

November 8, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 21-105**

This All County Letter provides county child welfare agencies, juvenile probation departments, and Tribes with a state Title IV-E agreement, with updates to Child Welfare Services/Case Management System (CWS/CMS) functionality and instructions regarding new fields to streamline documenting a rationale if a child was not present or did not participate in a child and family team (CFT) meeting. A companion *Child and Family Team Meetings; Child, Youth, and Family Engagement Guide* is attached as a best practice resource for all child and family serving partners to support a quality CFT process.



KIM JOHNSON  
DIRECTOR

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**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

November 8, 2021

ALL COUNTY LETTER NO. 21-105

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: **UPDATES TO CWS/CMS FUNCTIONALITY AND NEW  
DOCUMENTATION REQUIREMENTS REGARDING CHILD  
PARTICIPATION DURING CHILD AND FAMILY TEAM (CFT)  
MEETINGS**

REFERENCE: [ASSEMBLY BILL \(AB\) 403](#) (CHAPTER 773, STATUTES OF 2015);  
[AB 1997](#) (CHAPTER 612, STATUTES OF 2016);  
[WELFARE AND INSTITUTIONS CODE, SECTION 16501.1](#);  
[ACL 16-84](#) REQUIREMENTS AND GUIDELINES FOR CREATING AND  
PROVIDING A CHILD AND FAMILY TEAM;  
[ACL 17-104](#) DOCUMENTATION OF CHILD AND FAMILY TEAMS  
(CFTs) IN THE CHILD WELFARE SERVICES/CASE MANAGEMENT  
SYSTEM (CWS/CMS);  
[ACL 17-104E](#) ERRATUM, DOCUMENTATION OF CHILD AND FAMILY  
TEAMS (CFTs) IN THE CHILD WELFARE SERVICES/CASE  
MANAGEMENT SYSTEM (CWS/CMS)

The purpose of this All County Letter (ACL) is to outline new functionality in CWS/CMS related to CFTs to document a rationale if a child is not present or does not participate in a CFT meeting.

As a supplement to this ACL and based on the state's Integrated Core Practice Model (ICPM), a *Child and Family Team Meeting; Child, Youth, and Family Engagement Guide* is attached. This guide describes the different types of CFT meetings, explains the roles of facilitators and participants, provides strategies to support participation, and offers tools and resources to support child welfare and probation agencies as they engage participants and their system partners. Utilizing the best practices described in this guide supports fidelity to the CFT process and contributes toward a more collaborative, individualized decision-making process, and coordination of care for children and families. Counties are encouraged to review the guide and incorporate the

practices, resources, and strategies into local systems through revision to policy, training, and practice coaching.

The use of a strengths-based, culturally relevant, family-centered CFT and engagement process is key to partnering with children and families in the development and implementation of their individualized, behaviorally based case plan; informing placement decisions; and addressing strengths and critical needs of the child and family. Documentation of CFT meetings, including engagement and participation of children, their families, and others who are important to them, and collaboration with tribes, supports accountability for quality practice and will assist with tracking improvements and needs over time; and, for the California Department of Social Services (CDSS) to provide technical assistance and additional guidance to child welfare agencies, juvenile probation departments and Tribes with a state Title IV-E agreement.

## **BACKGROUND**

[ACL 17-104](#), issued on December 4, 2017, established requirements, and provided guidance on how to document CFT meetings in the statewide CWS/CMS. On September 10, 2018, [ACL 17-104E](#) was issued to clarify documentation requirements for juvenile probation agencies. This letter provides information and guidance on important subsequent updates made to the CFT functionality within CWS/CMS.

## **NOVEMBER 2018 UPDATE**

In November 2018, the CFT functionality was updated to ensure:

- The list of Key Roles that could be selected as participants of a CFT meeting included Sibling, Facilitator, and Substance Use Disorder Treatment Professional
- The CWS/CMS users could indicate if there was more than one attendee representing certain Key Roles, such as Sibling or Other Family
- Fields were added to record the Facilitator of a CFT meeting. This change was made at the request of county placing agencies following their review of ACL 17-104.

## **Facilitator Documentation**

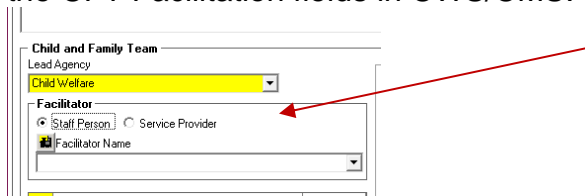
There are several acceptable approaches available to county placing agencies and their System of Care partners, for delivery of team meeting facilitation. Regardless of what approach is used, CFT Facilitators are documented within CWS/CMS using the “Staff Person” or “Service Provider” selection.

For example, if a county has a dedicated cadre of county social workers acting as facilitators, then the CFT Facilitator should be documented as “Staff Person” within the Facilitation menu, and the individual staff person’s name selected from the “Facilitator Name” drop down menu. Follow these same steps if the case-carrying social worker acts as the CFT Facilitator.

If the placing agency has a contract with a local nonprofit organization to provide CFT Facilitator services, then the CFT Facilitator should be documented as “Service Provider” within the Facilitation menu and the name of the provider organization should be selected from the “Facilitator Name” drop down menu.

If facilitation is provided by a county Mental Health Plan (MHP) or an MHP contracted mental health provider, then the CFT Facilitator should be recorded in the narrative field. One example of when this may occur is when county placing agencies have a contract with their county MHP to provide facilitation services for CFTs. Another example of when the CFT Facilitator should be documented in the narrative field is when CFTs are provided in Short Term Residential Therapeutic Programs (STRTPs). This is because STRTP providers are specialty mental health service providers contracted with the county MHP. As such, neither the organization nor the individual would be added as a provider to CWS/CMS and so the CFT Facilitator should be recorded in the narrative field. Only use the narrative field rather than the CFT Facilitator fields to record facilitation that is provided by an MHP or an MHP contract provider.

Lastly, the “Lead Agency” field is intended to record whether a child or youth’s case is supervised by child welfare or juvenile probation and has no connection or relation to the CFT Facilitation fields in CWS/CMS.



## **OCTOBER 2020 UPDATE**

Through recent analysis of CWS/CMS, and with anecdotal feedback from the field, the CDSS found that children or youth have either not been present in the majority of CFT meetings convened, or the documentation of their presence is inaccurate in CWS/CMS. To help CDSS understand this finding and the factors that contribute to it, new fields have been added in CWS/CMS to streamline documentation of whether a child/youth was present at a CFT meeting.

If a child or youth does not wish to be present at a meeting or the team has determined that it is in the best interest of the child/youth not to attend, the child's or youth's preferences, involvement in their service planning, and their voice, can and must still be included in the process. Additionally, the child/youth's ability or willingness to participate should be continually revisited over time, with future participation as the goal. If the child was absent, CWS/CMS documentation is required to provide an explanation for the absence and describe what alternative forms of engagement and involvement were elicited and prioritized.

These requirements are in addition to the CFT documentation requirements put forth via ACL 17-104 and ACL 17-104E. The following will highlight changes made to CWS/CMS from ACL 17-104, ACL 17-104E, and provides step-by-step instructions for documenting CFT meetings according to the updated guidance. The updated functionality is available now, and CDSS expects local policies and practices to align with the new documentation requirements.

This enhancement to CWS/CMS will provide streamlined collection of the data needed to understand the underlying issues related to child participation in a CFT meeting and inform practice improvement across the state. The intent of this system change is not to justify the absence of a child from the CFT meeting, but rather, to allow for better data collection to understand the reason the absence is occurring. The critical information obtained from this required documentation will contribute to ensuring the CFT process is held with integrity and that the foundational intent of the system reform work is successful.

### **Documenting a Child/Youth's Absence from a CFT Meeting In CWS/CMS**

Highlights of CWS/CMS system documentation changes to date:

- Two new frames have been added to the Contact Notebook Associated Services page labeled 'Were all focus children present at the CFT Meeting,' and 'Child(ren) Not Present at a CFT Meeting'.
- A Child's Name grid has been added that will show which focus child(ren) were not present at the CFT meeting. The names are based on the child(ren) in the 'On Behalf of Child' grid.
- A new Absent Child drop down menu has been added and is populated when the '+' is clicked in the Child's Name grid.

- Twelve (12) values have been added for reasons a child did not attend a CFT meeting.
- The CWS/CMS users can select multiple reasons a child did not attend a CFT meeting.
- A text box to capture 'How was absent child's voice elicited and prioritized' has been added
- A mandatory comment field must be completed when the reason of 'Other' is selected when a child(ren) did not attend a CFT meeting.

**Contact Notebook – Associated Services Page - Were All Focus Children Present at CFT Meeting**

A new frame 'Were all focus children present at CFT Meeting' has been added to answer if all focus children were present at the CFT meeting. This frame will be mandatory if the Service Type is CFT.

- Selecting 'No' enables the Child(ren) Not Present at CFT Meeting frame.

The screenshot displays the 'Child and Family Team' form. The 'Lead Agency' is set to 'Child Welfare'. Under 'Facilitator', 'Staff Person' is selected. The 'Facilitator Name' field is empty. A table lists 'Key Roles' and 'Attendees':

Key Roles	Attendees
1 Bio Father	1
2 Bio Mother	1
3 Child Welfare Social Worker*	

\* denotes KEY ROLES that allow multiple attendees

Below the table, 'Key Role' is set to 'Bio Father' and 'Attendees' is set to '1'. At the bottom, the section 'Were all focus children present at the CFT meeting?' is highlighted with a red box. It contains three radio buttons: 'Yes', 'No' (which is selected), and 'Unknown at Conversion'. To the right, the 'Child(ren) Not Present at CFT Meeting' section is visible, containing fields for 'Child's Name', 'Absent Child', 'How was absent child's voice elicited and prioritized?', 'Reason(s) For Absence', and 'Other Reason'.

- The value of 'Unknown at Conversion' is defaulted for historical associated services. 'Unknown at Conversion' will not be available after Save to Database if Yes or No is chosen.

### **Contact Notebook – Associated Services Page - Child(ren) Not Present at CFT Meeting**

- A new ‘Child(ren) Not Present at CFT Meeting’ frame has been added. This frame becomes enabled when ‘No’ is selected in the “Were all focus children present at the CFT Meeting?” frame.

The screenshot shows a web form titled 'Child(ren) Not Present at CFT Meeting' highlighted with a red border. The form is part of a larger 'Child and Family Team' section. It includes a 'Child's Name' grid with a '+' button, an 'Absent Child' dropdown menu, a text area for 'How was absent child's voice elicited and prioritized?', and two text areas for 'Reason(s) For Absence' and 'Other Reason'. The 'Were all focus children present at the CFT meeting?' question is set to 'No'.

### **Contact Notebook – Associated Services Page – Child’s Name and Absent Child combo box**

- Child’s Name grid
  - Clicking the ‘+’ in the Child’s Name grid populates the Absent Child dropdown. The child(ren) name(s) come from the ‘On Behalf of Child’ grid.
- Absent Child dropdown menu
  - As child(ren) are selected the name(s) will show in the Child’s Name grid.

This screenshot shows the same form as the previous one, but with data entered. The 'Child's Name' grid now contains one entry: '1 | A. John'. The 'Absent Child' dropdown menu is open, showing 'A. John' as the selected option. The 'How was absent child's voice elicited and prioritized?' text area is highlighted in yellow. The 'Reason(s) For Absence' and 'Other Reason' text areas are also visible.

**Contact Notebook – Associated Services Page – How was absent child's voice elicited and prioritized?**

- A new text box labeled 'How was absent child's voice elicited and prioritized?' has been added.
  - This field is mandatory when an Absent Child has been selected.

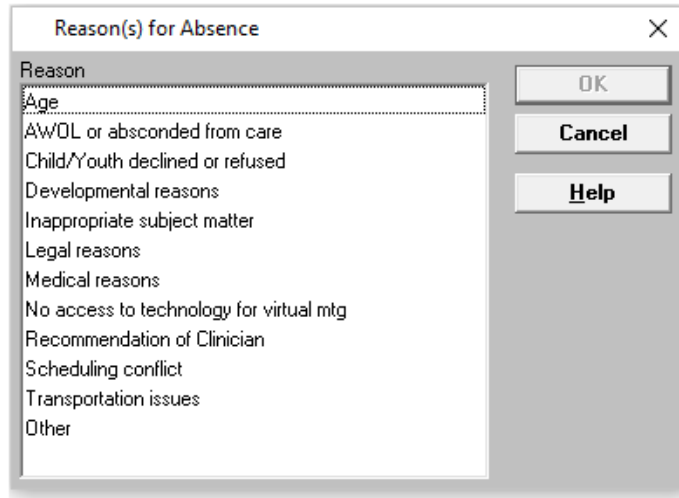
The narrative in this field describes the engagement process used with the child/youth to encourage participation. The CWS/CMS user can provide an explanation of how the child/youth's voice and choice was authentically captured in the development of the case plan or whether his or her perspective was at the forefront of decisions. Document if a proxy represented the child or any other ways a child's voice was shared.

Child(ren) Not Present at CFT Meeting	
<div><div>+</div><div>Child's Name</div></div>	
1	A. John
<div>Absent Child</div> <div>A. John</div>	
<div>How was absent child's voice elicited and prioritized?</div> <div></div>	
<div>Reason(s) For Absence</div> <div><div>+</div><div>Reasons</div></div> <div></div>	<div>Other Reason</div> <div></div>



### **Contact Notebook – Associated Services Page – Reason(s) for Absence Dialog\***

- Clicking the '+' in the Reason(s) for Absence grid opens the Reason(s) for Absence dialog with the following values as shown in the dialog box:



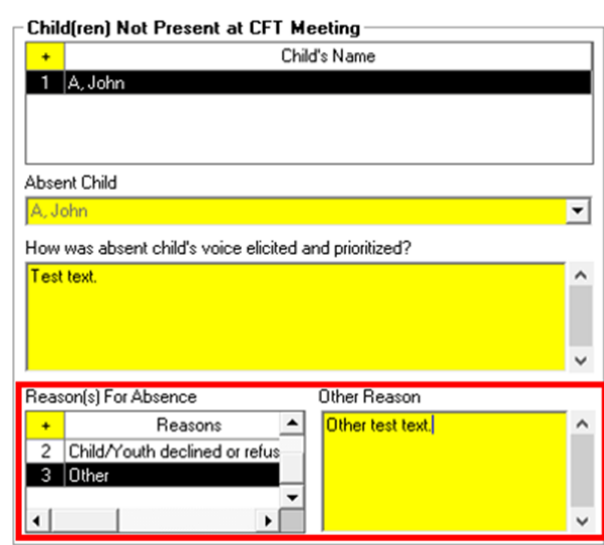
The dialog box titled "Reason(s) for Absence" contains a list of reasons on the left and three buttons (OK, Cancel, Help) on the right. The list includes: Age, AWOOL or absconded from care, Child/Youth declined or refused, Developmental reasons, Inappropriate subject matter, Legal reasons, Medical reasons, No access to technology for virtual mtg, Recommendation of Clinician, Scheduling conflict, Transportation issues, and Other. The "Age" option is currently selected.

\*Reminder - these are not justifiable reasons to exclude a child from their CFT meeting.

### **Contact Notebook – Associated Services Page – Reason(s) for Absence Grid**

- Multiple reasons can be selected for an Absent Child and this is a mandatory field when the Absent Child field is populated.
- Other Reason textbox

This field is mandatory when the Reason for Absence of 'Other' is selected




The "Reason(s) for Absence Grid" is a table with two columns: "Reasons" and "Other Reason". The "Reasons" column contains a list of reasons, with "Other" selected. The "Other Reason" column contains a text box with the text "Other test text". The grid is highlighted with a red border.

Reasons	Other Reason
2 Child/Youth declined or refus	
3 Other	Other test text

### **Warning Messages**


- The following warning messages have been added:

Client Services - Referral [8258 Referral1 050509] - [Contact [08/11/2020 ]]

 [Rule 11085]  
Changing the Service from 'Child and Family Team' will result in the 'Lead Agency', 'Facilitator', 'Key Roles', 'Were all focus children present at the CFT meeting' and/or 'Child(ren) not present at CFT meeting' information being cleared. Would you like to proceed?


Yes No

Client Services - Referral [8258 Referral1 050509] - [Contact [08/11/2020 ]]

 [Rule 11663]  
Changing Were all children present at the CFT meeting to Yes will clear all associated Child(ren) Not present at CFT meeting information. Do you want to proceed?

Yes No

Client Services - Referral [8258 Referral1 050509] - [Contact [08/11/2020 ]]

 [Rule 11709]  
Choosing a different child will clear all associated information. Do you want to proceed?

Yes No

All County Letter No. 21-105  
Page Ten

If you have any questions or need additional guidance regarding the information in this ACL or the attached *Child and Family Team Meeting; Child, Youth, and Family Engagement Guide*, contact the Integrated Services Unit at (916) 651-6600 or at [cwscoordination@dss.ca.gov](mailto:cwscoordination@dss.ca.gov).

Sincerely,

***Original Document Signed By***

ANGIE SCHWARTZ  
Deputy Director  
Children and Family Services Division

Attachment

c: County Welfare Directors Association  
Chief Probation Officers of California

**CHILD AND FAMILY TEAM (CFT) MEETING**  
**A CHILD, YOUTH, AND FAMILY ENGAGEMENT GUIDE**



**Contents**

*CHILD AND FAMILY TEAM (CFT) MEETING.....i*  
*A CHILD, YOUTH, AND FAMILY ENGAGEMENT GUIDE.....i*

**I. BACKGROUND ..... 1**

**II. PURPOSE ..... 1**

**III. TYPES OF MEETINGS ..... 2**

A. Safety Planning Meetings..... 2

B. On-going Case Management Meetings..... 2

**IV. THE CFT MEETINGS AND CHILDREN/YOUTH ..... 2**

**V. THE CFT MEETING AND PARENT(S)/GUARDIAN(S) ..... 3**

**VI. ENGAGING THE CHILD/YOUTH AND FAMILY IN THE CALIFORNIA INTEGRATED PRACTICE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CA IP-CANS) DISCUSSION ..... 3**

**VII. ROLE OF THE FACILITATOR..... 4**

**VIII. ROLE OF THE SOCIAL WORKER/PROBATION OFFICER..... 8**

A. Before the Meeting..... 8

B. During the Meeting..... 9

C. After the Meeting..... 10

<b>IX.</b>	<b>ENGAGEMENT AND PARTICIPATION TIPS BASED ON AGE AND TYPICAL DEVELOPMENT .....</b>	<b>10</b>
A.	Children Age 0-5 .....	10
B.	Children Age 6-10 .....	11
C.	Pre-Teens and Youth .....	13
D.	Non-Minor Dependents .....	14
<b>X.</b>	<b>ENGAGEMENT AND PARTICIPATION OF YOUTH WITH SPECIAL CONSIDERATIONS .....</b>	<b>15</b>
A.	Children/Youth Who Are Commercially Sexually Exploited Children (CSEC) .....	15
B.	Children/Youth for Whom the Indian Child Welfare Act (ICWA) Applies .....	16
C.	Children/Youth Who Identify as LGBTQ.....	17
D.	Expectant or Parenting Youth .....	19
E.	Children/Youth who have Intellectual or Developmental Disabilities .....	20
<b>XI.</b>	<b>TOOLS TO SUPPORT FAMILY ENGAGEMENT IN CFT MEETINGS .....</b>	<b>21</b>
<b>XII.</b>	<b>TROUBLESHOOTING PARTICIPATION OF CHILDREN AND YOUTH .....</b>	<b>22</b>
	A baby or a toddler is a distraction.....	22
	It may be challenging for biological parents and resource families to see the child respond to the respective caregiver .....	22
	Content of discussion during a CFT meeting is not appropriate for the child .....	23
	Older youth or non-minor dependents do not want to attend their meetings.....	24
<b>XIII.</b>	<b>TROUBLESHOOTING PARTICIPATION OF PARENT(S)/GUARDIAN(S) .....</b>	<b>24</b>
	Parent is using substances .....	24
	Parent has mental health needs .....	25
	Intimate partner violence.....	25
	Reluctance to attend their CFT meetings and/or to invite natural supports.....	25
	Parents speak primary languages other than English or are reluctant to invite non-English speaking natural supports .....	25
<b>XIV.</b>	<b>CONCLUSION.....</b>	<b>26</b>
<b>XV.</b>	<b>REFERENCES .....</b>	<b>26</b>

## **I. BACKGROUND**

The [Continuum of Care Reform's \(CCR\)](#) vision includes developing well-coordinated, timely, and trauma-informed services and supports for children and youth in foster care. As an anchor to CCR, the [California Integrated Core Practice Model for Children, Youth, and Families](#) (ICPM) serves as a guide for child welfare, juvenile probation, behavioral health agencies and partners to support delivery of timely, effective and collaborative services to children, youth and families. The Child and Family Team (CFT) is the primary vehicle through which the intent of the ICPM is achieved.

Even before the efforts of CCR, the ICPM, and other initiatives, there had been a strong recognition that an integrated system of care approach is highly effective to serve the needs of children who have been exposed to trauma. Navigating various systems can be challenging for families and often leads to service gaps or placement instability for foster children. The passage of [Assembly Bill 2083](#) requires each county to develop and implement a Memorandum of Understanding (MOU) outlining and coordinating the roles and responsibilities of the various local entities that serve children and youth in foster care, creating a local Children and Youth System of Care. This initiative solidifies the importance of teaming and parallels the holistic approaches and principles of the CFT process. The [MOU Implementation Guidance](#) outlines the requirements of child and family teaming to maximize planning and family engagement.

## **II. PURPOSE**

This guide is intended to provide direction to agencies and their System of Care partners that convene CFT meetings. It provides guidance about how to engage participants in collaborative decision-making that honors the family's voice and choices and supports effective planning outcomes. These are general recommendations for engaging families through the CFT process and for supporting them as they navigate the various systems they are involved. These strategies emphasize addressing the priority needs of the family and ensuring that progress towards the outcomes of safety, permanency, and well-being. The CFT meetings serve as the heart of the child and family teaming model and are a key strategy for accomplishing family-centered planning to improve the experience and outcomes of children and youth in foster care. It is important to note that meetings are a part of a larger teaming process concept. The CFT members continue to work together and communicate outside of the meeting to help the family achieve their desired goals.

The California Department of Social Services (CDSS) acknowledges each county is unique and encourages individual agencies to design and implement CFT meeting procedures that best fit the needs of their community while ensuring the practices reflect the values, principles and practices described in All County Letter ([ACL 16-84](#), [ACL 18-09](#), [ACL 18-23](#), [ACL 18-81](#), [ACL 21-27](#), and the ICPM All County Information Notice ([ACIN](#)) [I-21-18](#). Teaming and engagement techniques can be further enhanced with strategies of Safety Organized Practice (SOP). This collaborative case management approach provides tools for working effectively with families, builds critical thinking competencies for workers, and strengthens partnerships

with families' networks of support. Like the ICPM, SOP centers on the belief that all families have strengths, promotes cultural humility, and supports trauma-informed practices.

### **III. TYPES OF MEETINGS**

There are two general focus areas of teaming meetings that agencies may convene.

#### **A. SAFETY PLANNING MEETINGS**

Although CFT meetings are not mandated until a child/youth is placed in foster care, county child welfare agencies are encouraged to adopt or maintain safety planning team meeting practices at the emergency response referral stage and in an open case whenever a new safety threat is identified. The purpose of these meetings is to determine if a safety plan can be developed that mitigates the safety threat and ensures child safety in the care of the parent/guardian with the support of caring adults who will serve as a safety network. Because these meetings focus on harm to the child as a result of the parent/guardian's action or inaction as well as the potential for child removal, young children generally are not present, though their voice must still be brought forth and considered as part of the CFT planning process. Older child(ren)/youth who have sufficient maturity to understand the harm and danger happening in their family system should be asked how they would like to contribute or participate in the meeting. Child(ren)/youth who can participate in their own safety planning should be involved in the CFT process from the beginning.

#### **B. ON-GOING CASE MANAGEMENT MEETINGS**

These meetings are mandatory for children placed in foster care by child welfare or probation agencies. For children who have an open child welfare or probation case and continue to reside with their family (known as Family Maintenance or Voluntary Family Maintenance cases), these meetings are considered a best practice consistent with the ICPM. On-going CFT meetings must be consistent with established policy guidance regarding frequency, team composition, confidentiality, and areas of focus. Furthermore, each member of the team must be provided an opportunity for input. On-going case management CFT meetings may occur for a variety of needs including case planning, placement preservation, placement disruptions, out of county placements, barriers to visits or activities, and other needs as outlined in [ACL 18-23](#). The CFT meeting may occur at the request of the child, youth, family, Tribe, or any team member. The child/youth, their parent(s)/guardian(s), and caregivers must be part of all CFT meetings to meet established mandates unless a specific determination has been made that limits the participation of an individual. In this situation, best practice is to provide an alternative method for that individual to share their perspective about strengths and needs (i.e. written statement, someone share on their behalf, etc.). Additionally, in the case of an Indian child, a representative of the child/youth's Tribe must be included in all CFT meetings.

### **IV. THE CFT MEETINGS AND CHILDREN/YOUTH**

The child/youth is central to the CFT process and is considered an essential team participant. Therefore, the child/youth's presence at CFT meetings is critical. Apart from safety planning

meetings as noted above, child welfare and juvenile probation agencies should avoid blanket policies that exclude children from attending CFT meetings based on age or other considerations. If a child/youth does not wish to be present at a meeting or the team has determined that it is in their best interest to not be present, their voice still must be included in the process, and their participation should be continually revisited over time.

Engagement of child(ren)/youth in the CFT process must begin prior to the CFT meeting itself. Adequately preparing child(ren)/youth for their meetings is arguably the most important step in ensuring participation feels safe, comfortable, and supportive. Once the child/youth is oriented to the process, it can help them make informed decisions and can encourage them to advocate for their needs. It is also critical that child(ren)/youth have natural supports, such as friends or trusted adults, present as part of their meeting who will help ensure they feel safe and cared for throughout the meeting. Use the CFT process as another opportunity to build the youth's network of natural supports and permanent connections. This guide provides additional guidance for meaningful preparation and inclusion of child(ren)/youth given age/development or considerations.

## **V. THE CFT MEETING AND PARENT(S)/GUARDIAN(S)**

For child(ren)/youth whose parent(s)/guardian(s) are receiving Family Reunification or Family Maintenance services, parents are a vital focus of the CFT meeting in addition to the child/youth. If reunification is the primary permanency option and it can be safely achieved, and the CFT process can and should support permanency planning efforts to accomplish this, consistent with the case plan goals. To effectively engage parent(s)/guardian(s), it is important to recognize the child's needs are often connected to the needs of their parents. Further, it is important to use trauma-informed practice with parents (as well as with child(ren)/youth) to recognize the impact of trauma, identify signs and symptoms of trauma, and avoid re-traumatization.

Even if the child's parent(s)/guardian(s) are not actively participating in services or are no longer offered reunification services, they may still be central to the CFT process and considered essential team participants. Engagement of parents in the CFT process must begin prior to the CFT meeting itself. Adequately preparing the parent for the meetings is key to a successful and productive CFT meeting. Many parents involved with child welfare feel shame and self-judgment and may be anxious or upset about the idea of having others in their life participate in the CFT process. Preparation includes helping parent(s)/guardian(s) understand the purpose of the CFT and CFT meetings, acknowledging and addressing any worries or reluctance they have, and supporting them in identifying individuals who may support them through the CFT process, assist in decision making, and take on responsibilities to help ensure safety, permanency, and well-being of the child/youth.

## **VI. ENGAGING THE CHILD/YOUTH AND FAMILY IN THE CALIFORNIA INTEGRATED PRACTICE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CA IP-CANS) DISCUSSION**



As outlined in [ACL 18-09](#), the Child and Adolescent Needs and Strengths (CANS) is the functional assessment and information sharing tool to be used, shared, and discussed within the CFT process to support case planning and care coordination.

**Prior to the CFT meeting:** The CANS completer, or another individual trained or certified in the CANS, must provide orientation and education with the child/youth and parent(s)/guardian(s) to help them understand what the CANS is, what the action levels mean, and how the CANS will be used as part of the teaming and planning process. Further, the individual who completes the CANS should provide the family with a blank CANS rating sheet and review the items and definitions with them. Families should have an awareness that the CANS completer will be filling out a draft assessment in advance of the CFT meeting, but ratings will be finalized by consensus among the team.

**CANS Discovery Process:** The child/youth and parent(s)/guardian(s) should have the opportunity to ask questions about the CANS and give input on their strengths and needs. The CANS completer has an opportunity to engage the child/youth and parents through the discovery process to inform the CANS draft ratings. The CANS completer should be familiar with the CANS domains to help frame conversations and listen to responses with the related CANS items in mind. The CANS completer can build trust by being nonjudgmental, acknowledging feelings, asking clarifying questions to uncover underlying needs, showing empathy, and avoiding giving advice.

The CDSS recommends all CFT facilitators be CANS-certified, regardless of whether they are completing the CANS, to enhance their ability to integrate the CANS into the CFT case planning practice and facilitate family participation in this process.

## **VII. ROLE OF THE FACILITATOR**

Facilitation is the process of empowering teams to work together cooperatively and effectively. The CFT facilitator utilizes engagement strategies to lead a strengths-based, collaborative teaming process while maintaining a clear focus on child/youth safety, permanency, and well-being. This trained and skilled facilitator guides the team in generating innovative solutions and building consensus. The facilitator is not “neutral” in the sense that they have a specific role to intentionally support the team achieve ethical quality processes and decisions. The facilitator is responsible for ensuring the team addresses risk and safety, the meeting is productive, and all voices are heard, including that of the family and their natural supports. Counties are encouraged to maintain the same facilitator throughout the life of the case, which preserves continuity and minimizes anxiety for the child/youth and family.

Ideally, the facilitator should not have a dual role on the team, which allows all team members to actively participate during meetings and minimizes potential bias. When the facilitator does have a dual role (i.e., they are the case-carrying social worker and the facilitator), they must pay careful attention to when they are functioning in each of these roles, communicate transparently to the team regarding each role, and work to mitigate potential bias or role conflict.

The facilitator has an important role in ensuring psychological safety for all involved. Below are some special considerations for creating a safe space for the child/youth and their family and caregivers before and during the CFT meeting.

**Meeting Frequency:** While state requirements indicate a CFT meeting be held at least every six months or more often if needed, practice effectiveness research suggests that most teams will experience far greater success if their meetings are held more often and with particular focus on the preferences of youth and family. It can be very difficult to effectively build a trust-based team and create and deliver an effective needs and services plan when the team meets infrequently. Respecting family's wishes regarding frequency of meetings may help build rapport and trust, as well as empower families to take a more active role in decision-making.

**Meeting Length:** Plan to adjust meeting lengths, take extra breaks, or segment meetings as needed to accommodate a child/youth's ability to remain in the meeting. Best practice suggests CFT meeting participation for younger children should last no more than 60 minutes. Even older children may have a hard time with a meeting that is longer than 90 minutes. However, based on the size of the team, the purpose of the meeting, and the need to prioritize child/family voice and choice, meeting times may far exceed 90 minutes. In these cases, it may be appropriate to have the child/youth attend only part of the meeting if they are unable to tolerate a longer session.

**Segmenting or Separating Meetings:** Segmenting the meeting means that the child/youth, or another CFT member, attends for only a portion of the meeting rather than the meeting in its entirety. The social worker/probation officer, facilitator and meeting scheduler should work together when planning the meeting to determine if there is a need to segment the meeting for the child/youth or parent/guardian.

Reasons to segment a meeting may include:

- Young children who cannot tolerate a long meeting but can attend for a short period during which time their needs and strengths are discussed.
- An older child/youth who only wants to attend for part of the meeting.
- A required member of the CFT who may pose a safety concern or be a trauma trigger for the child/youth, such as a parent who perpetrated physical or sexual abuse. In these cases, the child and parent should attend separate portions of the CFT meeting.
- Parent(s)/guardian(s)' confidential issues that they do not want discussed in front of the child/youth, resource parents, Foster Family Agency or other team member.
- Families with multiple fathers/mothers; for example, if there are two fathers who do not want to attend the meeting at the same time and do not consent to have information about themselves or their child shared with the other father.

- When a child/youth does not wish to have confidential information (e.g., mental health, reproductive health, sexual orientation) discussed in front of their family or other team members.

Additionally, separate CFT meetings may need to be scheduled in some circumstances, including:

- Cases where there is intimate partner violence by one parent against another, in which case there should be separate meetings for the survivor and perpetrator. In this circumstance, the child/youth should attend the CFT meeting with the survivor. This portion of the meeting may also need to be segmented for the participation of the child/youth, depending on issues discussed and potential trauma impact.
- Whenever there is a No Contact Order or Restraining Order in place restricting contact between individuals, in which case those individuals may not be able to both be physically present at the CFT meeting. Such orders, and the dynamics and history that resulted in the order, should be carefully considered, and separate meetings can be scheduled to include both the parents' and child's voices in the CFT process. Other options may include use of video/telephone conferencing, if it does not violate the order or compromise the safety and well-being of meeting participants. Alternatively, the child's wishes/concerns may be represented at the meeting by another team member.
- If there are more than two children in the family, additional time beyond one meeting may be needed to address the needs and strengths of each child.

**Virtual Meetings:** The Covid-19 pandemic forced many, if not all, CFT meetings towards a virtual platform. The CDSS recognizes that, if in-person meetings are not advised or available, requirements for CFT meetings are best met when convened remotely and facilitated through technology. Virtual meetings have become necessary and can be successful with careful preparation. It is strongly recommended that meetings are scheduled through a videoconferencing format, as opposed to teleconferencing, so the facilitator can monitor and respond to team members' engagement, nonverbal communication, and potential signs of distress during group discussions. For further guidance regarding virtual meetings, visit the [CFT Resources Page](#) at CDSS.

**Setup:** The facilitator should arrive at the meeting location early to set up an age-appropriate, child or youth-friendly environment. For young children, this may include identifying an area within the meeting space that can be arranged to play or crawl on the floor. If possible, make sure necessities are available such as snacks, formula, diapers, etc. Set up an activity area with games, toys, and art supplies appropriate to the age of the child. Determine if there is a quiet space nearby where a young child can be comforted, or an older child/youth can take a break with a supportive adult if needed.

**Meeting the Family:** Before the meeting starts, the facilitator should take time one-on-one to introduce themselves to the child/youth and parents, share with them the basic process for how the meeting will go, let the child/youth and parents know the importance of their voice and choice in the meeting, and give them the opportunity to ask any questions. The facilitator may also ask the child/youth if they would like to have a signal or a code word, they use that

indicates they need a break. Ask family members and natural supports what name and pronouns they prefer to be called and be sure to use this name in the meeting.

**Choosing Seats:** Facilitators should always give children/youth the chance to choose their seats in the meeting room first if they would like to, and who they would like to sit next to, so they can choose what makes them feel most comfortable. Parents and other natural supports should choose next, prior to agency staff and service providers. Professionals should be mindful to avoid seating themselves en masse, or in ways that create a power differential. Interspersed seating by and between professionals and family members helps to support collective and empowered decision-making.

**Planning for the Family's Needs:** As part of the meeting introduction process, the facilitator should address with the team what will be the plan if the child/youth needs to leave the meeting early or take a break and ask if there are any other special needs the child/youth may have during the meeting that the team should plan for. Designate a caring adult who can take the child out for a break or take them home if they no longer want to remain at the meeting.

**Strengths-Based Lens:** Recent brain science suggests that embarking on solution-finding after an exploration of strengths helps a team to solve challenges. Although it is important that the team discusses both worries/needs and what's working well/strengths as part of the meeting, the facilitator should pay close attention to the tone of the meeting when worries/needs about the child/youth and parents are discussed and ensure strengths are highlighted. The facilitator should redirect or reframe as needed when team members are commenting on a child/youth or parent or their behavior in a way that is very negative or could foster feelings of betrayal or mistrust.

**Trauma Signs/Signals:** Throughout the meeting, the facilitator should pay close attention to the child/youth and parents for potential signs of distress, such as but not limited to, withdrawal, clinging to a caregiver, or leaving the table or virtual meeting room. The facilitator should intervene as needed to check in with the child/youth or parent and team when a participant appears uncomfortable or anxious. The facilitator may consider asking the participant what their current needs are, allowing the participant to express their emotions, redirecting the conversation, or giving the child/youth or parent a break to attend to their emotional well-being. If a child/youth is participating in the meeting remotely, have a plan beforehand where the child/youth can communicate separate from the team, like text messaging or a private chat, to check in on how they are doing when a potentially traumatic topic is discussed. Create a code word or a visual signal (on videoconference) that indicates the child/youth needs a break.

**Meeting Notes:** It is strongly recommended that, for in person meeting, notes are taken through charting on flip chart paper or a whiteboard, rather than typed into a form that is projected in the meeting. Typing the meeting notes during the meeting detracts from engagement among the team which is the ultimate purpose of the meeting. To promote accountability, CDSS strongly recommends use of an action plan which captures the names and contact information of all team members, and documents what will happen, who is responsible, and by when the action will be completed. Such an action plan when shared with

each member of the team fosters teaming, shared responsibility, and clarity on next steps to meet needs, build strengths and achieve the child and families' goals.

## **VIII. ROLE OF THE SOCIAL WORKER/PROBATION OFFICER**

### **A. BEFORE THE MEETING**

**Preparing the Family:** The importance of the social worker or probation officer's role in preparing the family for participation in the CFT meeting cannot be overstated. Adequate preparation can minimize anxiety for the family, help identify people who may be able to attend that can provide emotional and instrumental support to the child and family, address any concerns or worries they have, and set the stage for a positive and productive meeting where the family feels respected and genuinely included in the discussion and decision-making. When meetings are unproductive, traumatic, or distressing for the family, or when children/youth or parent(s)/guardian(s) do not want to attend their CFT meetings, it is often due to lack of preparation and inclusion in planning for the meeting.

**Information about the Meeting:** Provide the parent/guardian and the child/youth (as age appropriate) with verbal and written information about the CFT process before the CFT meeting is scheduled. Ask about what questions they have. If they say they do not have any, share some common questions other families have asked about the process and what the answers are.

**Natural Supports:** Explore with the family who is important to them and who they would like to have as part of their team and/or meeting. Tools such as genograms, ecomaps and the SOP Circles of Support tool may help facilitate a meaningful conversation and exploration with the family of who they think should be part of their CFT. Consider asking multiple family members, including the child/youth, parents, and others, to gain a variety of perspectives about individuals who may be considered as network members. Other supports can include coaches, teachers, current or former neighbors, family friends and their parents. Providing a list of types of people who might be part of the CFT can help youth and parents think about options they may not have considered.

**Location:** Work with the meeting scheduler to choose a location familiar to the family, including their home or the home of a relative or friend, or a community location (where privacy can be achieved) such as a child development program, family resource center, tribal services location, or the child's school. For young children, make sure materials that can support quiet play during the meeting are available.

**Scheduling:** When scheduling the meeting, consider what works best for the child's schedule, not just the schedule of the caregiver or person bringing the child to the meeting. Avoid scheduling meetings during times that the child/youth would have to miss activities that are important to them, including school, work, and extracurricular activities. For young children, schedule meetings during a time when they are better regulated and need less caregiver support (i.e., outside of normal feeding times, naps, or other routines throughout a child's day).

For the parents/guardians/caregivers, coordinate with their work and/or service participation schedule, recognizing that it may feel like an impossible choice for them to pick between

attending the CFT meeting and losing wages, or missing a service that is part of their case plan. Plan for segmenting meetings, as needed, to accommodate the parents' scheduling needs.

**Meetings are Not Visits:** A CFT meeting should never replace family time/visitation between the child and parent/guardian. Further guidance is provided in the later section of this document titled "Troubleshooting Participation of Children and Youth."

**Meetings are not Monthly Caseworker Visits:** A CFT meeting does not replace the agency's required monthly contact with the child/youth. [ACL 19-87](#) highlights guidance for providing a quality caseworker visit and additional tools may be found in the [Quality Caseworker Visit Toolkit](#) on the California Social Work Education Center (CalSWEC) website.

**Meetings are not Icebreakers:** Icebreaker meetings are dedicated meetings between the parent, resource parent and social worker where the parent and resource parent get to know each other and discuss the child's needs, strengths, likes, dislikes, routines, and schedules. A CFT meeting should never be the first time a parent or guardian meets a resource parent. Counties are strongly encouraged to use icebreaker meetings as an opportunity for the parent and resource parent to meet for the first time. Further guidance about the use of icebreaker meetings is provided in the later section of this document titled "Troubleshooting Participation of Children and Youth."

**Difficult Information:** New information that may have a negative impact for the child/youth or family should never be shared for the first time in the CFT meeting. For example, do not share that a child will not be returning home during a CFT meeting prior to disclosing the information to the child/family first. The social worker or probation officer should always ensure the opportunity for the child/youth or family to hear difficult or potentially traumatic information ahead of time, so they can have the chance to process it and be prepared to discuss it in the meeting. Further guidance is provided in the later section of this document titled "Troubleshooting Participation of Children and Youth."

## **B. DURING THE MEETING**

**Child/Youth and Parent Voice and Choice:** Whenever possible, give the child/youth the first chance to contribute to a discussion area if they would like to. Give parents the next chance, before asking other network members or professionals for their perspective. Give the child/youth and parents opportunity for choices wherever possible.

**Trauma Signs/Signals:** Throughout the meeting, the social worker/probation officer, facilitator, and other professionals should pay close attention to the child/youth for potential signs of trauma or distress. Designate a caring adult prior to the meeting who can take the child out for a break or take them home if they no longer want to remain at the meeting. If a child/youth is participating in the meeting remotely, have a plan beforehand where the child/youth can communicate separate from the team, like text messaging or a private chat, to check in on how they are doing when a potentially traumatic topic is discussed. Create a code

word or a visual signal (on videoconference) that indicates the child/youth needs a break. Also pay attention to signs of trauma for parents and offer a break if needed.

### **C. AFTER THE MEETING**

**Checking In:** The social worker or probation officer should check in with the child/youth or designate a trusted adult to see how the child/youth is feeling after the meeting and if they have any questions or concerns. If the meeting was particularly emotionally challenging, the social worker/probation officer should ensure the child/youth has the opportunity to talk with an adult who can help them more thoroughly debrief their experience of the meeting, such as their behavioral health clinician, their parents if comforting, or another adult who has a close relationship with the child. The social worker should also check in with the parents if the meeting was emotionally difficult for them to help them explore who they can reach out to for support and to determine if they have any questions regarding action items or next steps.

## **IX. ENGAGEMENT AND PARTICIPATION TIPS BASED ON AGE AND TYPICAL DEVELOPMENT**

### **A. CHILDREN AGE 0-5**

The complexities of including a young child in a CFT meeting require a comprehensive, collaborative planning process to ensure a successful outcome. Although the team weighs numerous factors and makes the ultimate decision about a child's participation in the meeting, a child's age is not an acceptable reason for automatic exclusion. Undoubtedly, the potential for challenges exists for young children attending their CFT meetings. If the child will be attending, engagement with the CFT members before the meeting is crucial to plan for how to appropriately involve the child and discuss strategies to support successful participation.

A young child's needs require responsive caregiving and can conflict with the attention necessary for the caregiver to tend to the child and participate in the meeting; planning for this ahead of time is essential. A child's experience of seeing a biological parent(s) and resource parent(s) in the same room may generate some confusion and mixed emotions among caregivers if the child shows a preference for one or the other. The child may also experience confusion and conflicting emotions when both parents and foster parents are present. Strategies to help regulate emotions can be found in the "Troubleshooting" section of this guide.

Additionally, CFT members less familiar with the child's unique cognitive or language development may have difficulty interpreting child-specific needs. Young children, however, communicate emotional content and learned patterns through their behavior. It takes experience and sensitivity to recognize a young child's language but observing their behavior may be a valuable contribution to determining their strengths and needs. Thus, the young child's voice is embodied in their very presence at the CFT meeting.

The decision to exclude young children must be explored through a thoughtful engagement process with CFT members and is not the sole decision of the social worker or probation

officer. Some questions that the child and family team may consider in determining whether a young child should participate include:

- What would be the benefit or positive impact for the child if they participate in the meeting?
- What would be the detriment or negative impact for the child if they participate in the meeting?
- What does the child's parent see as the benefits or drawbacks for the child of participating in the meeting?
- What is the travel time for the child to attend the meeting, and how will this impact them based on their age, development, and schedule/routines?
- Will discussion topics be potentially traumatic for the child?
- Should the meeting be segmented to include the child for part of the time?
- Who will attend to and take care of the child during the meeting? What challenges would this create, if any, and how would those impact the child?
- Who will need to leave the meeting if the child needs to leave or if the meeting is segmented? How will this impact the success of the CFT meeting?

It is also important to determine if convening CFT meetings at a frequency of six-month intervals is enough to address any needs related to the rapid growth and development of an infant, toddler, or preschooler. Consider holding shorter, more frequent CFT meetings to optimize opportunities to identify whether early intervention supports are needed.

Additionally, when possible, ensure the team composition includes members that relate to the developmental and/or medical needs of the young child. Membership may include an infant mental health specialist, public health representative, developmental specialist, Regional Center service coordinator, educational liaison, daycare provider, pediatrician, family visit coach, occupational or speech therapist, or Navigator from the local Resource and Referral Network. Ideally, a trained individual will have had the opportunity to observe the infant or toddler's development prior to the CFT meeting as this will help identify their developmental status, strengths and needs to inform the draft CANS and the plan developed as part of the CFT meeting.

If the team has determined it is not in the child's best interest to attend their CFT meeting, tools such as the Safety Organized Practice (SOP) Three Houses or Safety House may be used with children as young as four or five, depending on their developmental status, to bring their voice into the meeting. These tools are addressed in the following section.

## **B. CHILDREN AGE 6-10**

Tips for engaging children ages 6-10 include the following:

- Prior to the meeting, talk to the child using language and words the child can understand and explain the purpose and focus of that specific CFT meeting. Ask what they would like to talk about. Ask about good things they want to make sure the team celebrates. Discover if there are topics to avoid speaking about during the meeting or if they are worried about anything.



- Let the child know who will be at the meeting and ask them if there is anyone else who they would like to be present. Let them know they can invite grownups they trust to be part of their team and participate in the meeting. They can also have someone participate by phone or via video conference technology. Children in this age group can participate in completing a family tree (i.e., genogram) or the SOP Circles of Support tool to explore who is part of their network of natural supports.
- Provide an activity the child can do during the meeting, such as reading, coloring, or drawing. Continue to check in with the child periodically throughout the meeting even if they seem like they are not paying attention. Children in this age group often pay attention to everything that is said, even if they look disengaged. To differentiate between this natural tendency and a withdrawal trauma response, the facilitator can check in with the child about how they are doing or invite a trusted adult to do so. Try checking in with the child every 30 minutes or so to see if they are okay with remaining in the meeting.
- Follow up with the child after the meeting, or ensure a trusted adult follows up, to see how the child is feeling about the meeting. Ask questions such as what did they like about the meeting? What did they dislike? What would they want to be different next time they have a meeting? If the child is showing any kind of traumatic response, ensure they are connected with a trusted adult, therapist, or other support person to help them work through how they are feeling.
- If the child/youth does not want to attend their meeting, explore the reason(s) they are reluctant, without indicating any kind of pressure for them to change their mind. Let them know it is okay that they do not want to attend, and it would be helpful for you to understand the reason(s). Consider some of the following questions to ask:
  - Is there someone who will be attending the meeting they do not want to see?
  - Do they understand what the meeting is, who will be there, or what it is for?
  - Do they feel worried or scared about going?
  - Do they think the meetings are boring?
  - Is there someone who could be invited who would make them feel more comfortable?

It is important to get to the root cause of the child's reluctance. For example, it is possible they would be okay with seeing a particular individual at the meeting but are worried about a specific situation or behavior presenting itself and could benefit from a plan or support for navigating distress during the meeting. Even if the child still chooses not to attend, this conversation will provide important information. The child's participation in future meetings should be revisited each time a meeting is scheduled.

- If the child does not want to attend, it is important to get their perspective to bring to the CFT meeting. The social worker or probation officer should meet with the child before the meeting to identify their worries, needs, what is working well, and their strengths.

- The SOP Three Houses tool provides a way to get the child's perspective on what is working well, what they are worried about, and what they would like to see happen in their future.
- The SOP Safety House can be used to get the child's perspective on what safety in their home would look like: what the rules of the house are that help the child feel safe, who can live in the house, who can visit the house, and who is not allowed there.

### **C. PRE-TEENS AND YOUTH**

Tips for engaging older children and youth include the following:

- Before the meeting is scheduled, explain the purpose and focus of that specific CFT meeting and ask what they would like to discuss. Ask the youth if there are accomplishments that should be celebrated. Find out if there are any issues they do not want to discuss during the meeting, or if there are any concerns.
- Explain to the youth who will be attending the meeting and ask them who they would like to be present. Let them know they can invite friends, their significant other, or adults they trust to be part of their CFT and participate in the meeting. They can also have someone participate by phone or via video conference technology. The SOP Circles of Support tool can be used with older children/youth to explore who is part of their network of natural supports.
- Let the youth engage in other activities during the meeting as they wish. If they have a phone or other device they are using during the meeting, consider letting that be an exception for any group agreements about no technology. This can be a way the youth is managing anxiety about being at the meeting. If there is a specific part of the meeting during which their full attention is needed, ask if they are willing to set the phone down for five minutes so they can contribute their perspective on the issue.
- Follow up with the youth after the meeting, or ensure a trusted adult follows up, to see how they are feeling about the meeting. How did they feel during the meeting? How are they feeling now? What did they like about the process? What would they want to be different next time they have a meeting? If the youth is showing any kind of traumatic response, ensure they are connected with a trusted adult, therapist, or other support person to help them work through how they are feeling.
- If the youth does not want to attend their meeting, explore the reasons. Consider some of the following questions to ask:
  - Is there someone who will be attending the meeting they do not want to see?
  - Do they understand the reason or purpose for the meeting?
  - Do they feel worried or anxious about going?
  - Do they think the meetings are boring?
  - Do they need to have someone invited who makes them feel comfortable?

Help the youth understand the benefits of attending, and the potential drawbacks of them not attending, such as their voice not being part of the conversation or decisions that are made about them. As needed, have a trusted natural support talk with them about participating in the meeting. If they still choose not to attend, their participation in future meetings should be revisited each time.

If the youth will not attend, get their perspective to bring to the CFT meeting. The social worker or probation officer should meet with them before the meeting to identify their worries, needs, what is working well, and their strengths. Tools such as the SOP Three Houses or Safety House can also be used with older children or teens.

#### **D. NON-MINOR DEPENDENTS**

Non-minor dependents may choose whether to continue to have CFT meetings once they turn 18; however, the placing agency (child welfare or probation) is still required to attempt to convene a CFT meeting when required. The social worker or probation officer has a critical role in helping the young adult understand the reasons the CFT process and meetings are valuable for them to be part of.

- Ensure the youth has autonomy over who are their CFT members. If there is a required CFT participant who the youth does not want to be part of their meetings, explore the youth's reasons for this. If they still do not want that person present, determine how to get that participant's input into the CFT process without them being at the meeting.
- Before the meeting is scheduled, talk with the youth to develop the meeting purpose, focus and agenda. The purpose and topics of discussion should be driven by the youth's interests.
- Use the CFT process as another opportunity to build the youth's network of natural supports and permanent connections who will be there for them after they exit foster care. A genogram, ecomap or the SOP Circles of Support tool can be used for this purpose, either in the preparation process with the youth or as part of the CFT meeting.
- Use the CFT process as an opportunity to assist the youth with Extended Foster Care eligibility status, such as connection with educational or employment programs, or to support the youth with resources such as obtaining stable housing, health or mental health services, or Independent Living Skills if applicable.
- Enlist the aid of a youth partner to assist in engagement efforts.
- During the meeting, ask the youth about their future plans, dreams, and hopes. Solicit input from all participants and assign tasks/roles for participants to support the youth in achieving their goals.
- Engage the youth by giving them a role in facilitation or charting of the meeting, when appropriate and if the youth would like to do so.
- If the youth is reluctant to have CFT meetings, discuss with them what they think the benefits would be of convening a team of people who care about them and will help them

successfully transition to independence. What questions do they have about CFT meetings now that they are a young adult? What would need to be different for them about the CFT meeting process or participants that would make them want to have a CFT meeting?

## **X. ENGAGEMENT AND PARTICIPATION OF YOUTH WITH SPECIAL CONSIDERATIONS**

### **A. CHILDREN/YOUTH WHO ARE COMMERCIALY SEXUALLY EXPLOITED CHILDREN (CSEC)**

- In general youth should be able to invite whoever they want to be part of the CFT meeting, however, exploiters and/or any person assessed to be a safety concern are an exception. 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/NMD or their parent(s)/caregiver(s). Exercise caution when adding members to the CFT to avoid possible contact between the youth and their exploiter. If the county has access to victim advocates that work with exploited youth, ask the youth if they would like the advocate to attend.
- Any individuals named in a No Contact Order or Restraining Order may not be physically present at the CFT meeting. Violation of any court order cannot be facilitated through the CFT meeting process. Such orders should be carefully considered, and separate or segmented meetings may be required. Use of audio/video conferencing may be appropriate if it does not violate the order; however, caution should be used as to whether this will be a trauma trigger, as many youths have experienced exploitation through video. Another option is having the child's wishes/concerns represented at the meeting by another team member.
- The team should consider what stage of change a youth is in to decide intervention levels, including harm reduction strategies. For example, if a youth is in pre-contemplation, they may be very unlikely to agree to participate in services; therefore, the meeting should focus on engagement and harm reduction strategies supported by the team until a later time when services can be utilized. Listen to understand what the youth perceives as their needs and address the needs they have articulated. Motivational interviewing strategies can be valuable to use with youth who have some reluctance or ambivalence to change.
- If a youth has run away from placement but someone on the team is able to contact the youth, give them the opportunity to participate in their meeting by phone or technology.
- Consider providing education to the team members about sexual exploitation as a form of abuse. Explain how they can support the youth in the meeting by being nonjudgmental when listening, and not reacting verbally or physically in a way that communicates disgust or disdain. It is also important that team members understand the importance of avoiding referring to the child as an offender, but rather as a victim and survivor.
- In the meeting, focus on the child/youth as a whole person, not a "CSEC youth." Do not label the child as "CSEC." Be mindful of language that is appropriate and sensitive to a

child's experience as a victim. Youth may not always phrase their experiences in language that is considered "appropriate" or to see themselves as a victim or survivor of exploitation. Ensure the team does not use derogatory terms, shame, or belittlement when discussing the child's experiences.

- Ensure the team composition does not include prosecution or defense attorneys or law enforcement agencies who may want to attend the meeting for fact finding or other purposes related to criminal proceedings. This does not include attendance by the youth's dependency attorney if the youth chooses to have their attorney present to support them.

## **B. CHILDREN/YOUTH FOR WHOM THE INDIAN CHILD WELFARE ACT (ICWA) APPLIES**

- The Tribe is a valued, and required, participant for children for whom ICWA applies. The social worker, probation officer, and/or meeting scheduler must work with the Tribe to ensure the meeting is at a time and location that works for the tribal representative and if applicable, Indian custodian who will participate. The tribal representative is not optional, even if the family does not want that person to participate. It is important to work with the tribal representative and to help families understand the role of the Tribe and ICWA placement preferences prior to the meeting.
  - The only exception is for non-minor dependents (NMD), who may choose whether ICWA will continue to apply to them after they turn 18. If the NMD has elected to not have ICWA apply, then the Tribe would not be a required CFT participant but can continue to participate if the NMD wishes them to.
- Talk with the child/youth, parents, and Indian custodian, if applicable, before the CFT meeting about their connection to their Tribe and who from their Tribe or community, in addition to the tribal representative, they want to be part of their team.

Also talk with the tribal representative to explore other family or community members who would be important to have participate. There may be differences in who the child, their parents, or the Tribe feel should be at the meeting. It is important to identify these potential areas of disagreement and partner with the Tribe to resolve who should be part of the team.

- Decide together with the child/youth, parents, Tribe, and Indian custodian, if applicable, about what location for the meeting would be most accessible for them and for extended family and community members.
- Check with the child/youth and parents if there are ways in which they would like to see their tribal customs or practices incorporated into the process of the CFT meeting.
- Ensure CFT meetings are not scheduled at times that would conflict with cultural activities for the family.
- Explore with the child/youth, parents, tribal representative, and Indian custodian, if applicable, if there are barriers to family and community participation, such as childcare, transportation assistance, or assistance with technology for virtual meetings. Identify

methods to resolve these issues so necessary team members may attend the CFT meeting.

- Ensure plans developed during the CFT meeting are culturally relevant for the specific family member and have the full input of the Tribe.
- Consult with the tribal representative prior to the meeting regarding what modifications may need to be made to the CFT meeting process to ensure it feels comfortable, inviting, and culturally relevant for the child/youth, family, and community participants. For example, there may need to be more flexibility in the meeting structure or facilitation, such as not having the facilitator stand at the head of the table or arranging for a tribal social worker or other trusted individual to facilitate.

### **C. CHILDREN/YOUTH WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER OR QUESTIONING (LGBTQ)**

- To ensure the CFT process provides psychological safety for youth, CFT facilitators, social workers, and probation officers should receive training to understand Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) and the LGBTQ population. This includes basic language and definitions, understanding their experience, rejecting and accepting behaviors, laws and regulations protecting LGBTQ youth, and impacts to permanency and well-being.
- Use inclusive and gender-neutral language with all youth, whether they have identified as or are perceived as LGBTQ. Do not presume gender or sexual orientation when asking about relationships or identity. Use general terms such as child (instead of son/daughter), parent (instead of mother/father), spouse (instead of husband/wife), dating, relationship, or crush (instead of boyfriend/girlfriend). Ideally, a trusted adult should meet with the youth prior to the CFT meeting to talk with them about what SOGIE is and ask the youth to identify their SOGIE. Reflect the youth's own terminology and identifying language.
- LGBTQ identity should only ever be self-disclosed to CFT members directly from the youth unless they have asked an adult to share that information on their behalf. No one should share if a youth identifies as LGBTQ without verbal or written permission/consent from the youth. The youth has a right to maintain privacy of their LGBTQ status. If they do not permit this information to be disclosed, it may not be shared unless sharing is legally required, such as if it is related to suspected child abuse or neglect, or mandated reporting requirements. In those circumstances, the youth should be informed of the required disclosure. The youth's permission/consent also applies to documentation, which may only occur with their permission/consent or if legally necessary. If others who are part of the CFT identify the youth as LGBTQ when the youth is not present, ask if they received that information directly from the youth and if the youth gave permission/consent for them to share. The youth's SOGIE should not be captured in meeting documentation unless the youth has given permission/consent for it to be documented.
- When a facilitator, social worker or probation officer is aware of a youth's LGBTQ identity directly from the youth, before the CFT meeting, in a private space, they should talk with

the youth about who on their team is aware of their LGBTQ identity and whether they feel comfortable with information about this topic being discussed at their meeting.

- If a youth shares information about their LGBTQ identity or brings up related concerns during a CFT Meeting, supportive things to say may include:
  - “Thank you for trusting us with this information.”
  - “How do you want to be referred to in this meeting?”
  - “What are your pronouns?”
  - “Is your preferred name different from the name given to you at birth?”
  - “How can the team or others support you?”
  - “How has your experience been so far?”
- How a youth identifies with their name and/or pronouns should be elicited at the beginning of the meeting. Pronoun identification should be normalized and modeled by all adults in the meeting before being asked of youth. Example: “My name is Joy, and I will be the facilitator for this CFT. My pronouns are she/her and hers.” The term “preferred” pronouns should not be used, as it gives the incorrect impression gender identity is “preferred” or a choice. Affirm if the youth is comfortable by inviting them to share after all adults have shared. Example: “Sam, now that we have shared our name, pronouns and role in the CFT, please share your name, pronouns and other information you feel comfortable sharing with the group.”
- The youth’s pronoun and/or name preference can be documented in the group agreement. Direct the team that the youth will be referred to by their identified name and use of other names will be corrected. If necessary, redirect if misgendering or use of the wrong name occurs. Intentional misgendering is harmful to the youth and damages rapport. If unintentional misgendering occurs, people should correct themselves and move on. If they do not self-correct, gently remind them of the pronouns the youth uses. Not addressing the misgendering or mistake can also be harmful to the youth.
- The youth’s emotional and physical safety should be attended to during the meeting, especially if there is discussion of LGBTQ identity or issues. Questions to ask include:
  - Is the youth/family engaged with an LGBTQ organization or other services for support?
  - Does the youth feel safe in their current placement? If so, what makes it feel safe for them? If not, what makes it feel unsafe?
  - Are the caregivers supportive of the youth’s identity? If not, how does this affect/impact the youth’s well-being/emotional health?
  - Is the youth able to be their whole/full self at school, home (placement), and other spaces they are in?
  - Is the youth connected to peers who provide opportunities to talk about their experiences?
  - Does the youth feel connected to family in a way that makes them comfortable being their whole/authentic self?
- Have knowledge or information about local resources and events for LGTBQ youth.

- [LGBT Center Directory](https://www.lgbtcenters.org): <https://www.lgbtcenters.org>
- [Parents and Friends of Lesbians and Gays \(PFLAG\)](https://pflag.org) – find a local chapter and educational materials: <https://pflag.org>
- [Family Acceptance Project](https://familyproject.sfsu.edu/publications) informational pamphlet for families: <https://familyproject.sfsu.edu/publications>
- [The Gender Spectrum](https://www.genderspectrum.org/resources/): <https://www.genderspectrum.org/resources/>
- [The Trevor Project](https://www.thetrevorproject.org/), Crisis Intervention and Suicide Prevention for LGBTQ Youth: <https://www.thetrevorproject.org/>

## **D. EXPECTANT OR PARENTING YOUTH**

- An expectant youth has the right to informed consent about disclosure of their pregnancy status to members of the CFT and CFT documentation of this status. If the facilitator, social worker, or probation officer has information that a youth is an expectant parent, they should discuss with the youth whether they permit this information to be shared with the CFT, and if the youth would like to share the information or prefer someone else to share it on their behalf.
- It is the responsibility of the social worker/probation officer to inform the youth of their rights upon entry into foster care and at least once every six months, including pregnancy related care, which includes contraception, abortion and prenatal care, as fully outlined in [ACL 16-82](#). The team should also understand the youth's rights related to reproductive and sexual health care to support planning decisions related to pregnancy and parenting.
- Speaking to youth and young adults about sex and reproductive rights is not always a comfortable topic; effective communication skills and building rapport are critical. It is important the team is non-judgmental and stays away from stereotypes and preconceived ideas, for example:
  - Do not assume a youth's knowledge about sex, birth control, fertility, etc.
  - Do not assume a youth will be embarrassed if you talk to them about sex.
  - Do not assume the sexual orientation of a youth relates to expectations about their ability or choice to parent.
  - Do not assume that based on a youth expecting or parenting, you shouldn't continue to talk to them about making informed choices about their sexual health.
  - Avoid criticism, regardless of your perspectives or personal feelings; youth have the right to make their own choices or decisions as it relates to their sexual and reproductive health.
- The team should focus on relevant issues related to the expectant or parenting youth, which may include:
  - Prenatal care, reproductive health, birth plan, post-partum plan.
  - Obtaining infant's vital documents such as social security card and birth certificate.
  - Support system/relationship to the child's other parent.
  - Housing and placement (including information about the availability of mentoring, infant, or whole family foster home supplemental payments, infant supplement payment, shared responsibility payments); if the youth is placed in an STRTP, the



team should create a plan to transition the youth to a lower level of care and address progress toward implementing the plan at each subsequent CFT meeting.

- Development of a parenting support plan between a non-minor dependent (NMD) who resides in a Supervised Independent Living Placements (SILP) and an identified responsible adult who has agreed to act as a parenting mentor and receive additional funding.
  - Education and/or employment.
  - Services and supports including linkage to baby supplies and a referral to available home-visiting programs such as Nurse-Family Partnership or other hands-on parenting support.
  - Health needs (including medical insurance for the baby).
  - Childcare needs.
  - Maternal mental health, pre and post birth.
- Convening CFT meetings at a frequency of six-month intervals is likely not frequent enough to address needs related to an expectant or parenting youth. Consider holding CFT meetings more frequently and surrounding critical points in time related to the anticipated birth to optimize opportunities to identify needs and supports (i.e., after a youth decides to parent, prior to delivery, shortly after delivery).
  - The team is not required to be an expert and know all the answers. What is important, however, is that they are an “askable adult” working as a bridge for a young person, knowing where to direct a youth/NMD to medically accurate, developmentally appropriate information. The expecting or parenting youth will need information and support from the team including available resources.
    - The [Healthy Sexual Development Project](#) has resources specific to caregivers/mentors, and youth/young adults related to reproductive health.
    - [Teen Parent](#) is a website created for foster caregivers and pregnant and parenting teens living in foster care. This website covers a wide variety of topics from shared responsibility plans, talking about teen violence, and understanding LGBTQ youth terminology.
    - Family Planning, Access, Care and Treatment, or [Family PACT](#) program, is California’s innovative approach to provide comprehensive family planning services to eligible low-income residents. This website provides information about eligibility requirements, resources, news, and updates to their program.
  - Use the CFT process as another opportunity to build the youth’s network of natural supports and permanent connections who will be there to support them with parenting after they exit foster care. A genogram, ecomap or the SOP Circles of Support tool can be used for this purpose, either in the preparation process with the youth or as part of the CFT meeting.

## **E. CHILDREN/YOUTH WHO HAVE INTELLECTUAL OR DEVELOPMENTAL DISABILITIES**

- Prior to the meeting, work with the child/youth, their parents, resource parents, Regional Center, occupational, behavioral or speech therapists, and other members of the team to

determine how to engage in a manner that is developmentally appropriate. A plan for participation should be created for the child/youth based on their individual needs and developmental age.

- If the child/youth has challenges with communication, have someone present in the meeting who is best able to communicate with them and can identify when they may be feeling distress and support them. It is also important to ensure someone is part of the CFT who can help the team identify and address needs of the youth related to their disability versus needs related to trauma and/or behavioral health needs.
- Pay attention to the pace of the meeting and complexity of concepts used. Depending on the youth's special needs, providers may need to slow down, present one concept at a time, and be particularly careful to ensure they are using language that is understandable to the child/youth. Discussion about these areas should be part of the planning process for including the child/youth in the CFT meeting.

## **XI. TOOLS TO SUPPORT FAMILY ENGAGEMENT IN CFT MEETINGS**

The following tools can be used in the context of CFT meetings to support child/youth and parent engagement:

**The Three Questions:** This foundational strategy of SOP involves asking: *What is working well? What are we worried about? What needs to happen next?* The Three Questions form the foundation of the CFT meeting process. Always ask the child/youth and parent(s) if they prefer to start with worries or what is working well. Do not assume starting with what's working well is better; sometimes the family wants to know what the worries are first, so they are not anxiously waiting. Ask the family and follow their lead.

**Solution-Focused Questions:** Solution-focused questions are strategies to frame questions in a way that defines the problem and focuses on identifying solutions. Methods include:

- Exception questions - asks about times that a problem was not happening?
- Coping questions - asks people to reflect on how they made it through something difficult without resorting to unsafe behavior?
- Position or relationship questions - asks a person to see a situation from someone else's perspective?
- Preferred future questions - asks about the best possible future?
- Scaling questions - helps gauge and clarify a person's perspective by asking them to rate (e.g., on a scale from 0-5) their own position on something?

**Motivational Interviewing:** This optimistic communication technique is used to increase motivation to change. The idea is to create an accepting environment for the child/youth and family to feel genuine openness that enables self-disclosure while practitioners provide unconditional positive regard and empathy. Motivational interviewing rests on the notion that people are indifferent to change versus too weak or resistant to doing so. Skills of motivational interviewing, such as rolling with resistance and open-ended questions, can be used in the context of a CFT meeting if a parent or youth is expressing reluctance to make a change that

is in their best interest. Consistently clarifying the family's strengths can help boost confidence in their ability to make needed changes.

**Safety Circles/Circles of Support:** This tool is used to explore potential CFT or safety network members with a family. When a CFT meeting starts and there are no natural supports present, it is recommended that the other topics to be discussed be put on hold for a later date, and that the meeting time be used to complete the Circles of Support and other efforts to build the team or network for the family.

For more information about these tools and others, visit the SOP Toolkit on the [CalSWEC](#) website

## **XII. TROUBLESHOOTING PARTICIPATION OF CHILDREN AND YOUTH**

Below are some commonly identified issues that have prevented children and youth from being present at a CFT meeting and strategies to overcome those challenges during the preparation phase.

### **Distractions with baby or toddler behavior:**

During the pre-meeting consultation, CFT members should discuss any concerns related to the child's potential to become a distraction to the meeting purpose either through age-appropriate or externalizing behaviors. The team should brainstorm what is needed to support the child's ability to attend the meeting. Consider the child's characteristics, such as activity level (calm or active); the child's ability to focus on play (brief periods alone or requires continuous adult involvement); and ability to soothe when distressed (can be comforted by being held/sitting on a lap or cries loudly for extended periods). Create a plan with the team that allows an identified support person to step out of the CFT meeting if a young child exhibits fussy behavior. Decide if multiple people need to be designated in this role. For example, assign a close relative as the primary and the resource parent as the secondary support person to take turns. Review the agenda, purpose, and goals of the meeting to coordinate which CFT members are essential for certain discussions and assign the alternate designee at those times. Make sure food, formula, diapers, wipes, and other necessities are readily available. Ensure age-appropriate toys, activities, or games are available and set up an area of the room where the child may freely play. Supplies may also include a mat, blanket or other materials that can accommodate playing on the floor.

### **It may be challenging for parents and resource families to see the child respond to the respective caregiver:**

CFT meetings should not be the first-time parents and resource families meet. The parents and resource families should have had an opportunity to meet in a separate setting, i.e., an "icebreaker" meeting designed to initiate a relationship between a child's parent(s) and the person serving as the out-of-home caregiver. Icebreaker meetings give new caregivers opportunities to learn about the child's habits, routines, and needs. In icebreaker meetings, parents can meet and talk to the person caring for their child and share their own caregiving strategies. The meeting gives the child a chance to see themselves as the focus of caregiving and see their caregivers working together in a positive way. These meetings may help reduce

the trauma of foster care placement, build relationships and alliance among the adults, and hopefully, improve everyone's ability to help the child, including the social worker and service providers.

Social workers and probation officers can help support mutual regulation by the child's parents and other caregivers with careful preparation prior to CFT meetings. This is especially important for children ages zero to five years, because, during this stage, children are constantly gathering information from their environment to make meaning of their experiences. When caregivers are calm, they are modeling a behavior for a young child in learning skills to manage emotions. An adult's capacity to remain regulated supports an infant, toddler, or preschooler to remain regulated.

To prepare families for a CFT meeting, it is important for the social worker or probation officer to assess the participants' readiness. Examine how parent(s) and resource parent(s) see one another. Determine each person's ability to manage their own emotions. Discuss what issues need to be addressed, and how to dispel judgements or assumptions to support a positive relationship. Help parents and resource families to think of what to share at the CFT meeting. Talk through what each may feel is a strength of one another and encourage them to create a list. Work with resource families to help them understand the birth family's situation and help them connect with the child's parent(s) or family through a trauma-informed lens. The use of a parent partner or advocate may be extremely helpful during this stage to help build rapport and break down barriers or calm nerves. Parent partners are also helpful in preparing parents to resolve conflicts that may arise.

**It feels like a supervised visit when a child is present at a CFT meeting:**

A child's history and experience with parental visits may alleviate or confound circumstances related to the child's participation in the meeting. It is important to consider the family's pattern of visitation. CFT meetings should never replace a parent-child visit. Consider arranging an official visit before or after the CFT meeting. This may help parent(s) minimize distractions from the meeting objectives.

Supporting a child's attachment needs during the early years is extremely important and vital to long-term social, emotional, and school functioning. Separation from caregivers is distressing to a young child and contributes to confusing behaviors. Frequency of visits and support for calming or regulation when emotions peak will support a young child's ability to tolerate this distress. Consider a referral to an Infant Mental Health (IMH) specialist as needed. Ideally, the IMH specialist would be someone providing supported visitation with biological parent(s) or supporting the child in the resource family home to address behavioral issues. Additionally, IMH specialists may serve as a valuable contributing member of the CFT.

**Content of discussion during a CFT meeting is not appropriate for the child:**

There may be CFT meetings where topics of discussion or an identified person may be a potential trauma trigger that affects a child/youth and, as such, it may not be appropriate to have them present during some parts of a meeting. This is not the sole decision of the social worker/probation officer, but rather should be decided through a thoughtful engagement process with CFT members. Prior to a CFT meeting, the social worker/probation officer and facilitator should review the purpose and goals of the meeting with the team and come to

consensus on whether it is reasonable for the child to participate in the CFT meeting in its entirety, attend a segment of the CFT meeting, or if it is not in their best interest to attend.

Attention and careful consideration must be given to which topics may or may not be appropriate to discuss in the presence of young children, or how such topics can be discussed in an age-appropriate manner. If attendance by a specific individual is likely to be a traumatic trigger, the team may choose to coordinate which CFT members are essential for certain discussions and/or allow for remote participation, such as teleconferencing, of the identified person(s). It is important that the case worker and/or facilitator has the skill to recognize the signs of trauma during the meeting, and how it manifests in the infant, child or youth being served to ensure participation in the meeting is positive and effective for all.

**Older youth or non-minor dependents do not want to attend their meetings:**

It is critical that the CFT for an older youth includes individuals who are important to the youth. Few young people will want to attend a meeting with a table full of service providers. Ensure you have meaningful conversations with the youth about who can be part of their team. Ideally, the team would have far more natural supports than service providers; this is true even for younger children but is even more critical for older youth.

Additionally, it is important to frame the CFT and the meeting process in the context of supporting the youth to meet the goals that are important to *them*. The social worker/probation officer should talk to the youth about their specific goals and the value of having a team to support them in achieving those goals. Ask the youth what would make the meeting process valuable for them, who would have to be there, and what would they want and need to get out of it?

### **XIII. TROUBLESHOOTING PARTICIPATION OF PARENT(S)/GUARDIAN(S)**

Below are some common challenges that may occur with parent(s)/guardian(s) during a CFT meeting and strategies to overcome those challenges.

**Parent is using substances:**

Counties should avoid implementing policies such as requiring a clean drug test before a parent can attend a CFT meeting. Unless a parent is visibly under the influence that affects meaningful participation in the CFT meeting, they should be allowed to participate. The social worker/probation officer should discuss with the parent how attending the meeting visibly under the influence can result in not allowing participation. This conversation should occur prior to the meeting as part of preparing the parent for the meeting. Knowing the substance the parent uses most often and the reactions to the substance can be helpful to look for certain behaviors that may show up during the meeting. Ask parent(s) if/when they've been sober in the past and what techniques worked for them to be sober and explore their willingness to use those techniques for the meeting if possible. Ask whether they have a sponsor or trusted people who can be invited to the meeting to support their participation. It is also important to use trauma-informed practice with parents to realize the impact of trauma, recognize signs and symptoms of trauma and avoid re-traumatization.

**Parent has mental health needs:**

Parents' mental health needs or related challenges are not a reason to exclude them from a CFT meeting. Unless a parent is visibly in distress or unsafe and cannot meaningfully participate in the CFT meeting, they should be allowed to participate. Adequate preparation is critical to ensure the parent has support for their best possible functioning during the CFT meeting. For example, before the meeting is scheduled, explore with the parent if there is anyone they would like to be there for them during the meeting, such as a friend, sponsor, mental health advocate, or other support person. Make sure the parent knows they can take breaks if needed. Reach out and partner with the parent's behavioral health provider or county behavioral health department and strategize ways to prepare and support the parent for the meeting.

**Intimate partner violence:**

When there is intimate partner violence by one parent against another, separate meetings should be held, one for the survivor and one for the perpetrator, or meetings can be segmented with a portion for each parent without any overlap of both parents present at the same time. Even if the survivor says they want the perpetrator to be present or states they have reconciled, meetings should be held separately, and separate networks should be created for each parent.

**Reluctance to attend their CFT meetings and/or to invite natural supports:**

Parent(s)/guardian(s) may be reluctant, for a variety of reasons, to attend their CFT meetings, and/or identify and invite friends, neighbors, or other natural supports to participate. They may be angry or ashamed of being involved with child welfare, behavioral health, or probation; and/or they may subscribe to cultural norms that do not accommodate sharing of personal information with "outsiders." It is important to help reluctant parent(s)/guardian(s) understand the purpose of the CFT meeting and the important role of friends, neighbors, or other natural supports in the family's safety network. The SOP Circles of Support tool is useful to engage families to explore how they can share sensitive information with individuals who could potentially be part of their support network. Explaining how the use of SOP's Three Questions will guide the CFT process may help the parent manage expectations and feel reassured that their voice will be heard. Solution-Focused Questions and Motivational Interviewing may help elicit the need or worry underlying their hesitations as well.

**Parents speak primary languages other than English or are reluctant to invite non-English speaking natural supports:**

Staff members must ensure that effective bilingual and interpretive services are provided to serve the needs of limited or non-English speaking parents or guardians and their children. Whenever possible, meetings should be held in the primary language of the child/youth and family and translated into English for service providers, rather than being held in English and translated for the family. This bilingual meeting must be provided to have a respectful, honest, and safe CFT meeting and to ensure meaningful access is provided for limited or non-English speaking families to participate in the CFT process. Children/youth or relatives should never be asked to translate for parents or family members. Whenever necessary, ensure that qualified bilingual staff, interpretive services, audio, and Braille materials are made available.

#### **XIV. CONCLUSION**

Inclusion and participation of children and youth in a CFT meeting should be accomplished whenever possible, while attuning to considerations of trauma triggers, developmentally appropriate topics, and maintaining a focus for the team pertaining to the reasons for child welfare involvement and child safety. Inclusion and participation of parent(s)/guardian(s) is also critical to ensuring a family system focus and supporting the goal of reunification whenever safely possible, or if reunification is not safely possible. The goal of keeping the child connected to their family of origin when planning for permanency and to promote their well-being.

The CDSS continues efforts to improve the CFT process. Stakeholders with vested interests in CFTs may help to inform this work by completing a [Child and Family Team Survey](https://www.cdss.ca.gov/cfts/survey) through the link or copying and pasting the following URL into an internet browser: <https://www.cdss.ca.gov/cfts/survey>. The voluntary CFT Survey is an anonymous way to contribute qualitative data and identify where both the county and CDSS can clarify or improve CFTs for children/youth.

#### **XV. REFERENCES**

**All County Information Notice (ACIN) 18-85/Mental Health Substance Use Disorder Services (MHSUDS) Information Notice 18-029**, *The California Children, Youth, and Families Integrated Core Practice Model and the California Integrated Training Guide*

**All County Letter (ACL) 16-84/ MHSUDS Information Notice 16-049**, *Requirements and Guidelines for Creating and Providing a Child and Family Team*

**ACL 18-09/ MHSUDS Information Notice 18-007**, *Requirements and Guidelines for Implementing the Child and Adolescent Needs and Strengths (CANS) Assessment Tool within a Child and Family Team (CFT) Process*

**ACL 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*

**ACL 18-23**, *The Child and Family Team (CFT) Process Frequently Asked Questions and Answers*

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[American Academy of Pediatrics](https://www.aap.org), *Early Brain and Child Development*  
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