



CDSS

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**DEPARTMENT OF SOCIAL SERVICES**  
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June 1, 2018

ALL COUNTY LETTER (ACL) NO. 18-23

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL CHIEF PROBATION OFFICERS  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL ELIGIBILITY WORKERS

SUBJECT: THE CHILD AND FAMILY TEAM (CFT) PROCESS FREQUENTLY ASKED QUESTIONS AND ANSWERS

REFERENCE: [ASSEMBLY BILL \(AB\) 403](#) AND [AB 1997](#) (CHAPTER 773, STATUTES OF 2015 and CHAPTER 612, STATUTES OF 2016); [WELFARE AND INSTITUTIONS CODE SECTIONS 706.6, 832, 11400\(f\), 16501.1; ACL NO. 16-84/MENTAL HEALTH SUBSTANCE USE DISORDER SERVICES INFORMATION NOTICE \(MHSUDS IN\) 16-049; ACL NO. 16-85; ACL NO. 17-28; MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTIONS 31-002\(c\)\(3\), 31-002\(f\)\(8\); MPP 31-320.5; ACL 18-09/ MHSUDS IN 18-007; ALL COUNTY INFORMATION NOTICE \(ACIN\) I-14-18; ACIN I-21-18](#)

The purpose of this ACL is to provide answers to Frequently Asked Questions submitted by local child welfare and juvenile probation departments regarding the CFT process, as outlined in [ACL 16-84](#), released on October 7, 2016. Questions and answers cover a range of topics, including, but not limited to, the timing and frequency of meetings; team roles; team-based planning; and information sharing and confidentiality.

Implementation of the Continuum of Care Reform (CCR) requires that child welfare and juvenile probation agencies provide a CFT to all children, youth, and nonminor dependents who enter foster care on and after January 1, 2017. This requirement also applies to

children, youth, and nonminor dependents already in a foster care placement prior to January 1, 2017. Therefore, all children, youth, and nonminor dependents in foster care placements are required to have a CFT that meets the requirements outlined in [ACL 16-84](#).

The requirement to provide CFTs builds upon existing family-centered and team-based approaches to care already in use across California, such as California Wraparound, Safety Organized Practice, Intensive Care Coordination, and other services provided under Pathways to Well-Being. As implementation of CCR continues to evolve, the use of a strengths-based, family-centered CFT process is key to engaging children, youth, nonminor dependents, and families in the development and implementation of their individual case or treatment plans or other related services designed to meet their needs. This focus on engagement is also reflected in the California Department of Social Services' (CDSS) selection of the Child and Adolescent Needs and Strengths (CANS) assessment as the functional assessment tool that child welfare agencies will use within the CFT process.<sup>1</sup> Completion of the CANS requires input from the child, youth, and family, as well as the other members of the team. Results are shared and discussed within the CFT process to guide case planning, make informed placement decisions, and support care coordination. By sharing decision-making and working together, professionals, children, youth, nonminor dependents, and families can achieve positive and lasting outcomes.

For further information regarding CFTs, please contact the Integrated Services Unit at (916) 651-6600, or by e-mail at [CWSCoordination@dss.ca.gov](mailto:CWSCoordination@dss.ca.gov).

Sincerely,

***Original Document Signed by:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachment

c: California Alliance of Child and Family Services  
County Welfare Directors Association  
Chief Probation Officers of California

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<sup>1</sup>[ACL 18-09/MHSUDS 18-007](#) provides information regarding requirements for completing the CANS within a CFT.

## **Frequently Asked Questions for the Child and Family Team Process**

(As outlined in [ACL 16-84](#))

### **1. Who is required to receive a CFT?**

All children, youth, and nonminor dependents in foster care must have a CFT.

### **2. What is foster care?**

Foster care means the provision of 24-hour care and supervision to a child, youth, or nonminor dependent consistent with [Welfare and Institutions Code \(WIC\) 11400\(f\)](#).

Some examples of out-of-home foster care placements include, but are not limited to, a licensed foster family home; a licensed, certified, or approved foster family home; an approved resource family home; a Short Term Residential Therapeutic Program (STRTP); or a tribally licensed or approved home, in the case of an Indian child.

### **3. When is a child, youth, or nonminor dependent in foster care required to have a CFT meeting?**

After January 1, 2017, a child, youth, or nonminor dependent in foster care must have an initial CFT meeting within 60 days of entering foster care. At minimum, children, youth, and nonminor dependents in foster care are required to have a CFT meeting at least once every six months. If a child or youth is receiving Specialty Mental Health Services such as Intensive Care Coordination, Intensive Home Based Services, or Therapeutic Foster Care services, a CFT must occur at least once every 90 days.

For children, youth, and nonminor dependents already in a foster care placement prior to January 1, 2017 who have not had a CFT convened, the initial CFT meeting should occur prior to the next status review hearing.

These are minimum requirements for all children, youth, and nonminor dependents. Please note that the frequency of CFT meetings should be driven by the needs and preferences of the child, youth, or nonminor dependent and/or family, and could change over time.

## **CFT Meeting Requirements and Best Practices for Youth Under the Jurisdiction of Juvenile Probation**

### **4. When is a youth in the juvenile probation system required to have a CFT meeting?**

After January 1, 2017, Juvenile Probation Departments are required to convene a CFT meeting within 60 days of the placement order for a youth entering foster care. The CFT

meeting may occur before or after the court orders the foster care placement, consistent with the information below.

If a CFT meeting has not been convened by the probation agency for the preparation of the case plan required under WIC Sections [706.5](#) and [706.6](#), the timeframe for the initial CFT meeting begins on the date the youth is ordered into placement by the court. Ideally, the CFT meeting should be held prior to the youth being placed when the deputy probation officer is confident the youth will be ordered into foster care. This would be considered a best practice, but not required. For probation-supervised youth likely to enter foster care, the CFT meeting should be convened:

- Prior to the deputy probation officer making a placement recommendation to the court in cases where the deputy probation officer knows he or she will be recommending to the court that the youth be placed into foster care.

In most cases deputy probation officers speak with the youth and parent(s) about the family's needs, strengths, placement options, etc. before making a placement recommendation and include this information in his or her report. Sometimes called a "social history" or "social study," this report – included in the deputy probation officer's disposition report – will contain information shared with the deputy probation officer by the youth and parent(s) during initial contacts. The process by which the probation agency obtains this information, for the purposes of being compliant with the CFT requirements, should be expanded to ensure that input on the outcome of the case (i.e. desired placement for youth) is solicited and done so in person with the youth and his/her family. This initial CFT meeting may only include the youth, parent(s), and deputy probation officer due to time constraints to meet [WIC Section 737](#) statute requirements. However, deputy probation officers should be concurrently coordinating with other formal and informal supports for the youth to develop the CFT membership.

- Following a placement order made by the court in cases where the deputy probation officer has recommended a custodial setting and the court has ordered the youth be placed into foster care.

In some instances, the deputy probation officer may recommend to the court that the youth be ordered into a custodial setting (the Division of Juvenile Justice, camp, or commitment facility); but, the court orders that the probation agency place the youth into foster care. In this case, the CFT meeting must be convened within 60 days of the court's order. This initial CFT meeting may only include the youth, parent(s), and probation officer. However, the deputy probation officers should be concurrently coordinating with other formal and informal supports for the youth to develop the CFT membership.

It is important to keep in mind that team membership will expand throughout the case planning process. While in-person attendance is always preferable, the child or youth, parent(s), and deputy probation officer may agree to allow teleconferencing as an option to ensure greater participation – especially in those cases where the deputy probation officer is holding the CFT meeting in the detention facility. It is common for CFT membership to expand after the youth has moved into his or her foster care placement and the case planning process continues. CFT meetings should be scheduled as frequently as the youth and family's needs dictate.

**5. Can a CFT meeting be held in a detention facility?**

Yes. Although it is preferable for meetings to be held in a family home or in the community, there may be some instances when this is not possible. A CFT meeting may be held in the detention facility prior to the youth's physical placement into foster care for the purpose of discussing and planning for placement. While in-person attendance is always preferable, the child or youth, parent(s), and the deputy probation officer may allow teleconferencing as an option to ensure greater participation.

Information regarding proper claiming instructions for these activities can be found in [County Fiscal Letter No. 17/18-09](#).

**Team Formation**

**6. When does the child welfare social worker or deputy probation officer begin to identify CFT members?**

Since a CFT meeting must be convened within 60 days of a child, youth, or nonminor dependent entering foster care, it is important to identify and engage potential team members immediately. For example, the child welfare social worker or deputy probation officer must work with the family to identify potential CFT members during his or her initial interview with the youth. Identifying team members occurs during informal conversations or during the discovery phase of gathering information and identifying family members or nonrelative extended family members who the youth identifies as important.

Counties utilizing the CFT to fulfill the [Senate Bill \(SB\) 855](#) Commercially Sexually Exploited Children (CSEC) Multidisciplinary Team (MDT) requirement must include all mandated partners. Refer to question 29.

**7. [ACL 16-84](#) states it is only a CFT meeting if decisions about goals and strategies to achieve them are made with involvement of the child, youth, nonminor dependent and family members. Is it still a CFT meeting if the child, youth, nonminor dependent, or parent(s) cannot attend?**

Although it is imperative to include the child, youth, or nonminor dependent, and the parent(s) in the CFT process, there are some rare instances in which one or more of these members do not attend a CFT meeting. For example, the parent's whereabouts may be unknown or the therapist recommends the child or youth not attend due to a therapeutic concern. In such situations, it is suggested that CFT members respectfully be informed of the issue and the absent member(s) be provided updates about the CFT meeting soon thereafter.

**8. Can a child's attorney attend CFT meetings?**

The CFT process is a collaborative, non-adversarial, team-based approach to ensuring that children, youth, nonminor dependents, and families achieve positive outcomes. Although a child or youth's attorney does not typically attend CFT meetings, there may be a few instances when attendance by an attorney does occur. For example:

- If an attorney is identified as a natural support who will be present for the child, youth, nonminor dependent, or family in a capacity other than legal representative after the case is closed.

Changes to team membership are always discussed with the entire team, including the child, youth, nonminor dependent, and family. Ultimately, unless there is a safety concern, the preferences of the CFT members should drive team membership decisions.

If the child or youth's or another attorney is participating in the meeting, it is important he or she not ask questions for purposes of fact-finding related to the court process or to create some legal advantage on behalf of their client. Additionally, California Rules of Professional Conduct, Rule 2-100 prohibits an attorney from directly or indirectly communicating about the subject of the representation with a party known to be represented by another lawyer in the matter, unless the attorney has the consent of the other lawyer or another exception to the rule applies.

It is also worth noting that some law firms employ social workers who attend CFT meetings on behalf of the assigned attorney.

**9. What if a nonminor dependent does not want to participate in the CFT process?**

The nonminor dependent has the right to choose to participate or not in the CFT process. Engagement is key and efforts should be made to encourage participation and explain the

benefits of the teaming process. Enlisting the aid of a youth or parent partner to assist in engagement efforts may be helpful. Conducting the CFT meeting via video conferencing so the nonminor dependent can participate from his or her residence might also be helpful.

**10. Can a parent attend a CFT meeting after his or her parental rights are terminated?**

In some cases, it is highly desirable to have biological parents join the team even if parental rights have been terminated so long as it is in the best interests of the child, youth, or nonminor dependent. Children and youth report experiencing better outcomes when biological parents participate in the process. Local interdepartmental policies dictate, on a case-by-case basis and consistent with the best interests of the child or youth, when a parent with terminated rights may attend a CFT meeting. If the court has limited contact between the parent and child or youth after parental rights have been terminated, the child welfare social worker or deputy probation officer should obtain the court's approval prior to inviting the biological parent(s) to attend CFT meetings.

**11. Should providers be invited to attend CFT meetings?**

Yes. When children, youth, and nonminor dependents receive services from private provider organizations, it is imperative that county placing agencies engage those providers in the CFT process, including CFT meetings.

In reference to [ACL 16-84](#), the CFT composition always includes the child, youth, or nonminor dependent, family members, the current caregiver, a representative from the placing agency, and other individuals identified by the family as being important. A CFT shall also include a representative of the child or youth's tribe or Indian custodian, behavioral health staff, foster family agency social worker, or STRTP representative, when applicable. Other professionals that may be included are: youth and/or parent partners, public health providers, Court Appointed Special Advocates, school personnel, or others. In addition to formal supports, effective CFT processes support and encourage family members to invite the participation of individuals who are part of their own network of informal support. This may include extended family, friends, neighbors, coaches, clergy, co-workers, or others who the family has identified as a potential source of support.

**Facilitation**

**12. Does CDSS require an assigned CFT facilitator?**

Yes. CDSS believes that 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. While CDSS is requiring that the CFT facilitator have specialized skills, counties may contract with providers for facilitation, train non-case carrying workers, or train its case carrying workers to become skilled facilitators. We want to ensure there is flexibility,



and want to emphasize that if counties elect to train their case-carrying social workers or juvenile probation officers to facilitate CFTs, they adhere to the values, principles, and practices of the Integrated Core Practice Model. CFT facilitators need to be skilled and trained to act as neutral parties throughout the CFT process. CDSS strongly recommends that counties have a neutral third party to provide skilled CFT facilitation.

### **13. Where can I receive training for CFT Facilitation?**

The CDSS currently has a contract with the University of California, Davis, Center for Human Services, Resource Center for Family-Focused Practice to provide CFT Training, including Training for Trainers and CFT Facilitation classes. Counties can request training or additional information by contacting the Integrated Services Unit in CDSS at [CWSCoordination@dss.ca.gov](mailto:CWSCoordination@dss.ca.gov).

In conjunction with formal training, counties are encouraged to reach out to their nearby or neighboring counties, service providers, or other community and system partners who have experience working in team-based settings, such as Wraparound or Pathways to Well-Being. Counties may find ways to leverage resources and relationships in support of joint training projects, peer support, job shadowing, or coaching opportunities.

### **Meeting Initiation and Frequency**

#### **14. What events or circumstances might require initiating a CFT meeting?**

A CFT meeting may be requested by any member of the CFT. Effective and lasting outcomes are achieved when CFT meetings occur as often as the needs of the child, youth, or nonminor dependent and family prescribe. Some examples of events or circumstances that may require a CFT meeting include but are not limited to the following:

- The child or youth is at risk of placement disruption;
- The placing agency is considering an out-of-county family or relative placement, resource family home, or STRTP;
- Change in service needs;
- Planning for respite care;
- Addressing barriers which affect the coordination of regular sibling or family visits such as distance, transportation or supervision;
- Difficulties in the coordination of Independent Living Skills Programs, including needs, logistics and transportation; and/or
- Addressing barriers regarding the planning and coordination of extra-curricular activities or school functions including supervision and transportation.



## Team Roles

### 15. Who are some of the possible members of the CFT?

Key Role	Description
<b>Behavioral Health Provider</b>	Supports the child, youth, or nonminor dependent and/or family by bringing a trauma-informed, clinical perspective to the team about the mental health status of one or more clients. This person can be a representative of the county Mental Health Plan (MHP).
<b>Clergy</b>	Provides support to the child, youth, or nonminor dependent, and/or family from a spiritual or religious perspective.
<b>Court Appointed Special Advocate (CASA)</b>	Ensures the child, youth, or nonminor dependent's needs are being met. The CASA advocates independently and is appointed by the court. They may also hold the educational rights of the child or youth.
<b>Education Partner</b>	Supports the child's, youth's, or non-minor dependent's academic achievement efforts.
<b>Foster Family Agency (FFA) Staff</b>	A representative from the FFA supervising a child or youth's placement who is familiar with the child or youth's needs, strengths, and services.
<b>Natural Support</b>	Individuals identified by, and share a close relationship with, a child, youth, or nonminor dependent and/or family. Examples include friends, neighbors, cousins, etc.
<b>Other Community Support</b>	Individuals in the community identified by, and have an existing connection to, a child, youth, or nonminor dependent. These relationships are typically short-term and/or professionally based. Some examples are a swim coach, Girl Scout leader, and tutor.
<b>Parent Partner</b>	Individuals with lived experience who provide support and advocacy to parents whose children have been removed, helping them understand and navigate the system and encouraging them through the process.
<b>Regional Center Provider</b>	A representative of a Regional Center or provider of developmental health services who is familiar with the child, youth, or nonminor dependent's needs, strengths, and services.
<b>Resource Parent</b>	This is the substitute caregiver.
<b>Short Term Residential Therapeutic Program Staff</b>	A representative from the STRTP where a child, youth, or nonminor dependent resides who is familiar with the child's, youth's, or non-minor dependent's needs, strengths, and services.

Key Role	Description
Therapist	Mental health provider serving a child, youth, or nonminor dependent and/or family.
Tribal Representative	A representative from the family's Native American tribe who supports the child, youth, or nonminor dependent and/or family.
Youth Partner	This role is for an individual who supports and works directly with youth to help them understand and navigate the process. This individual encourages the youth to participate and work with the team.

**16. If a CFT meeting is facilitated by a contracted facilitator or a non-case carrying representative from the placing agency, is the county welfare social worker and/or deputy probation officer still required to attend the meeting?**

Yes. The case-carrying social worker's and/or deputy probation officer's partnership and participation are essential to the success of the CFT process. Although someone else may facilitate the meeting, the case-carrying worker's agency is responsible to ensure CFT meetings are useful and effective in furthering the family's case plan and supporting the safety and well-being of the child, youth and family. The assigned worker must attend these meetings. In dual jurisdiction counties and cases, both the county social worker and the deputy probation officer must participate in the CFT process and attend CFT meetings.

**Team-Based Case Planning**

**17. How do CFTs help develop case plans?**

A case plan is a written document which is developed based upon an assessment of the circumstances which required child welfare services intervention; and in which the social worker or juvenile probation officer identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed. See [MPP 31-002\(c\)\(3\)](#).

The CFT members work together to identify the child, youth, or nonminor dependent's and family's strengths, as well as needs and concerns. This information is comprised of team-member input, mandates and requirements, and safety recommendations. Information should also be included from any formal assessments.

The CDSS has selected the Child Adolescent Needs and Strengths (CANS) as the functional assessment tool that child welfare agencies will use within the CFT process.<sup>2</sup> Completion of the CANS requires input from the child, youth, and family, as well as the other members of the team. As outlined in [ACL 18-09](#), child welfare agencies will be required to ensure that all case plans are informed by a CANS assessment tool. To ensure this is accomplished in a manner

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<sup>2</sup>[ACL 18-09/MHSUDS 18-007](#) provides information regarding requirements for completing the CANS within a CFT.

consistent with the principles and values of the ICPM, counties are expected to regularly review CANS priority action ratings within the CFT process in order to provide ongoing opportunities for all CFT members to review, reassess, and revise case plan goals and service needs.

Although juvenile probation agencies are not required to use the CANS assessment as their primary assessment tool, relevant information from an externally or internally completed CANS assessment should be understood and considered to inform the case-planning process, support uniform service planning and promote cross-system program unity.

For dual status youth, information from the CANS assessment should also be used to support and inform the jointly created service plan, and monitor progress with plan goals.

In keeping with the Integrated Core Practice Model, all case plans should be trauma-informed, outcomes-focused, culturally sensitive, respectful, and responsive to each family's needs.

## **Education**

### **18. Should Education be a member of the CFT?**

Yes. Counties should take steps to ensure local CFT policies and practices include engaging their education partners. Representatives from the education system are not mandated CFT members, but they should be included whenever it is appropriate or possible. In some situations, it may be possible to hold a CFT meeting at school in order to accommodate the attendance of a teacher or counselor. Including education partners throughout the CFT process is critical to ensuring that children and youth succeed in multiple environments, including home and school, throughout their lives. It is also important to remember that there are services a child or youth may be receiving at school, including, but not limited to, health services, behavioral health services, and other educational support services.

### **19. How can placing agencies learn more about collaboration with local schools?**

Placing agencies are encouraged to reach out to their Foster Youth Services Coordinating Programs Liaison in their County Office of Education. A list of county contacts can be found on the California Department of Education's web site by using this link: [Foster Youth Services Coordinating Programs](#)

### **20. Are CFTs required for children and youth in foster care who have an Individualized Education Program (IEP) team through the education system?**

Yes. As stated previously in this letter, effective January 1, 2017, counties are required to provide a CFT to children, youth, and nonminor dependents in foster care. This requirement also applies to children, youth, and nonminor dependents already in a foster care placement prior to January 1, 2017 who have not had a CFT previously convened. Although an IEP team meeting and CFT meeting may look similar, they are two separate

processes with different goals and requirements, and the two meetings cannot be substituted for one another. County placing agencies and offices of education may work together to develop county specific CFT and IEP processes to support shared management and service planning for children and youth in foster care across systems.

Placing agencies should reach out to the appropriate point of contact in the local school system as a matter of best practice, especially when working with a child or youth who has an IEP team. The CFT members should be apprised of a child or youth's IEP in order to reduce any redundancies and to further increase coordination.

**21. Is there additional guidance available regarding collaborative practices for child welfare, juvenile probation, and education professionals?**

An All County Information Notice (ACIN) will be released by CDSS in Summer 2018 which will provide some additional guidance for child welfare, juvenile probation, and education professionals regarding the CFT process and IEP process. The information highlights key elements of these team-based processes so that social workers, juvenile probation officers, educators, and others have some information about other team-based processes that may be part of a child or youth's life.

**Information Sharing and Confidentiality**

**22. How do we handle confidentiality within the team setting?**

According to [WIC, Section 832\(a\)](#):

(1) To promote more effective communication needed for the development of a plan to address the needs of the child or youth and family, a person designated as a member of a child and family team as defined in paragraph (4) of subdivision (a) of [WIC Section 16501](#) may receive and disclose relevant information and records, subject to the confidentiality provisions of state and federal law.

(2) Information exchanged among the team shall be received in confidence for the limited purpose of providing necessary services and supports to the child or youth and family and shall not be further disclosed except to the juvenile court with jurisdiction over the child or as otherwise required by law. Civil and criminal penalties may apply to the inappropriate disclosure of information held by the team.

Teams should continue to adhere to the information sharing policies already established and followed within their counties. County public agencies are strongly encouraged to create and use an Interagency Memorandum of Understanding (MOU) to effectively identify the processes and tools to be used when serving children or youth in multiple systems. The MOU is an ideal place to locate guidance for staff around how to share and protect information. However, the laws protecting privacy or information sharing should never create a barrier to treatment.

Children, youth, nonminor dependents, and families should be made to feel comfortable and safe disclosing sensitive and personal information and families have a right to disclose to the team as much or as little as they choose. There may be occasions when the child, youth, or nonminor dependent, and/or family feels comfortable sharing some but not all information, or sharing some information with only certain team members. Professionals should take care to ensure members understand how sharing information can be beneficial to achieving goals, while also recognizing and addressing concerns.

When authorizations to release information or other related nondisclosure agreements are necessary prior to discussing protected information openly within a CFT meeting, local policy may be needed. When multiple agencies are involved in a child or youth's care, it is important that those agencies be able to exchange information freely about the care provided to the child. The use of standard release forms, mandated reporting disclosures, or other release forms may aid communication. Child serving agencies and departments may want to work with their local county counsel and courts to reduce over restrictive local governance that could hamper service provision.

To further support information sharing, the CDSS and Department of Health Care Services have developed a universal release of information form to be used by the CFT. The form, released in [ACL 18-09](#), is titled Child and Family Team Authorization for Use of Protected Health and Private Information, and will allow for sharing of information between CFT members pursuant to [Welfare and Institution Code 832](#).

### **23. Who can sign an authorization to release information about a child or youth to team members?**

An individual who has legal authority to sign a release of information on behalf of a child or youth for the particular information to be shared may sign. In some circumstances, depending on the age and/or maturity of the child or youth and depending on the nature of the information to be shared, the child or youth may be required to sign the release of information. For example, if a foster youth has the right to personally consent to medical services, information regarding such services must be maintained as confidential between the provider and foster youth to the extent required by law unless disclosed through written consent of the foster youth or through a court order. When a youth has the right to consent, there must be privacy for examination or treatment by a medical provider, unless the youth specifically requests otherwise. The youth must sign the consent to release information concerning such services prior to the services being discussed by the provider during a CFT. Professionals will need to identify and engage the responsible individual in order to obtain necessary releases.

**24. What if a parent refuses to sign an authorization form to share information at a CFT meeting?**

It is important to ensure that parents are treated with respect, and that they see the CFT process as fair and unbiased. Efforts should be made to engage the parent in a conversation in order to understand and address their concerns, and to explain how sharing information can help the team achieve identified goals. It is important to note that refusal to sign any critical document may be evidence of an unmet need on the part of the parent, and is an opportunity for engagement and education. A parent partner may be a good resource to further support the parent with identifying this need and understanding the value in communicating openly with the CFT.

**25. Should the Level of Care (LOC) protocol be discussed within the CFT?**

The LOC protocol establishes the rate structure for youth in out of home placements served by child welfare, and probation youth residing in resource family homes or STRTPs as outlined in [ACL 17-11](#). It is not recommended that the LOC protocol be discussed within the CFT meeting. The CFT focus needs to remain on the youth and family needs and strengths to inform the overall case plan (including services, supports and placement).

However, the CFT members may have valuable information that the placing agency could use when completing the LOC protocol. The results of the protocol may be incorporated into the team discussion.

**Documentation**

**26. Where in the Child Welfare Services/Case Management System (CWS/CMS) should a child welfare social worker or deputy probation officer be documenting CFT meetings?**

Functionality to document CFTs in CWS/CMS is available in the Case Plan Notebook and in the Contact Notebook. Technical instructions for documentation of CFTs have been developed and are available in [ACL 17-104](#).

**Miscellaneous**

**27. What is the role of the JV 220 Application for Psychotropic Medication form in regards to the CFT meeting?**

Completion of the JV 220 form is not performed within the CFT process. However, the effectiveness of medication(s), any changes in medication(s), any side effects, and/or changes in dosage may be important to discuss during a CFT meeting so that the information can be considered when looking at strategies, supports, and services.

**28. Will CFT meetings meet the requirement for a child welfare social worker's or deputy probation officer's monthly visit?**

No. Although there may be some information exchanged during the CFT meeting that will inform the child welfare social worker or deputy probation officer of updates and/or other information, it cannot take the place of the required monthly visit. The purpose of social worker or deputy probation officer's required contacts with the child is to access the safety and well-being of the child and to achieve the multiple objectives found in [MPP 31-320.5](#). Visits may be coordinated adjacent to CFT meetings to maximize time.

**29. What factors should be considered for CSEC in regard to the CFT?**

Counties participating in the CSEC Program ([SB 855](#); [WIC Section 16524.8](#)) are required to develop an Interagency Protocol that includes multidisciplinary team(s) for the provision of services to children who currently are, or are at risk of becoming victims of commercial sexual exploitation. In [ACL 16-85](#), the CDSS affirmed that counties may fulfill the MDT requirement through the use of the CFT and including the MDT mandatory partners: Child Welfare, Juvenile Probation, Public Health, Mental Health, and Substance Use.

Precaution should be taken when adding members (family, friends, or natural supports) to the CFT to avoid possible contact with those who may seek to exploit the child or youth. Team members, including family members or friends, may unintentionally or inadvertently share information received during the CFT meeting that may pose a safety risk to the child, youth, or nonminor dependent.

Child Welfare, Juvenile Probation, and Mental Health professionals should understand the complexities and safety implications impacting CSEC.

**30. If a Resource Family Approval worker has concerns about an applicant or resource family's ability to meet the needs of a child or youth, can a CFT be requested to identify supports and resources for the family that would help avoid a placement disruption?**

Anytime concerns have been raised around placement, the child or nonminor dependent's assigned social worker or probation officer should be notified so that a CFT meeting can be convened. A CFT meeting could be beneficial in identifying the underlying needs of the child or youth and supporting the resource family with meeting those needs to avoid a placement disruption.