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Frequently Asked Questions (FAQ's) for Child and Family Teams

The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) recognize the unique needs of children and youth in the child welfare and probation systems (hereinafter referred to as the placing agency) as well as children and youth receiving Specialty Mental Health Services (SMHS). Below you will find the most frequently asked questions specific to the child and family teaming process. If you do not find an answer to your question, please contact CDSS at CWSCoordination@dss.ca.gov or DHCS at KatieA@dhcs.ca.gov.

1.) When is a child or youth in the child welfare system required to have a Child and Family Team (CFT) meeting?

After January 1, 2017, a child or youth is required to have a CFT within the first sixty (60) days of entering into the child welfare or probation foster care placement. As defined in Welfare and Institutions Code, Section 16501, a CFT is also required for those children and youth residing in a group home or Short-Term Residential Therapeutic Program (STRTP) placement with an existing case plan. Best practice dictates that meetings should occur as soon as possible for, but not limited to, case planning purposes, placement determination, emancipation planning and/or safety planning.

The CFTs should also be in place for children and youth receiving certain Specialty Mental Health Services (i.e. Intensive Care Coordination and Intensive Home Based Services).

2.) How frequently does the CFT meet?

For children or youth in placement who are receiving Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), or Therapeutic Foster Care (TFC), a CFT meeting must occur at least every ninety (90) days. Children and youth in the child welfare or probation systems are required to have a CFT meeting at least once every six (6) months. Meetings should occur on an as-needed basis. For example, CFT meetings could occur once per month, depending on the needs of the child, youth, or family. In other instances, meetings may occur less often as agreed upon by the CFT.

For children and youth receiving Specialty Mental Health Services (SMHS) that require a CFT (ICC, IHBS, and services provided through the TFC services model), the CFT should reassess the needs of the child or youth, and adapt the plan to address changing needs in a timely manner, but not less than every ninety (90) days.

Urgent issues, such as safety concerns, risk of placement disruption, and/or ineffective support services, should be addressed immediately.

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3.) Who initiates and schedules a CFT meeting?

The first CFT meeting is initiated and scheduled by the placing agency. Subsequent CFT meetings can be initiated by the child, youth, family, or another team member.

If the child or youth is dually involved, both the child welfare social worker and probation officer should have a conversation to identify and clarify the individual (social worker or probation officer) responsible for initiating and scheduling the first CFT meeting.

4.) What if my county has an existing team meeting process already in place?

As long as the teaming process is based on the values and principles of strengths-based, family-centered care and follows the guiding principles outlined in the attached All County Letter 16-84 and Mental Health Substance Use Disorder Services Information Notice 16-049, the county placing agency should support the existing team processes and incorporate efforts to ensure the current needs and services of the child, youth, and family are being met. Examples of some alternate teaming processes are: Multi-Disciplinary Teams (MDT's); Safety Organized Practice (SOP) Family Teams; Family Group Decision Making and Wraparound Child and Family Teams. The intention of the state's practice is to have **one** gathering that addresses the child or youth's needs in an efficient manner that also avoid confusion for the child, youth, and family.

5.) Can CFT meetings occur in conjunction with other processes or address other areas of need not already included in the CFT goals and/or objectives?

Yes. In order to help reduce duplicative efforts and leverage existing activities, the CFT meeting can occur in conjunction with other regularly scheduled meetings, when appropriate. Some examples are:

- Team Decision Making
- Case Planning/Permanency Review Meetings
- Transitional Independent Living Planning Meetings

6.) Does the CFT process end after one specific goal has been attained?

No. As long as the child or youth is in foster care the process does not end after one goal is attained because new goals are developed to address the child, youth, and family's changing and evolving needs. Goals are continually assessed and transition plans are established.

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If all goals are met and the family has a solid post-permanency plan in place with natural supports, the CFT may recommend that the family is able to transition out of formal services.

7.) If a CFT has been held, does the county still need to complete an interagency placement meeting?

Local county agreements and policies will determine if and how an interagency placement meeting will be held and whether it is necessary even with a CFT meeting occurring.

8.) Do all CFT's look the same?

No. Each CFT is unique and will build upon each child, youth, and families' strengths, values, and goals. In addition, the teaming process must also reflect the culture(s) and preferences of the child, youth, and family.

9.) How are CFT meetings scheduled?

The placing agency worker is responsible to ensuring that the initial CFT meeting is scheduled and coordinated with all CFT members to schedule time and location. Subsequent meetings are often scheduled at the end of each meeting when participants are present. Child, youth, family or team members may identify additional support members to be included. The facilitator will create plans with team members for inviting additional participants.

10.) Who facilitates CFT meetings?

Facilitation is a set of activities that supports the process of the Pathways to Well-Being Core Practice Model. It includes but is not limited to an initial identification of the needs and strengths of the child or youth and family through initial engagement activities; ensuring a comprehensive shared plan is developed and implemented that builds on strengths and identifies intervention necessary to address their needs. The facilitator may also manage the logistics of the meeting, including scheduling, ensuring participation of all team members, accountability for tasks and activities between meetings, and high levels of communication between members as required. Local county practices may differ, but the important point of facilitation is to ensure that CFT meetings are productive and inclusive.

The facilitation is typically done by the placing agency worker, however, local practice could contract this role to a community provider, or the CFT members

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may decide that an informal support or team member can facilitate on-going meetings. Facilitation training can be made available through CDSS.

11.) Where should CFT meetings be held?

The CFT meetings are held in a location that is most convenient for the child, youth, and family. Best practice indicates that family homes are the preferred location, but the team must also take into consideration the needs of other team members.

12.) How are meetings scheduled?

The placing agency or assigned facilitator coordinates with all team members when scheduling meeting time(s) and location(s). Agenda items can be sent to the facilitator prior to a meeting. Subsequent meetings are often scheduled at the end of each meeting when participants are present.

Family or team members may identify additional support members to be included. Facilitators will create plans with team members for inviting additional participants.

13.) What if a participant is unable to attend the CFT meeting in person?

If a team member is unable to attend the CFT meeting in person (due to proximity issues or other conflicts), it is encouraged that s/he participate by video conferencing or phone. This option may be helpful when a child is placed in another county or when schedules do not allow in-person participation.

14.) What if a participant can't attend the CFT meeting in person, by phone, or by video conferencing?

Although it is encouraged for everyone on the team to participate, there will be times when not all of the team members are able to attend and the meeting should take place as scheduled. Before the CFT meeting ends, team members should identify someone to provide updates to absent team members in a timely manner.

15.) What specific circumstances may preclude a child or youth from participating in a CFT meeting?

When age-appropriate, a child or youth should always participate in a CFT meeting. Participation should be limited if the nature of the meeting's agenda is not suitable for the child or youth. Some examples may include: the focus of the meeting is only about the parent or parents' needs, or the main topic of discussion is of a sensitive adult nature. There may also be times when a child

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or youth refuses to participate, or s/he does not feel comfortable attending. Further engagement of the child or youth may be needed to encourage their participation so that they have a voice within the team.

Safety is another consideration for the team, as a child or youth may become easily angered or agitated during the CFT meeting and may require support. If applicable, the child or youth's mental health provider may also recommend if it is not in the child or youth's best interest to attend the CFT meeting.

16.) How may a CFT look different for a Non-minor Dependent (NMD)?

The CFT will be driven by the NMD and team membership will be guided by him or her. The team meetings may have more focus on one or more of the following: housing, employment, education, support networks, and if the NMD has a child or children, parent support services.

17.) If the CFT cannot agree on placement, does the child, youth, and family or the placing agency make the final placement decision?

The placing agency must consider all of the CFT placement recommendations and reasons; however, it is the responsibility of the placing agency to determine the most appropriate placement in order to achieve public safety, child safety, permanency and well-being. The placing agency worker is also responsible for providing the court its findings and reasons for the placement recommendation. The placing agency worker must inform the CFT of his or her recommendation(s) and reasoning prior to the court hearing and after the judge has made the placement order.

It is recognized that sometimes an incident regarding public safety or other concerns may occur and an immediate decision regarding placement must be made by the probation agency or courts prior to receiving the team's input. When this occurs it is the responsibility of the placing agency to engage the CFT to inform members of this decision, and to document the rationale for any inconsistencies between the case plan and the CFT recommendations. Best practice is to engage CFT members in a facilitated CFT meeting.

18.) Does a mental health screening and mental health assessment need to be completed before the first CFT meeting?

A CFT should occur as soon as possible and adhere to Welfare and Institutions Code, Section 16501. The initial CFT meeting should not be delayed to accommodate a pending mental health screening, assessment, or pending referrals for services.

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19.) Who is the responsible authority for verifying that team decisions and case planning adhere to required policies and safety recommendations?

The coordination of care for the public safety, safety, permanency, and well-being of the child and youth will be the responsibility of the placing agency with input from the children, youth, family, and team members. Follow-through on tasks, monitoring, and coordination are also important components in the process and is the responsibility of all CFT members.