitor services. The CFT is made up of individuals identified by the family as important, child welfare representatives, and other professionals invested in the family's success. CFTs should include individuals naturally supportive of the child/youth/NMD and family so a support system can continue to exist after formal services are completed. The composition of the CFT may change over time based on the needs of the child/youth/NMD and family.

The CFT composition must include:

- **Child/youth/NMD.** The Social Worker should assess if it is appropriate for younger-aged children to participate in meetings. When attendance is determined not to be in the child's best interest, the Social Worker should utilize Safety Organized Practice (SOP) tools to bring the voice, preferences, and perspective of the child to the meeting. A child's ability to participate in a CFT meeting should be revisited over time with participation as a future goal.
- **Parent(s)/legal guardian(s)**
- **Social Worker and/or Social Work Supervisor**

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The CFT composition may include:

- **Extended Family Members**
  - **Informal/Natural Supports** (e.g. neighbors, friends, coworkers, and other individuals identified by the family as being important)
  - **Service Providers and Community Partners** (e.g. behavioral health staff, parent partner, youth partner for foster children ages 12 and up, school personnel, ILSP Specialist, mental health provider, educational liaison, tribal representative, public health nurse, etc.)
  - **Current Caregiver(s)**
  - **Child and Adolescent Needs and Strengths (CANS) Assessor**
  - **Court Appointed Special Advocate (CASA).** CASA-assigned youth are required by law to be noticed of CFT meetings. The youth has the right to request their CASA not attend the meeting.
  - **Educational Rights Holder, if different from the parent/guardian or caregiver.** The Educational Rights Holder must be invited to a CFT meeting if the meeting is going to discuss placement preservation strategies or a placement change.
  - **An assigned attorney** for the child/youth/NMD or parent(s)/guardian(s). Note: an attorney may only participate in the CFT meeting as an identified natural support, not as a legal representative. Attorneys are prohibited from asking questions for the purposes of fact-finding or to create a legal advantage on behalf of their client. Social Workers should refer attorneys inquiring about attending meetings to the CFT Facilitator. CFT Facilitators are responsible for ensuring attorneys in attendance understand the parameters of a CFT meeting.
- B. Safety Planning CFT Meetings** (formerly known as TDMs) are not mandated under legislative CFT requirements, but are encouraged to ensure teaming practices and safety planning occur in the referral stage. A Safety Planning CFT Brochure, available in CFS offices, must be provided to the family ahead of the meeting. A Safety Planning CFT Meeting may occur in the following circumstances:
- **Imminent Risk of Removal.** When a child/youth is at-risk of being removed from their home of origin, a Safety Planning CFT Meeting can occur to discuss the child/youth's safety and well-being, and at the same time preserve the family unit when possible by building upon existing strengths. Safety threats, worries, and protective factors are addressed during the meeting. If it is determined an appropriate safety plan cannot

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be created, participants will decide whether the child(ren)/youth should be removed from their home of origin. Placement decisions must consider the least restrictive placement for each child/youth, with a focus on preserving familial and community connections.

- **Emergency Removal.** Safety Planning CFT Meetings may be held when a protective hold has been placed on the child/youth, and decisions need to be made regarding placement. The meeting focuses on preserving a child/youth's familial and community connections, and making placement decisions that reflect the child/youth's specific needs.

The following recommendations may come out of a Safety Planning CFT:

- *Close Referral* – the child(ren)/youth will remain at or return home with no further CFS intervention. In some circumstances, the family may be referred to Differential Response (DR) for home-based support, including access and coordination to services and community resources. Refer to [DM 31-085 Differential Response Path II and Aftercare](#) for more information on the DR Program.
- *Intensive Family Services* – the family is assessed as being appropriate for the Intensive Family Services (IFS) Program, and agrees to participate. The child(ren)/youth can remain at or return home while case plan goals are being achieved during the required timeframe. Refer to [DM 31-087 Intensive Family Services](#) for more information on IFS.
- *Removal* – the child is to remain or is placed in out-of-home care and referred to Court. Refer to [DM 31-091 Child Welfare Investigations and Warrants](#) for information on bringing a child into protective custody.

By taking part in a Safety Planning CFT, participants agree to support the plan developed to protect the child/youth. Ideally, participants will come to a consensus, but the Department is ultimately responsible for making decisions and recommendations pertaining to safety.

- C. Case Planning CFT Meetings** are mandatory for children and youth in out-of-home care. A regular CFT Brochure, available in CFS offices, must be provided to the family prior to the Initial Case Planning CFT Meeting.

1. **Initial Case Planning CFT Meeting.** The Initial Case Planning CFT Meeting must be convened within the first sixty (60) days of the date a child/youth enters foster care. Social Workers must explain the CFT process to the family, and identify and engage potential CFT members. Group agreements are established during the initial meeting.

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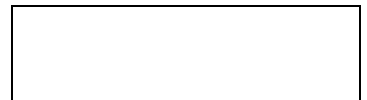
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The Initial Case Planning CFT Meeting includes, but is not limited to, the following objectives:

- Review of the family and child/youth's current situation or status
- Review underlying needs and strengths of the family
- Provide input into the development of supportive services that are strength-based, needs-driven, and culturally relevant
- Discuss the ongoing safety plan and the Department's concerns surrounding the child/youth's safety
- Review the appropriate visitation plan and contact arrangements
- Review the Child and Adolescent Needs and Strengths (CANS) assessment
- Develop initial case plan goals and service objectives
- Identify the most appropriate placement for the child/youth, while taking into consideration the least restrictive setting. If multiple relatives come forward, work with the relatives to determine who would be the most appropriate placement option; others who are interested in placement should be directed to go through the Resource Family Approval (RFA) process.
- Family finding and engagement
- Indian Child Welfare Act (ICWA) inquiries and active efforts
- Develop action plan and next steps

2. **Ongoing Case Planning CFT Meeting.** Children and youth in foster care are required to have a CFT meeting at a minimum once every six (6) months. Ongoing Case Planning CFT Meetings include, but are not limited to, the following objectives:

- Continued services provided to support the child/youth and family
- Case planning
- Placement preservation strategies
- Potential placement changes with natural supports in place
- Permanency planning
- Step-down planning
- Family finding and engagement
- Review of the most recent CANS assessment



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- Develop action plan and next steps

When family reunification services are terminated, the court has ordered limited contact between the parent(s) and child/youth, or the child/youth has requested their parent(s) not be at the CFT meeting, consult with County Counsel prior to inviting the parent(s) to attend CFT meetings.

3. **Youth Transition Meeting (YTM).** YTM's are CFT meetings held for older youth and NMDs to develop comprehensive, individualized permanency and transition plans to support emancipation from foster care or participation in Extended Foster Care (AB 12). CFT meetings should shift to a YTM-focus for youth in Permanent Placement (PP) status. YTM's adhere to Ongoing Case Planning CFT Meeting frequency. A YTM Brochure, available in CFS offices, should be provided to the youth/NMD ahead of the meeting. YTM's include objectives covered in Ongoing Case Planning CFT Meetings, as well as some areas focused on increasing post-dependency stability:
  - Address the older youth/NMD's desired educational and career goals, housing, finances, health, current supportive services (e.g. CalFresh benefits), and develop action items
  - Review of the Transitional Independent Living Plan (TILP)
  - Ensure NMD continues to meet statutory conditions to maintain AB 12 eligibility (refer to [DM 31-650 Extended Foster Care](#))
  - Inclusion of an Independent Living Skills Program (ILSP) Specialist, who will partner with the case-carrying Social Worker in supporting TILP goals, and provide specific information and resources on housing options, educational supports, employment information, etc.
  - A final YTM must be held within 90 days of the youth/NMD aging out of foster care. A 90 Day Transition Plan (FC 1637), available in CWS/CMS, is completed to ensure the dependent youth/NMD has an individualized plan in place.
4. **As-Needed CFT Meeting.** CFT meetings may be requested by any member of the CFT, including the child/youth/NMD. Circumstances that may require the CFT to convene outside mandated timelines may include, but are not limited to:
  - Placement preservation if the child/youth is at risk of placement disruption (note: Social Workers are required to consult with the



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child/youth's CFT when it has been determined a placement may be in jeopardy)

- Placement changes and consultation to identify the most appropriate and least restrictive placement
- Address emerging concerns and provide coordinated interventions
- Modifications to case planning needs
- Behavioral health issues are identified
- Decisions regarding Presumptive Transfer of SMHS for eligible children/youth placed out-of-county

5. **Specialty Mental Health Services (SMHS) Recipients.** Children/youth in receipt of SMHS who have an assigned Intensive Care Coordinator (ICC), including Pathways to Well-Being/Katie A., Intensive Home-Based Services (e.g., WRAP, TBS), or Therapeutic Foster Care (TFC) must have a CFT meeting no less than every ninety (90) days.

6. **Higher Level of Care.** Youth who reside in a Short-Term Residential Therapeutic Program (STRTP) must have a CFT meeting no less than every ninety (90) days.

#### D. Inter-Agency Collaboration

If the child/youth and family already has an established team with another agency provider, such as Behavioral Health or Wraparound, the Department will support the existing team to ensure service alignment. Inter-agency collaboration is necessary to determine the lead agency for each meeting and how best to address the needs of the child/youth and family. When the Department is not the lead agency, the Social Worker must make efforts to ensure the meeting includes needs and services relevant to the case.

#### E. CFT and the CANS Assessment

Completion of the Child and Adolescent Needs and Strengths (CANS) assessment requires input from the child/youth/NMD and family, as well as other members of the team. A certified CANS Assessor is responsible for completing the CANS tool for all children, youth, and NMDs prior to the development of the case plan and prior to the first CFT meeting. Results of the CANS should be shared and discussed at the meeting. The CANS is intended to guide case planning, placement decisions, and care and service coordination. Refer to [DM 31-190 Child and](#)

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[Adolescent Needs and Strengths \(CANS\) Assessment](#) for more information.

## F. Parameters for Social Worker-Led CFT Meetings

In furtherance of the Integrated Core Practice Model (ICPM), a CFT Facilitator's role is to build consensus within the team around collaborative planning, support the CFT agenda, ensure the family's voice is heard, and promote accountability to the team for their commitments to specific action steps. Utilizing a facilitator is strongly encouraged and ensures a CFT meeting complies with legal mandates. Social Workers who wish to lead their own CFTs should have the basic skills to facilitate a meeting and effectively engage in the teaming process. If a Social Worker wants to facilitate their own CFT, the Social Worker must:

- Consult with their immediate supervisor prior to scheduling the CFT meeting
- Connect with the CFT Scheduling Clerk to ensure the Social Worker has the necessary CFT meeting documents, including Presumptive Transfer paperwork. The clerk may verify the Social Worker understands meeting expectations and requirements.
- After the CFT meeting, the Social Worker who facilitated the meeting is responsible for uploading a copy of the CFT Action Plan and ensuring appropriate documentation is captured in CWS/CMS

Note: a CFT meeting cannot take the place of the Social Worker's required monthly visit with the child/youth/NMD and parent(s)/legal guardian(s).

## III. RELEASE OF INFORMATION

A [Child and Family Team Release of Information](#) form that is designed to protect the child/youth/NMD and family's right to privacy is reviewed and signed at the beginning of every CFT meeting. Social Workers are strongly encouraged to share this form with their families ahead of the CFT meeting, but signatures will be collected at the beginning of the meeting by the CFT Facilitator.

## IV. PROTOCOL

### A. REFERRAL PROCESS

#### 1. Social Worker Responsibilities

Social Workers must explain the CFT process to the family, and identify and engage potential team members as soon as possible. Social Workers should encourage parents to invite extended family and any individuals who

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are part of their support network. The appropriate CFT Brochure must be provided to the family.

Social Workers should address and mitigate any barriers the family has to attending the meeting, e.g. transportation, language access, etc. Although in-person participation is encouraged, team members do have the option to participate via phone or virtual platform.

## 2. **Scheduling Responsibilities**

A designated clerk in the Permanency and Transition Division schedules the CFT Meeting. Social Workers are responsible for contacting the CFT Hotline, and once a meeting date and time is confirmed, completing the CFT Referral Form (available in CWS/CMS) and emailing it to [CFT\\_Scheduling@ehsd.cccounty.us](mailto:CFT_Scheduling@ehsd.cccounty.us).

The Social Worker is responsible for notifying the family, child/youth/NMD, caregiver(s), and existing service providers of the meeting date and time. The clerk is responsible for notifying all other parties.

## **B. PREPARATION FOR THE CFT MEETING**

Prior to the CFT meeting, the Social Worker should consult with their supervisor. Review and preparation for the meeting should include, but is not limited to:

- Identify strengths, worries, and underlying needs of the child/youth/NMD and family
- Complete and review appropriate Structured Decision Making (SDM) tools
- Review most recent CANS results
- Ensure an appropriate harm and danger statement has been developed

## **C. HOLDING THE CFT MEETING**

CFT meetings follow a structured format. The CFT Facilitator is responsible for leading a strengths-based, collaborative discussion that helps ensure risk and safety are addressed, the meeting is productive, and all voices are heard. The CFT Facilitator must consult with the Social Worker at minimum one (1) day prior to the meeting to discuss any safety concerns and/or potential trauma impact for the child/youth/NMD, and work with the Social Worker to confirm security is available if necessary.



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**Safety Concerns:** In circumstances where there are known safety concerns, it may be necessary to have a separate CFT meeting, or a segmented one, where a required member of the team attends only a portion of the meeting rather than the meeting in its entirety (e.g., a parent who perpetrated physical or sexual abuse, domestic/intimate partner violence has occurred, a Restraining Order is in place, this is considered a sensitive case, etc.). When there are safety concerns, please consult with your immediate supervisor prior to scheduling a meeting.

A preparatory discussion led by the CFT Facilitator at the start of the meeting should include, but is not limited to:

- The purpose of the CFT meeting
- Introductions of participants and relationship to the child/youth/NMD/family
- Meeting structure and guidelines
- Confidentiality expectations and completion of the CFT Release of Information form

During the meeting, discussion topics that give each participant the opportunity to provide input should include, but are not limited to:

- Desired outcomes
- Family needs and strengths
- Available services and supports
- Safety planning and assessment of current family circumstances
- Action items and goals reached since the last CFT meeting
- Potential placement decisions
- Permanency planning
- Step-down planning
- Review the appropriate visitation plan and contact arrangements
- Action Plan/next steps that outline CFT members assigned to specific tasks, the anticipated timeframe for completing the goals, and contingency plans

At the close of the meeting, the CFT Facilitator will provide a copy of the completed and signed Action Plan to all present CFT members. Coming to a consensus is the goal, but by law, the Department is responsible for making decisions and recommendations pertaining to safety. CFT participants have the opportunity to complete a [CFT Evaluation](#) to provide the Department with feedback about their meeting experience. The CFT Facilitator will provide the form to the

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participants. Participants also have the option to utilize a QR code to provide feedback.

## D. AFTER THE CFT MEETING

### 1. Court Reports

The occurrence of the CFT meeting must be documented in the court report. Please note that the names of certain service providers (e.g., parent partner, youth partner, educational liaison, etc.) should not be included in the court report. The Social Worker should provide information regarding CFT meetings held during the review period, which may include, but is not limited to:

- Date the meeting was convened
- Brief summary of significant issues addressed and key decisions
- For a child/youth placed in a higher level of care or without an identified permanent plan, a description of reasonable efforts made to identify supports necessary to achieve permanency in the least restrictive setting
- If CFT recommendations were considered when developing the case plan
- If the child does not participate in CFT meetings, what alternative forms of engagement were utilized to bring the child's voice to the meeting

### 2. Documentation in CWS/CMS

CFT meetings must be documented in CWS/CMS in the Case Plan Notebook and Contact Notebook. Proper documentation ensures the CFT is captured as an agency responsibility, client responsibility, and delivered service. Please note the names of certain service providers (e.g., parent partner, youth partner, educational liaison, etc.) should not be included in any documentation. A copy of the CFT Action Plan should be uploaded into CWS/CMS. Refer to [Quick Guide: CFT Documentation in CWS/CMS](#) for more information on documentation.

### 3. Filing

CFT Actions Plans are considered discoverable and should be placed in case files to provide access for future assigned Social Workers and Supervisors, along with being available to the Court and interested parties when requested through the discovery process. Though CFT Action Plans are discoverable, they should not be attached to Court Reports or other court documents.

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## RESOURCES

[Safety Planning CFT Brochure \(available in CFS offices\)](#)  
[CFT Brochure \(available in CFS offices\)](#)  
[Youth Transition Meeting \(YTM\) Brochure \(available in CFS offices\)](#)  
[Child and Family Team Release of Information](#)  
[CFT Referral Form \(available in CWS/CMS\)](#)  
[CFT Information for Social Workers](#)  
[CFT Participant Roles and Responsibilities \(CFT 04\)](#)  
[CFT Frequently Asked Questions \(CFT 05\)](#)  
[CFT Evaluation \(CFT Evaluation 01\)](#)  
[Quick Guide: Documenting the Child and Family Team \(CFT\) in CWS/CMS](#)

## REFERENCES

All County Letters (ACLs):

- [16-84 Requirements and Guidelines for Creating and Providing a Child and Family Team](#)
- [17-77 Implementation of Presumptive Transfer for Foster Children Placed Out of County](#)
- [17-104 Documentation of Child and Family Teams \(CFTs\) in the Child Welfare Services/Case Management System \(CWS/CMS\)](#)
- [17-104E Documentation of Child and Family Teams \(CFTs\) in the Child Welfare Services/Case Management System \(CWS/CMS\)](#)
- [18-23 The Child and Family Team \(CFT\) Process Frequently Asked Questions and Answers](#)
- [18-81 Requirements and Guidelines for Implementing the Child and Adolescent Needs and Strengths \(CANS\) Assessment Tool Within a Child and Family Team \(CFT\) Process](#)
- [19-26 Placement Change Requirements](#)

[California Department of Social Services \(CDSS\) Manual of Policies and Procedures \(MPP\)](#)

[DM 31-084 Emergency Response Program](#)

[DM 31-085 Differential Response Path II and After Care](#)

[DM 31-087 Intensive Family Services](#)

[DM 31-088 Continuing Services Program](#)

[DM 31-190 Child and Adolescent Needs and Strengths \(CANS\)](#)

[DM 31-650 Extended Foster Care](#)

[DM 31-650.1 Extended Foster Care Re-Entry](#)

[DM 31-907 Structured Decision Making \(SDM\)](#)

[DM 31-909 Presumptive Transfer](#)