#### CHILD AND FAMILY TEAM MEETINGS

**AUTHORITY:** California Code of Regulations, Title 22, Division 6, Chapter 5

California Assembly Bill (AB) 403 (CHAPTER 773, STATUTES OF 2015)

CA AB 1997 (CHAPTER 612, STATUTES OF 2016) CA AB 1068 (CHAPTER 780, STATUTES OF 2019) CA AB 153 (CHAPTER 86, STATUTES OF 2021)

WIC Sections 628(d), 706.5, 706.6, 832, 16501.1, and 11400(f)

All County Letter (ACL) 16-84, 17-104, 18-09, 18-23, 18-81, 19-26, 21-113,

21-114, 21-115, 21-116, 22-35, 22-73, 25-10, 25-54, 25-57

County Fiscal Letter (CFL) 21/22-34, 21/22/51

All County Information Notice (ACIN) I-21-18, I-73-21, I-35-24

*In re A.M.* (2020) 53 Cal.App.5th 824 Interim directive dated 01/20/21

Family First Prevention Services Act (FFPSA) Part IV

**RESCINDS:** Procedure Manual Item 2-6-209, dated 01/06/2022

FORMS: Child and Family Team Plan F063-25-806

Inter-Agency Placement Committee Referral for STRTP F063-25-826

Placement

CFT Consent to Release Information F063-25-805
Placement Case Plan Electronic Format
Family Finding Worksheet Attachment

**PURPOSE:** To ensure uniformly applied and timely child and family team (CFT)

meeting processes and timelines for youth who are pending a suitable

placement order.

#### GENERAL INFORMATION

A child and family team (CFT) is defined as a group of individuals that participate in a trauma-informed team planning process that includes the youth or non-minor dependent (NMD), family members, a skilled and trained facilitator, professionals, natural community supports, and other individuals identified by the family who are invested in the youth or NMD's, and family's success. In addition to mandated participation of involved public agency representatives, the composition of the team is driven by family members' preferences. Successful CFTs include persons with natural supportive relationships with the family, so that the family's support system will continue to exist after formal services are completed. The CFT's role is to include family members in defining and reaching identified goals for the child, recognizing that trauma is treatable. The individuals on the team work together to identify each family member's strength and needs, to develop a culturally relevant, trauma-informed, and developmentally appropriate youth, NMD and family-centered case plan.

CFTs must be conducted by a trained and skilled individual who ensures fidelity to the CFT process and keeps family voice and choice at the forefront of all teaming decisions.

#### II. BACKGROUND

Assembly Bill (AB) 403, commonly known as the Continuum of Care Reform (CCR) was signed into law in 2015 and made significant changes to foster care. One of the tenets of CCR was the requirement that effective January 2017, all youth entering foster care must be provided a CFT. An appellate case filed in August 2020 from Alameda County reinforced the CFT requirement prior to the youth receiving a placement order so that all case planning information was already available for consideration at the time of disposition. A skilled and trained facilitator is essential in the development of individual case plans while meeting the values and principles of an effective CFT process.

Assembly Bill (AB 153) was enacted in 2021 in order to achieve full compliance with Family First Prevention Services Act (FFPSA) Part IV. AB 153 established new requirements for the placement of youth into an STRTP, including that they must be assessed by a Qualified Individual (QI) and the case plan must document detailed CFT efforts and process, as outlined in ACIN 1-73-21.

The CFT meeting does not represent the entire process, rather, it is simply one part of a larger strategy, which involves youth and families in all aspects of **case** planning, evaluation, monitoring and adapting to assist them to successfully reach their goals.

Confidentiality and information sharing practices are key elements throughout the CFT process and must be designed to protect the youth and families' rights to privacy without creating a barrier to receiving services. Welfare and Institutions Code WIC 832 promotes sharing of information between CFT members relevant to case planning and providing necessary services and supports to the youth, NMD and family.

#### III. PROCEDURE

- A. Response following court hearing:
  - 1. The youth appears in court on an open Application for Petition and the court orders a 241.1 or Placement Suitability Report (or there is a report ordered with an indication that a placement order is imminent for the youth).
    - a. The assigned deputy probation officer (DPO) will complete the Placement Referral Form and forward to the Placement Unit.
    - b. The Placement Unit will review and determine if a placement order is appropriate.
      - (1) If no placement order will be recommended, no further action is required outside of the report preparation.
      - (2) If a placement order will be recommended, either a designated DPO from the unit of origin (i.e. Juvenile Investigations Unit or a field unit) or a designated Placement Unit DPO will be charged with completing the CFT and act as the role of facilitator. Ideally, the designated DPO is not the assigned DPO so that the facilitator may take as neutral a role as possible. The assigned DPO and the designated CFT facilitator will work together to share information in preparation of the CFT.

- (a) If the youth is currently a dependent, and the youth has had a CFT in the past six months, the information from this report may be used in lieu of conducting a new one.
- B. The designated CFT facilitator will receive the youth's case file and prepare for the CFT.
  - 1. The file will be reviewed including court reports, child abuse reports and any therapeutic assessments
  - 2. Youth in custody will be interviewed immediately.
    - a. Placement and child and family teaming purpose, frequency and composition of CFT will be reviewed.
    - b. Information regarding immediate family, who is involved in their lives (natural and relative supports) and whom the youth would like to participate in the CFT, will be gathered. The youth will also be a source for family finding efforts.
    - c. Two questions will be presented to the youth in advance of the CFT so that they may have time to prepare their answers.
      - (1) What are your strengths or positive traits?
      - (2) What do you need to work on to reach your goals?
  - 3. Parents/caregivers will be contacted:
    - a. The purpose, frequency and composition of CFT will be reviewed.
    - b. The CFT will be scheduled based on parental availability and convenience with the requirement of having it completed prior to the date the report is due to court.
    - c. If the youth is in custody, the initial CFT will be where they are housed.
    - d. For out of custody youth, the options for the CFT will be provided to parents.
    - e. Information regarding natural supports that can participate in CFT will be sought.
    - f. Family finding should also be conducted at this step. The responsibility for this will primarily rest with the assigned DPO; however, Placement Unit staff may assist with locating identified family members as needed.
  - 4. Contact will be made to the following stakeholders for their participation in the CFT:

2-6-209 P. 4

- a. Assigned Probation DPO and their supervisor
- b. Assigned SSA Social Worker and their supervisor
- c. Parent, guardian, current caregiver or prospective caregiver
- d. Qualified Individual (QI) who will complete the assessment report.
- e. Child Evaluation and Guidance Unit (CEGU)
- f. Mental health provider, if different from CEGU, who has a history of treating the youth.
- g. Youth's court appointed educational rights holder, if other than parent, guardian, or caregiver.
- h. Department of Education Foster Care Liaison
- i. Youth's attorney
- j. Court Appointed Special Advocate (CASA)
- k. Tribal representative for Indian youth
- I. Any other individuals (natural supports, kin, positive supports) identified by the youth, NMD or family.
- m. The composition of the CFT is dynamic and will fluctuate during the life of the placement episode.
- 5. The CFT meeting will:
  - a. Be facilitated by the CFT facilitator, ensuring meetings are productive and inclusive of all team members, managing group dynamics to develop a team driven plan and accountability for tasks and activities.
  - b. Adhere to the framework of the CFT as indicated in the official CFT training previously provided.
    - (1) Agreed upon set of guidelines during the meeting
    - (2) Confidentiality agreement from all members and facilitator will address any concerns related to sharing information openly and transparently
  - c. Be youth and family focused.
  - d. Be strength-based and identify needs of youth and family.
  - e. **Discuss the draft IP-CANS** and develop a case plan and placement recommendations based on input from all participants.

- f. Be recorded on the Tri-agency CFT plan and signature and contact information of all participants will be gathered.
- g. Members not able to attend in person will be given the option to participate by phone or video.
- 6. Following the conclusion of the CFT:
  - a. The CFT facilitator will make an ECR entry and select the CFT designation as the contact type.
  - b. The CFT facilitator will prepare CFTM Summary and Action Plan for inclusion in the report.
  - c. The CFT facilitator will share the CFT Meeting Survey with participants to garner feedback from youth, caregivers, and professionals, via the QR code/link or paper copies.
  - d. The assigned DPO will be responsible for utilizing input from CFT and information gathered from the IP-CANS to inform and complete the case plan; however, when possible the designated DPO may assist with the preparation of the case plan. Obtaining the required signatures, however, will be the assigned DPO's responsibility.
    - (1) The case plan and family finding efforts must be attached to the report going to court and the occurrence of the CFT meeting must be documented in the court report.
  - e. Forward completed CFT to all participants.
  - f. Prepare and submit the Qualified Individual referral. The QI has 30 days to complete their report.
  - g. Prepare Inter-Agency Placement Committee (IPC) document if CFT recommends Short-Term Residential Therapeutic program (STRTP) placement.
    - (1) This may be delayed until the placement order is made by the court if the CFT facilitator was not a member of the Placement Unit.
  - h. Contact IPC coordinator (Designated HCA Service Chief) advising them of need for an IPC. Probation IPCs are completed on Wednesday afternoons and the IPC Coordinator sends out the invitation. Individuals that should be invited to the IPC include:
    - (1) Assigned Probation DPO and their supervisor.
    - (2) Assigned SSA Social Worker and their supervisor, if a crossover youth.

- (3) Assigned CEGU Therapist
- (4) Qualified Individual
- (5) Foster care educational liaison
- (6) Parent, caregiver, potential caregiver, natural supports, CASA
- (7) Tribal representative for Indian youth (required to attend)
- i. The assigned Probation Supervisor will take notes for the IPC. After completion of the IPC the assigned supervisor will forward the completed form to the IPC Coordinator (Designated HCA Service Chief) for signature. Once all signatures have been obtained the original IPC will be placed in the youth's file.

### C. Subsequent CFTs:

- 1. Will be scheduled at minimum every 180 days (90 days for youth receiving Specialty Mental Health Services).
- 2. Can be initiated by the youth, family or another CFT member.
- 3. May occur at any time if the youth or NMD is at risk of placement disruption.
- 4. May occur sooner if there is a significant change in service needs for the youth or NMD.
- 5. Should be driven by the needs and preferences of the youth.
- 6. Will address barriers regarding the planning and coordination of extracurricular activities or school functions including supervision and transportation.
- 7. Facilitation of subsequent CFTs can be completed by another trained DPO or SPO within placement units or STRTP and they must adhere to the CFT guidelines.

### **REFERENCES:**

Procedures: 2-6-201 Juvenile Placement Referral Process

2-6-212 Short-Term Residential Therapeutic Program

**Placement** 

**CDSS Child and Family Teams Resources** 

CDSS CFT Engagement Guide

## Attachment

N. Jaime/L. Oliver

# **APPROVED BY:**

# SECTION A - IDENTIFICATION AND NOTIFICATION REQUIRED FOR ALL OF THE FOLLOWING [5<sup>TH</sup> DEGREE OF Kinship/Relatives]

PATERNAL (Father): Last Updated: MATERNAL (Mother):

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				Sibling*				
				Cising				
				Sibling*				
				Sibiling				
				Grandparent*				
				Grandparent*				
				Aunt*				
				7.5				
				Aunt*				
				Aunt				
				11				
				Uncle*				
				Uncle*				
				Grand-parent				
				' '				
				Great-Aunt				
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				Spouse or domestic partner of any of the				
				partner of any of the				
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<sup>\*</sup>PREFERENTIAL CONSIDERATION FOR PLACEMENT - Adult Sibling, Grandparent, Aunt, Uncle

## SECTION B - NON-RELATED, EXTENDED FAMILY (NREFM) AND IMPORTANT CONNECTIONS

RELATIONSHIP	NAME	Date Located	Address and Phone Number	Next Steps
Extended Family				
Godparent				
Neighbor				
Neighbor				
Friend				
Prior Foster Parent				
Teacher				
Teacher				
Coach				
Friend's Parents				
Friend's Parents				
Childhood Friends				
Who does child or youth miss?				