

August 26, 2025

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 25-54

This All County Letter (ACL) provides guidance and requirements to county placing agencies, Tribes with a California Title IV-E Agreement, and partners working with children and families in the child welfare or juvenile probation systems about ensuring fidelity to the Integrated Practice Child and Adolescents Needs and Strengths (IP-CANS) and Child and Family Team (CFT) practices related to the Tiered Rate Structure. In addition, this ACL provides updated IP-CANS and CFT training information to assist in practice fidelity.



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August 26, 2025

ALL COUNTY LETTER NO. 25-54

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL ADOPTION REGIONAL AND FIELD OFFICES
ALL FOSTER CARE MANAGERS
ALL TRANSITIONAL HOUSING COORDINATORS
ALL FOSTER FAMILY AGENCIES
ALL SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAMS
ALL TRIBES WITH A TITLE IV-E AGREEMENT WITH THE STATE

SUBJECT: FIDELITY AND CONTINUOUS QUALITY IMPROVEMENT TOOLS
REQUIRED TO ENHANCE INTEGRATED PRACTICE CHILD AND
ADOLESCENT NEEDS AND STRENGTHS AND CHILD AND
FAMILY TEAM PRACTICES

REFERENCE: [ASSEMBLY BILL 161 \(CHAPTER 46, STATUTES OF 2024\),](#)
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 352,](#)
[WIC SECTION 706.5, WIC SECTION 10553.1,](#)
[WIC SECTION 16001.9, WIC SECTION 16501.1,](#)
[WIC SECTION 16560; ALL COUNTY LETTER \(ACL\) 16-84,](#)
[ACL 17-104, ACL 17-104E, ACL 18-09, ACL 18-81, ACL 18-85,](#)
[ACL 19-26, ACL 21-27, ACL 21-105, ACL 21-113, ACL 22-35,](#)
[ACL 22-73, ACL 24-18, ACL 25-08, ACL 25-10; ALL COUNTY](#)
[INFORMATION NOTICE \(ACIN\) I-35-24, ACIN I-84-16;](#)
[ADMINISTRATION FOR CHILDREN YOUTH AND FAMILIES-](#)
[CHILDREN'S BUREAU-INFORMATION MEMORANDUM-12-07](#)

PURPOSE

This All County Letter (ACL) provides county placing agencies,¹ Tribes with a California Title IV-E Agreement², and partners working with children and families in child welfare agencies and juvenile probation departments with guidance and requirements for ensuring fidelity to the Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) and Child and Family Team (CFT) practices. These requirements include specific fidelity and Continuous Quality Improvement (CQI) resources and tools, as well as monitoring and oversight mandates, which are detailed in this letter and its attachments.³ In addition, this ACL provides updated IP-CANS and CFT training information to assist in building practice to fidelity.

Fidelity refers to how closely a program or practice is delivered as it was intended by its developers. It includes five key dimensions: adherence to core components, exposure (amount and frequency), quality of delivery, participant responsiveness, and program differentiation. Fidelity to the IP-CANS and CFT means the practices meet the timeliness, accuracy, and collaboration standards as delineated in [state issued guidance](#), and further guidance providing objective measurements of IP-CANS and CFT fidelity is forthcoming. This guidance supports consistent, high-quality implementation of IP-CANS and CFT practices across California's system of care. Fidelity ensures that services remain youth and family-centered, strengths-based, culturally responsive, and tailored to meet individual needs. When implemented with fidelity, IP-CANS and CFTs foster meaningful collaboration, inform effective planning, and support positive, lasting outcomes for children, youth, nonminor dependents, and their families.

In addition, CQI is an essential component of fidelity to IP-CANS and CFT practices. CQI ensures that implementation remains aligned with [Integrated Core Practice Model \(ICPM\)](#) values, such as teaming, collaboration, and prioritizing youth and family voice, while using data to drive improvement. By systematically reviewing practices, outcomes, and feedback, placing agencies can identify strengths and areas for growth, make informed adjustments, and ensure consistency, effectiveness, and responsiveness in meeting the needs of youth and families.

Under the new Tiered Rate Structure (TRS), expected to commence on July 1, 2027,⁴ foster care rates will be determined by the child, youth, or nonminor dependent's (herein

¹ Pursuant to Welfare and Institutions Code (WIC) Section 16560(b)(4), "placing agency" means a county child welfare agency, a county probation department, or an Indian tribe that has entered into an agreement pursuant to Section 10553.1.

² The Department will engage with Tribes with California Title IV-E Agreements regarding this requirement during the implementation of their comprehensive child welfare programs.

³ This letter does not provide guidance on the role fidelity to the IP-CANS plays in an appeal of a rate determination under the Tiered Rate Structure. Such guidance is forthcoming.

⁴ Please note that state law requires the TRS to become operative on July 1, 2027, or the date after the CDSS notifies the Legislature that the California Statewide Automated Welfare System can perform the

referred to as youth) specific needs and strengths, as identified through the IP-CANS, underscoring the need for accuracy and fidelity in its implementation. The TRS marks a significant step toward ensuring that foster youth receive the support and care necessary for their well-being, based on their assessed needs rather than the type of placement, and is built on the foundational belief that all youth in the foster care system deserve to grow-up in loving family environments, rather than congregate settings, a principle rooted in California's Continuum of Care Reform (CCR). By ensuring the foster care rate is based on an IP-CANS that is conducted to fidelity through the CFT process, an accurate depiction of a youth's unique needs and strengths will ensure they receive the services and support in the least restrictive placement, and ensure more equitable, individualized support for every youth.

BACKGROUND

Integrated Practice Child and Adolescent Needs and Strengths and Child and Family Teams

In 2018, the California Department of Social Services (CDSS) selected the IP-CANS, as outlined in [ACL 18-09](#), to assess well-being of youth involved in the child welfare system, identify social and behavioral healthcare needs, support care coordination, and monitor outcomes for individuals and systems. Juvenile probation departments are expected to begin ensuring IP-CANS completion for youth beginning in January 2026 (please see the New Requirement for Juvenile Probation Department to Complete the IP-CANS section below for more information). The IP-CANS is completed through a collaborative, culturally informed process and teaming approach. This process and team approach is known as a CFT.

A CFT includes the youth, family members, Tribe(s) in the case of an Indian child, supportive adults and other natural supports and professionals, working together to authentically engage and empower youth and their caregivers, identify strengths and needs, and promote safety, permanency, and well-being ([ACL 18-23](#)). The team is guided by principles articulated in the [ICPM](#), including identifying family preferences, prioritizing the youth and family's input, and reflecting the youth and family's unique values and culture. Successful CFT processes include persons with natural, supportive relationships with the family, so the youth and family's support system will continue to exist after formal services are completed. In the case of an Indian child, the Tribe is required to be engaged in the CFT process ([WIC § 16501](#)).

The preliminary results from the IP-CANS must be shared, discussed, modified (if necessary, as determined by the CFT), and used within the CFT process to support

necessary automation to implement the TRS, or the Legislature makes an appropriation for the express purpose of implementing the TRS, whichever is later. (WIC § 11461(h)(9).) However, for purposes of this letter, a July 1, 2027, implementation date is presumed because the CDSS anticipates an appropriation will be made and automation will be completed by that date.

case planning and care coordination. Through consensus⁵ decision making, the IP-CANS must be discussed, finalized, and/or updated during CFT meetings and prior to the development of all case plans, at case closure⁶, when there are significant changes in the youth's functioning, or if circumstances occur that require updating the IP-CANS to reflect the current need(s) ([ACL 25-10](#)). In the case of an Indian child, the IP-CANS must reflect the input of the Indian child's Tribe throughout the process to provide the tribal and cultural perspective on needs, strengths, and case plan services and supports ([ACL 21-27](#)).

Required for all youth in foster care since 2017, CFT practice was further implemented in 2025 to include all youth who have voluntary or court-ordered family maintenance (FM) cases ([ACL 25-08](#)). With respect to frequency, placing agencies are required to ensure youth and families have a CFT meeting and an IP-CANS completed as their service needs dictate and according to [state issued guidance](#) as described in [ACL 25-10](#).

In cases where it is known or there is reason to know that the child is an Indian child, the caseworker shall engage with and document that the Tribe, or its representative, was invited to the CFT meeting prior to the dispositional hearing with adequate, timely notification of the date, time, and location of the meeting ([ACL 24-18](#), [ACL 22-73](#), [WIC § 361\(e\)](#), and [§ 366.26\(c\)\(2\)\(B\)](#)).

The Foster Care Tiered Rate Structure

The interim foster care rate structure initially developed by the CDSS as part of the CCR created a level of care system for children in home-based family settings, known as the Level of Care Protocol (LOCP), and flat rates for those in congregate settings. The TRS proposal was introduced on January 10, 2024, as part of the 2024-25 Governor's Budget. In July of 2024, the [TRS](#) passed into law and TRS rates are anticipated to begin on July 1, 2027 ([WIC § 11461\(h\)](#)).

The TRS is not based on the placement setting, unlike previous rate structures. Instead, the TRS is based on the youth's assessed level of needs and strengths, as determined by the IP-CANS, and informed by team members through the CFT process and meeting(s).

California's TRS contains three key innovations:

1. Funding is shifted away from being tied to the youth's placement setting and is aligned with the individual needs of the youth.

⁵ Consensus does not require 100% agreement, but ensures that everyone understands the decision, the reasons behind it, feels their voice was heard and considered, and they were meaningfully engaged in the process.

⁶ Regarding IP-CANS and CFT practices, case closure refers to when a child welfare case is closed by the court or by the agency in voluntary cases. For probation, case closure means when the court terminates a foster care placement order for the youth or when a youth exits extended foster care as ordered by the court.

2. The rates are based on a youth's identified needs and strengths utilizing the IP-CANS informed by the CFT.
3. Two new components of funding within the TRS:
 - i. Strengths Building
 - ii. Immediate Needs

The data from the IP-CANS is aggregated and analyzed through a [Latent Class Analysis \(LCA\) and Decision Support Model \(DSM\)](#). The LCA is a measurement model in which individuals can be classified into mutually exclusive and exhaustive classes based on their pattern of answers on a set of variables. The DSM then takes notable characteristics of each class to clearly identify a youth's level of needs and strengths based on specific actionable needs and strengths identified through the IP-CANS. Because the IP-CANS is intended to be the driving element in determining the foster care rates under the TRS beginning in 2027, counties must ensure fidelity in the completion of the IP-CANS, including ensuring fidelity to CFT participation in the IP-CANS completion, and engaging in CQI for the IP-CANS and CFT practices.

NEW REQUIREMENT FOR JUVENILE PROBATION DEPARTMENTS TO COMPLETE THE INTEGRATED PRACTICE CHILD AND ADOLESCENTS NEEDS AND STRENGTHS

Beginning January 1, 2026, juvenile probation departments will be required to ensure the collaborative completion of the IP-CANS for all children, youth, and nonminor dependents in foster care ([WIC § 16560\(c\)](#)). This requirement reflects a change from prior guidance ([ACL 25-10](#)), which identified July 1, 2025, as the implementation date. The extended timeline supports effective planning and collaboration to ensure meaningful use of the IP-CANS in supporting youth and family needs. Additional information regarding claiming for juvenile probation activities in completing an IP-CANS will be issued in a subsequent County Fiscal Letter (CFL).

TIMELINE TO MEET FIDELITY TO THE INTEGRATED PRACTICE CHILD AND ADOLESCENTS NEEDS AND STRENGTHS AND CHILD FAMILY TEAM PRACTICE REQUIREMENTS

Achieving fidelity takes time, as it requires consistent practice, capacity building, and alignment with guidelines. All placing agencies must begin implementing steps of this ACL and the attached IP-CANS and CFT Fidelity Plan starting in September 2025, allowing time to build the necessary infrastructure prior to the requirement to meet fidelity to the IP-CANS and CFT by January 1, 2026 ([WIC § 16560\(c\)](#)). This process may include developing county-specific workflows and participating in IP-CANS training sessions. Placing agencies must adhere to the [implementation guidance issued by CDSS](#). In addition, placing agencies must have specific policies and procedures for completing the IP-CANS through the CFT process, begin staff training and training refreshers, and/or establish formal written agreements with an external agency responsible for completing the IP-CANS and/or CFT processes.

Timelines for completing elements of the California IP-CANS and CFT Fidelity Plan are provided within the plan itself. Additional information regarding claiming for activities related to the County Practice and Improvement Plan, CFT Meeting Observation Tool, and IP-CANS fidelity training will be issued in a subsequent CFL.

DEVELOPMENT OF THE INTEGRATED PRACTICE CHILD AND ADOLESCENTS NEEDS AND STRENGTHS, CHILD FAMILY TEAM FIDELITY PLAN AND CONTINUOUS QUALITY IMPROVEMENT TOOLS

Engagement with Tribes, county partners and related associations, community-based organizations, and individuals from diverse backgrounds, roles, and lived experience, is crucial for fostering inclusive, well-rounded decisions, resources, and guidance. By involving those with varying perspectives, such as different cultural, professional, and personal experiences, a deeper understanding of the strengths and barriers of IP-CANS and CFT practices can be gained. This diversity leads to more innovative solutions and helps ensure that policies, programs, or decisions are equitable and responsive to all affected groups. The CDSS pursued these engagement efforts in its efforts to develop tools and supports for placing agencies to use to ensure IP-CANS and CFT fidelity, which culminated in the development of the Fidelity Plan.

As directed by [WIC Section 16560\(d\)\(1\)](#), the CDSS engaged a diverse workgroup regarding IP-CANS being completed to fidelity. In August 2024, CDSS formed the CQI and Fidelity Workgroup to evaluate tools that maintain fidelity and improve outcomes in IP-CANS and CFT. The CDSS and UC Davis Northern Academy hosted eleven (11) [Statewide Listening and Discussion Sessions](#) in August 2024, September 2024, and January 2025 which gathered feedback from diverse participants, informing guidance, technical assistance, and resources to strengthen IP-CANS and CFT implementation statewide. In collaboration with the Center for Innovation in Population Health (IPH), a [Listening Sessions Analysis](#) of the information gathered during the sessions was completed and is available on the [CDSS Fidelity Webpage](#).

PARTNER ENGAGEMENT

In partnership, the CDSS engaged with collaborators across the state to inform the development of the IP-CANS and CFT Fidelity Plan. In addition to the listening sessions mentioned above, the CDSS gathered feedback from numerous other partners and sources, including but not limited to CFT Meeting Surveys, County Outreach Surveys, and the following workgroups: CFT CANS Steering Committee, Statewide Forum, CQI and Fidelity Workgroup, and the Technical Assistance and Coaching Framework Workgroup. In addition, the CDSS coordinated several meetings related to the IP-CANS and CFT practices that included the child welfare and/or juvenile probation associations. The feedback received from diverse participants has informed guidance in this letter and resources related to IP-CANS and CFT fidelity, including the Fidelity Plan.

TRIBAL ENGAGEMENT

Tribal engagement is essential for fostering meaningful partnerships, promoting cultural understanding, and ensuring the inclusion of tribal voices in decision-making processes. Meaningful engagement respects tribal sovereignty, strengthens relationships, and builds trust, ensuring that policies and practices are equitable and culturally responsive.

The CDSS engaged with Tribes during the CQI and Fidelity Workgroup, the Listening and Discussion Session in January 2025, and through the development of the [CFT Tribal Engagement Guide](#). The CDSS will continue to engage and consult with Tribes to ensure IP-CANS and CFT practices are inclusive to Tribes and culturally responsive to tribal youth and families.

In the case of an Indian child, it is imperative to engage the Tribe early as essential CFT members, including in the collaborative completion of the IP-CANS and in the CFT process. To adhere to the fidelity of these practices, the Tribe must be included. If desired by tribal partners, counties are encouraged to contract with Tribes or tribal organizations to meaningfully participate in the collaborative completion of the IP-CANS for Indian children. As outlined in the [CFT Tribal Engagement Guide](#), tribal collaboration in completing the IP-CANS will assist the county agency in providing active efforts to tribal families in the following ways:

- In helping to identify additional strengths and needs of the child and family from a cultural perspective.
- In identifying both immediate and extended family members for both placement and support.
- In understanding more about the child and family's history, culture, and community.
- In identifying culturally appropriate services and supports.
- In sharing decision making on case plan objectives and services.

For more information on active efforts for an Indian child, please refer to [ACL 24-18](#).

CULTURAL CONSIDERATIONS

Everyone should be engaged with equal respect and recognition of their culture, and supported in bringing the family's cultural beliefs, practices, and traditions into every planning process and case decision. The IP-CANS and its accompanying [reference guide](#) includes a Cultural Factors Domain where cultural issues, stressors, and concerns can be documented and communicated. Additionally, Cultural Identity, as well as Religious/Spiritual and Community Life, can be documented as a strength in the Strengths Domain of the IP-CANS, and are critical components for fidelity. A youth and family's culture should be considered prior to rating each item within the IP-CANS across all domains and is one of the six key principles.

For fidelity of the IP-CANS, “Culture and development should be considered prior to establishing the action levels.” To ensure fidelity, IP-CANS and CFT practices include the involvement of all key partners, including Tribes/tribal representatives in the case of an Indian child, ensuring the integration of cultural knowledge, tribal community perspectives, and spiritual practices. Ensuring cultural considerations within the IP-CANS enhances culturally relevant care for youth and families and promotes healing and positive planning and treatment as recommended by the [Substance Abuse and Mental Health Services Administration](#). Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths.

Both the design of the IP-CANS and the requisite collaborative, consensus-based completion of the tool support a culturally responsive and inclusive approach to the work with youth and their families, and tribal representatives.

Design

- The IP-CANS was designed for the consideration of culture prior to determining the action level. Different behaviors have different meanings in different cultures and respect for those important nuances is a foundational component of a culturally responsive and responsible approach.
- While partnering with the family and building consensus with them, the IP-CANS has specific needs and strengths indicators related to the family and youth’s culture. After engaging with the youth, family, and cultural connections, IP-CANS completers must communicate the actionable parts of the family’s cultural story when completing the IP-CANS with the CFT.

Approach

- The IP-CANS is not a structured interview process. There are no questions within the tool that need to be asked and answered. It is completed through consensus building conversations (a communimetric approach) with the youth, their family, tribal representatives in the case of Indian children, and members of the CFT. These conversations should be consistent with the cultural values and perspectives of the participating youth and family, and the tribal representative in the case of an Indian child.
 - Tribal representatives are essential to ensure culturally informed practice when completing the IP-CANS with an Indian child and their team.
 - Trauma-informed and sensitive practices should be considered when gathering information and when having conversations with the CFT to not overwhelm the youth and family, while also being mindful of what information is discussed, when, and with whom.
- The original design of the communimetric approach to measurement that underlies the IP-CANS was adopted from the idea of a sharing or talking circle within the Inuit cultural tradition. Both Wraparound and the IP-CANS (and CFTs) were adopted from experiences in the Inuit community in Alaska; forming a sharing circle to discuss challenges, respecting the voices and perspectives of each member, and reaching a shared understanding is part of this cultural tradition.

THE INTEGRATED PRACTICE CHILD AND ADOLESCENTS NEEDS AND STRENGTHS AND CHILD FAMILY TEAM FIDELITY PLAN

A CQI framework⁷ centers around the experience of children and focuses on the quality of care provided. The attached Fidelity Plan guides counties in translating qualitative and quantitative IP-CANS and CFT data to inform system and county practice improvement and CQI plans that focus on the quality of care and prioritization of connection to family and organic support for all children in foster care. CDSS has designated the IP-CANS and CFT practices as essential to comprehensively meet the needs of children and families in California's System of Care.

In collaboration with partners, Tribes, the Center for Innovation in Population Health (IPH), and the UC Davis Northern Academy, the CDSS developed this Fidelity Plan to support county placing agencies with improving their fidelity to IP-CANS and CFT requirements and practices. County placing agencies must use all tools within the Fidelity Plan to identify, describe, and analyze strengths and areas of improvement regarding their IP-CANS and CFT practices. County placing agencies must also test, implement, and revise solutions to improve the quality of practices. This includes full use of both quantitative and qualitative data in evaluating and refining IP-CANS and CFT policies and practices and informing CQI efforts.

The Fidelity Plan emphasizes an organized approach to ensure that the needs of youth and their families are met effectively, with a focus on improved reliability, validity, collaboration, accuracy, and timeliness to IP-CANS and CFT practices. The Fidelity Plan is divided into four key data elements (listed below) to aid in measuring fidelity. Each of the data elements measures IP-CANS and CFT processes and data to determine a county placing agency's strengths and areas of improvement. These data elements are then used by the county placing agency, in collaboration with their partners, to create improvement strategies within their County Practice and Improvement Plan (see below and within the attached Fidelity Plan for more details) to ensure fidelity to IP-CANS and CFT processes. Additionally, the data elements can be used to provide tailored technical assistance, training, and coaching by CalAcademies [formerly Regional Training Academies (RTAs)], CDSS, and the Chief Probation Officers of California (CPOC)⁸. Technical assistance, coaching, and training resources are continuously updated to support county placing agencies improve IP-CANS and CFT fidelity.

The information in this section provides a brief overview of the Fidelity Plan. The attached Fidelity Plan contains additional instructions and guidance regarding required IP-CANS and CFT fidelity activities. The Fidelity Plan will be revised and re-issued via policy letter if further clarifying or updated information is needed. Please visit the CDSS

⁷ For more detailed information on establishing and maintaining CQI processes, see [ACIN I-84-16](#) and [ACYF-CB-IM-12-07](#).

⁸ CPOC provides CFT Facilitation Training to juvenile probation. Juvenile probation departments may receive technical assistance, coaching, and IP-CANS training through CalAcademies and CDSS.

CFT/IP-CANS [State Policy Letters website](#) to find additional information on IP-CANS and CFT policy guidance.

To the extent that a county placing agency has a contract with a community-based organization (CBO) or a formal agreement with a county behavioral health plan (BHP) to conduct CFT or IP-CANS activities on its behalf, the county placing agency must ensure the CBO or BHP is meeting all IP-CANS and CFT requirements referenced within this and [prior policy guidance](#). Such contracts or agreements should articulate the training and fidelity requirements with which the BHP or CBO must comply.

Further, county placing agencies must engage with their county interagency leadership team (ILT) and [Children and Youth System of Care](#) (SOC) partners to accurately assess IP-CANS and CFT practices and processes, and develop plans for improvement and implementation. CFT and IP-CANS practices inherently require cross system collaboration and teaming to meet the needs of youth and their families. Without teaming and collaborative planning with ILT and SOC partners, county placing agencies will have difficulty in effectively meeting the needs of the youth and families they serve.

Key Elements for Fidelity Support⁹

Please see the attached Fidelity Plan for more details on the elements below, including but not limited to implementation timeline and responsible parties.

- 1. System-Level Fidelity Tool:** The County Practice and Improvement Plan (CPIP) (attached) is a system-level fidelity tool that looks at the IP-CANS and CFT infrastructure, processes, and practices of the whole system, including how multiple systems within a county interact. Completing the CPIP involves identifying and prioritizing areas for improvement and developing targeted strategies to address them.
- 2. Case-Level Fidelity Tools:** The case-level fidelity tools take a closer look at specific components of IP-CANS and CFT practices, such as the CFT meeting and IP-CANS completion, and seek feedback from participants and observers.
 - a. CFT Meeting Observation Tool (Tool and Supplemental Information attached)
 - b. [CFT Meeting Survey & CFT Brochures](#)
 - c. [CFT Action Plan issued by CDSS](#), or—until that version is updated and integrated into the statewide automated system—a CFT Action Plan developed by the placing agency (refer to the Fidelity Plan for detailed guidance)
 - d. IP-CANS Fidelity Review Tool (pending finalization)
- 3. IP-CANS and CFT Data and Reports:** [CCR Dashboard](#) and [SafeMeasures](#):
Reviewing available data and reports is essential to ensure fidelity to IP-CANS and CFT practices, as it supports accountability, promotes collaboration, and drives

⁹ The CPIP, CFT Meeting Observation Tool, and IP-CANS Fidelity Review tool will be built into an online system to allow for data collection, aggregation, and reporting. Note: The CFT Meeting Survey is currently available to be completed online.

continuous improvement to ensure practices remain person-centered, outcomes-driven, and integrated across systems.

- a. CDSS will be monitoring timeliness metrics on a quarterly basis using the CCR Dashboard. See the attached Fidelity Plan's Levels of Technical Assistance Support section for additional information.

4. Training, Coaching, and Technical Assistance: Training, coaching, and technical assistance are available to support counties with their responsibility to ensure fidelity of IP-CANS and CFT practices, policies, and implementation.

Strengths and challenges identified during the Statewide Listening and Discussion Sessions, CQI & Fidelity Workgroup, CFT IP-CANS County Outreach Survey (2024), ICWA Hotline, and prior engagement efforts were used to inform the requirements, tools, and resources described above and within the attached Fidelity Plan. Findings from these partner engagement forums identified challenges including but not limited to:

- IP-CANS and CFT participation and attendance,
- Family, youth, and caregiver engagement in the process,
- Lack of tribal inclusion and partnership in IP-CANS and CFT practices,
- Timeliness,
- Collaboration between system partners, and
- Consensus-based decision-making.

These challenges helped to inform the statewide IP-CANS and CFT Fidelity Plan. For example, data and information from SafeMeasures, CCR Dashboard, the CPIP, CFT Meeting Observation Tool, CFT Meeting Survey, and the CFT Action Plan help ensure that counties have access to real-time information about:

- Timely completion of IP-CANS assessments and facilitation of CFT meetings,
- Family, youth, caregiver, tribal, and system partner participation in the IP-CANS and CFT processes, and
- The alignment of actionable needs and strengths with goals and action steps included in CFT Action Plans.

Additionally, the CFT Meeting Observation Tool, CFT Meeting Survey, CFT Brochures, and IP-CANS Fidelity Review Tool will help evaluate the quality of CFT meeting and IP-CANS processes through direct observation and engagement focused on:

- Meaningful youth, family, and tribal participation in the IP-CANS and CFT practices,
- Integration of the IP-CANS within CFTs and CFT meetings,
- Consensus building within IP-CANS and CFT practices,
- Utilization and development of youth and family strengths, and
- Alignment of youth and family needs with proposed interventions.

TECHNICAL ASSISTANCE AND SUPPORT

Tools outlined in the fidelity plan must be implemented in a phased approach beginning in September 2025 to build the necessary fidelity infrastructure prior to the requirement to meet fidelity to the IP-CANS and CFT by January 1, 2026. This approach also enables the CDSS to monitor IP-CANS and CFT practices and begin use of the IP-CANS Fidelity Review Tool in July 2026.

Beginning July 1, 2026, CDSS will proactively engage placing agencies not yet meeting IP-CANS and CFT fidelity standards, as described in the attached Fidelity Plan, in technical assistance and/or additional training to improve IP-CANS and CFT implementation and practice. This support is designed to help counties align with IP-CANS and CFT policy requirements. Technical assistance may include leadership consultation regarding program design, contracting, and funding infrastructure, internal evaluation and CQI processes, targeted support for fidelity improvement, and specialized training sessions and coaching to support practice expectations.

Please see the attached Fidelity Plan for additional information on the levels of support and technical assistance.

Placing agencies can request technical assistance at any time. To request technical assistance, placing agencies, Tribes, and their contracted providers may submit the [IP-CANS and CFT Fidelity Technical Assistance Request Form](#). This Request Form is sent to both CDSS and respective CalAcademy partners listed below:

- [Academy for Professional Excellence](#)
- [Bay Area Academy](#)
- [Central California Training Academy](#)
- [Northern California Training Academy](#)

UPDATED TRAINING REQUIREMENTS FOR IP-CANS AND CFT

Previous IP-CANS and CFT facilitation training requirements were issued via [ACL 18-23](#), [ACL 21-27](#), and [ACIN I-35-24](#). The [WIC Section 16560\(d\)\(1\)\(A\)](#) states, "The department shall engage with a working group regarding guidelines and standards on the use of the IP-CANS that shall include, but not be limited to, all of the following: (A) Outcome measures, tools, training, coaching, and other supports necessary to ensure the IP-CANS assessments are completed to fidelity." As such, the following IP-CANS and CFT facilitation training information in the table below supersedes the IP-CANS and CFT facilitation training information released in the aforementioned guidance.

The placing agencies are required to ensure that training requirements are fulfilled appropriately according to an individual's role, including maintaining documentation of completed training and certifications. Additionally, county BHPs or contracted providers completing the IP-CANS on behalf of a placing agency are required to complete the

CDSS-standardized¹⁰ IP-CANS training (see [ACL 25-10](#)). This requirement applies to anyone completing the IP-CANS for youth who have an open child welfare case or youth on probation in foster care and staff who supervise those completing IP-CANS for these youth, and staff facilitating CFT meetings, regardless of whether the individuals are placing agency staff, contracted provider staff, or BHP staff completing IP-CANS under the terms of a formal agreement with a placing agency. Tribes can also access IP-CANS trainings and, if certified, a tribal representative of the child or youth's Tribe can complete the IP-CANS for an Indian child. Priority for CalAcademy training offerings will be given to staff from county child welfare agencies, tribal child welfare agencies, and county probation departments.

Individuals who complete the IP-CANS must attend CDSS approved training via their county's [CalAcademy](#) or through the Center for Innovation in Population Health (IPH Center) and be certified annually via the [Praed Foundation](#). Details about these requirements can be found in the table below and in [ACL 21-27](#). The curricula of several CFT-related courses and IP-CANS courses have been updated since the release of [ACL 21-27](#). Information about the specific courses (or "modules") is described in [ACIN I-35-24](#).

Statewide Standardized Training

The training topics in the table below identify who is required or recommended to attend training classes according to their role in the case. These requirements supersede prior requirements issued in [ACL 21-27](#).

Training Topic	Required	Recommended
IP-CANS: Collaborative Assessment through Teaming – 1 day (<i>previously Module A</i>)	<ul style="list-style-type: none">• Placing agency caseworkers developing case plans (but not completing the IP-CANS)	<ul style="list-style-type: none">• Other formal supports• CFT meeting facilitators• County counsel• Court officers• ILT Members• Judges• CBOs¹¹• Placing agency supervisors who oversee workers developing case plans

¹⁰ CDSS-standardized training means training that follows curriculum developed and approved by IP-CANS and CFT curriculum workgroups of the CFT/CANS Steering Committee.

¹¹ References to CBOs include STRTP providers.

Training Topic	Required	Recommended
IP-CANS: Overview and Preparation for Certification – 2 days (previously Module B)	<ul style="list-style-type: none"> • Placing agency IP-CANS completers • BHP staff completing IP-CANS under the terms of a formal agreement with placing agencies. • Contracted CBO staff completing the IP-CANS under terms of a formal agreement with placing agencies. 	<ul style="list-style-type: none"> • Placing agency supervisors who oversee IP-CANS Completers • BHP and CBO supervisors of staff certified to complete IP-CANS
IP-CANS in Supervision: Coaching Staff Towards Practice Integration – 1 day (previously Module C)	<ul style="list-style-type: none"> • Placing agency supervisors who oversee workers that develop case plans and/or complete IP-CANS • BHP supervisors who oversee workers who complete the IP-CANS under the terms of a formal agreement with placing agencies. • Contracted CBO supervisors who oversee workers who complete the IP-CANS under terms of a formal agreement with placing agencies. 	<ul style="list-style-type: none"> • Placing agency management staff overseeing supervisors • BHP managers in leadership roles • CBO managers in leadership roles
CFT Meetings: Facilitation Training – 4 or 5 days	<ul style="list-style-type: none"> • Placing agency CFT meeting facilitators • Contracted CBO staff facilitating CFT meetings under the terms of a formal agreement with placing agencies. • BHP staff facilitating CFT meetings under the terms of a formal agreement with placing agencies. 	<ul style="list-style-type: none"> • Placing agency Caseworkers • CFT Facilitator Supervisors • STRTP staff • Regional Center Staff, including Service Coordinators

Training Topic	Required	Recommended
Integrating the CANS into CFT Meetings and Case Planning – 1 day		<ul style="list-style-type: none">• CFT Meeting Facilitators• Caseworkers completing case plans• Supervisors overseeing case planning, CFT Meetings, and/or IP-CANS Completers

Access to Trainings

Child welfare agencies can access training by enrolling in courses offered by their local CalAcademies through the [California Child Welfare Training](#) (CACWT)¹² website. Instructions for creating a CACWT account vary by region. Juvenile Probation, tribal partners, County Behavioral Health staff, and CBO staff can refer to the [CACWT Partner Organization Resource page](#). To identify your county's CalAcademy, visit the [CACWT Map Resource Page](#).

The CDSS is developing processes for additional system and community partners to enroll in CACWT courses provided by the CalAcademies. Detailed guidance about these processes is forthcoming. However, priority for CalAcademy training offerings will be given to staff from county child welfare agencies, tribal child welfare agencies, and county probation departments.

QUESTIONS

If you have any questions or need additional guidance regarding the information in this letter, contact the Integrated Services Unit at (916) 651-2752 or at CWScoordination@dss.ca.gov.

Sincerely,

Original Document Signed By

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division

Attachments

cc: All Federally Recognized Tribes
All County Behavioral Health Directors

¹² Juvenile probation may also contact the [Chief Probation Officers of California](#) for CFT Facilitation training.

CALIFORNIA INTEGRATED PRACTICE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (IP-CANS) AND CHILD AND FAMILY TEAM (CFT) FIDELITY PLAN

County IP-CANS and CFT practices are critical components of an integrated approach to supporting children, youth, nonminor dependents (herein referred to as youth), and families involved with California's system of care. CFTs bring together a collaborative team of youth, parents, caregivers, including Indian Custodians and tribal representatives in the case of an Indian child, professionals, and other supports to create individualized plans that address the unique needs of each youth and family. The IP-CANS provides an organized tool to capture identified strengths and needs of the youth, parents, and caregiver, which guides interventions that promote resilience and positive outcomes. Together, these practices empower youth and families to reach their goals with the support of their team. The California Department of Social Services (CDSS) is committed to providing guidance, resources, and oversight to support fidelity of IP-CANS and CFT practices.

Fidelity to IP-CANS and CFT practice expectations and requirements (per statute and [state issued guidance](#)) can be better understood through measuring accuracy, timeliness, and collaboration with all team members. Fidelity to the IP-CANS and CFT practices goes beyond the specific ratings and meetings themselves, it encompasses the entire processes (i.e. ongoing team formation, engagement, etc.), with IP-CANS and CFT fidelity being closely linked. Both IP-CANS and CFT fidelity are strengthened by incorporating the voices, perspectives, and knowledge of the youth, family, and a broad range of professional and natural supports involved in their lives. This includes integrating lived experiences, input from the youth, family, Tribe, and their network/community, as well as cultural and spiritual knowledge, formal assessments, and records related to education, substance use, medical, and mental health. Fidelity is further upheld through comprehensive, high-quality training and coaching for CFT facilitators, IP-CANS completers, and caseworkers, along with educating all team members, including youth and families—on the IP-CANS principles and CFT process. Additionally, organizational policies and procedures must align with these practice expectations to support fidelity and should be informed by those with lived experience.

Tribal inclusion in CFT meetings and processes, and collaboration in completing the IP-CANS, will assist the county agency in providing active efforts, in compliance with the Indian Child Welfare Act (ICWA), to tribal families in the following ways: helping to identify additional strengths of the youth and family from a cultural perspective; identifying family for both placement and support; understanding more about the youth and family's history, culture and community; and identifying culturally appropriate services and supports.

FIDELITY PLAN ELEMENTS

County placing agencies are required to implement the following elements to measure and guide fidelity monitoring and improvement within county child welfare and juvenile probation agencies.

1. System-Level Fidelity Tool
2. Case-Level Fidelity Tools

3. IP-CANS and CFT Data and Reports: Continuum of Care Reform (CCR) Dashboard and SafeMeasures
4. Training, Coaching, and Technical Assistance

These elements were informed by the CFT CANS Steering Committee, the CFT CANS Continuous Quality Improvement (CQI) and Fidelity Workgroup, the CFT CANS Statewide Forum, CFT CANS Statewide Listening and Discussion sessions, and available IP-CANS and CFT related data. Feedback was obtained from a variety of participants and perspectives, which was used to update and create guidance, technical assistance, and resources to strengthen IP-CANS and CFT practice statewide.

Funding allocations and claiming instructions will be detailed in an upcoming County Fiscal Letter (CFL) to ensure clarity and support for effective planning and implementation.

System-Level Fidelity Tool

- a. County Practice and Improvement Plan (CPIP)
This tool is required to be completed by January 1, 2026, and then updated annually thereafter. This tool is a collaborative, self-assessment to assess IP-CANS and CFT system infrastructure, implementation, practice, and policy information. The CPIP is designed to be completed by each placing agency (county child welfare and juvenile probation) in collaboration with contracted providers and children's behavioral health teams who are involved with their IP-CANS and CFT processes (when applicable). Placing agencies must also engage and consult with tribal agencies and the county's Interagency Leadership Team (ILT) in the completion of this tool. When completed collaboratively, this tool can provide comprehensive information and a more accurate understanding of what is working well and inform areas needing improvement. To further support the fidelity to practices, a section of this tool includes completion of an improvement plan that is informed and guided by the discussions and results from this CPIP. The CPIP tool and instructions will be available through an online platform. The online version will be available through the [CDSS Fidelity Webpage](#), along with supportive resources to assist with the completion of the CPIP (i.e. resources for the facilitated conversation, data source information, and technical assistance).

Case-Level Fidelity Tools

- a. [CFT Meeting Survey](#) & [Brochures](#)
Beginning September 1, 2025, county placing agencies and/or their IP-CANS and CFT contracted providers must disseminate the [CFT brochures](#) to help prepare participants for the process and meetings, and to encourage participants to complete the [CFT Meeting Survey](#) to capture participants' feedback about the CFT meeting and processes. CFT brochures should be provided to and reviewed with CFT members prior to their first CFT meeting to assist with their understanding of the IP-CANS and CFT processes. This should be done with a conversation about any upcoming CFT meetings or processes (i.e., team formation and informed consent) and should allow time for the recipient to ask questions. The CFT brochures must be provided to team members prior to their first meeting; however, conversations to engage with CFT members should be ongoing. Additionally, the [IP-CANS Flyer](#) may

be provided to CFT members to provide additional information specific to the IP-CANS.

CFT meeting participants must be encouraged to complete the CFT Meeting Survey after every CFT meeting. This can be done by providing the QR code or hyperlink below. This QR code is also included within the CFT brochures. The CFT Meeting Survey allows counties to collect qualitative data from youth, their supporters, professionals, and caregivers on their perspectives on strengths and areas of improvement in the IP-CANS and CFT practices.

When the brochures and/or survey are distributed, this must be documented within a contact note in the statewide automated system¹ by the caseworker. This may be the contact note associated with the CFT meeting, monthly contact, or other documented conversation if this is when the distribution occurred.

How to Share the Survey:

- Access the [survey](#) or copy and share the link via text or email from the [Child and Family Teams \(ca.gov\)](#) webpage.
- Copy and paste the [CFT Meeting Survey](#) into the chat during virtual meetings.
- Print and share the IP-CANS and CFT brochures from the webpage with families prior to their first CFT and distribute at the end of a CFT meeting to all participants.
- Copy and use the QR code embedded below in your local publications, posters in meeting rooms, and webpages to provide an easy direct link for CFT members to participate. Consider a laminate copy of the QR code below with information on the CFT Meeting Survey to bring to CFT meeting spaces.



b. [CFT Action Plan](#)

Beginning January 1, 2026, pursuant to [Welfare and Institutions Code \(WIC\) Section 16501\(a\)\(5\)\(B\)](#), placing agencies are required to document the occurrence and summary of each CFT meeting within the [CFT Meeting Summary and Action Plan](#) issued by the CDSS. Pending automation of an updated CFT Action Plan form by the CDSS, placing agencies may use either the existing [CFT Meeting Summary and Action Plan](#) or a CFT Action Plan developed by the placing agency that aligns with the content of the CDSS-issued template. The placing agency's version must reflect the same essential elements to ensure consistency in practice and documentation

¹ This includes the Child Welfare Services/Case Management System (CWS/CMS), the California Automated Response and Engagement System (CARES)-Live, and CWS-CARES.

and may include additional information and fields as long as the local form includes at minimum the content outlined in the standardized tool.

This tool should be completed during the CFT meeting and may be completed by any member of the CFT. CFT members, including the youth, family, and the youth's Tribe in the case of an Indian child should be provided with the opportunity to review the action plan and provide input on whether their perspectives are accurately represented, and to make edits as necessary.

A copy of the completed CFT Action Plan must be attached to the court report with any necessary redactions pursuant to WIC Sections 358.1, 366.1, or 706.5. Attaching the CFT Action Plan to the court report provides crucial details regarding actions and efforts taken to ensure that the youth and family are connected to appropriate supports and services. Additionally, it furthers the intent of the CFT to inform all involved in the care of the youth, including the Court, of the efforts, services, and supports that meet the safety, permanency, and well-being of the youth.

WIC Section 16501(a)(5)(B) requires the CDSS to issue guidance identifying the necessary redactions the placing agency must make to the information provided in the CFT Action Plan. In ACL 22-73, the CDSS issued guidance on the redactions that may be necessary because the information exchanged among team members is subject to the privileges and confidentiality requirements of state and federal law. It reminds placing agencies of the legal protections provided by statute regarding mental health, reproductive and sexual health, and drug treatment information. The placing agency should respect the privacy and dignity of the youth and family when requests are made to withhold sensitive topics as much as possible, unless disclosure is necessary to protect the youth's health, safety, or welfare and then general language should be used to convey the necessary information while preserving the youth's privacy to the fullest extent possible. The guidance provided in ACL 22-73 continues to apply to the CFT Action Plan required under Section 16501(a)(5)(B).

Regardless of the action plan form used, the placing agency must ensure complete, accurate, and timely data entry into the statewide automated system (CWS/CMS or CARES). This includes uploading the completed CFT Action Plan into CWS/CMS and, when available, accurate data entry into CARES.

When the [CFT Meeting Summary and Action Plan](#) form is automated within CARES (anticipated October 2026), placing agencies may utilize that automated form for documentation. CDSS will engage with counties, Tribes, providers, youth, families, and other key partners to consider improvements or changes to the CDSS developed action plan that may enhance the effectiveness of CFT meetings, including the

integration of the IP-CANS. Once the CFT Action Plan is updated and automated, placing agencies must use this CDSS issued form.

c. CFT Meeting Observation Tool

Beginning April 1, 2026, county placing agencies and their IP-CANS and CFT contracted providers are required to implement the CFT Meeting Observation Tool for identified CFT meetings.² This tool supports agencies in evaluating the quality of and adherence to expected practices of CFT meetings, including the integration of the IP-CANS. The tool helps agencies assess CFT meeting quality and practice and ensure youth and family's voices are central to this process. Results should inform agency IP-CANS and CFT implementation or leadership teams, highlight workforce development and organizational support needs, and assist continuous quality improvement procedures. The tool and instructions will be available through an online platform. This online version will be available through the [CDSS Fidelity Webpage](#) and sampling methodology will be included within an upcoming County Fiscal Letter (CFL). County placing agencies are responsible for ensuring the CFT Meeting Observation Tool is completed, whether administered by county placing agency staff or by contract or formal agreement with an outside entity. These outside entities may include community-based organizations, county mental health plans, or CalAcademies [formerly Regional Training Academies (RTAs)].

All individuals serving as CFT Meeting Observers are required to complete training developed in collaboration with the Northern Academy and CDSS prior to conducting observations. This training will cover proper use of the observation tool, key principles and nuances of CFT meetings, and guidance on maintaining objectivity and supporting fidelity to the practice model. The training is designed to ensure Observers are well-prepared to accurately assess and document the quality of CFT meetings. Priority for CalAcademy training offerings will be given to staff from county child welfare agencies, Tribal child welfare agencies, and county probation departments.

d. IP-CANS Fidelity Review Tool (pending finalization)

On July 1, 2026, the CDSS anticipates beginning to complete the IP-CANS Fidelity Review Tool, currently in development, to identify areas of IP-CANS completion that need support or fidelity enhancement. The IP-CANS Fidelity Review Tool and related guidance will provide clarity and additional information related to objective measurements of IP-CANS and CFT practices. The CDSS will determine a sample of cases, prioritizing those with notable data trends. Key indicators may include, but are not limited to, timeliness of CFT meetings and IP-CANS completion, as well as atypical distributions of children and youth across the tiers of the Tiered Rate Structure (TRS). Based on findings, technical assistance, coaching, or training may

² The prior version of the CFT Meeting Observation Tool and process for its completion was piloted in several counties and agencies across California in 2022 and was found to be relevant and applicable across all types of CFT meetings.

be required to improve consistency and accuracy in CANS, enhancing support for youth in care. Further information on this tool and sampling methodology will be included in future guidance.

IP-CANS and CFT Data and Reports: CCR Dashboard and SafeMeasures

Data and reports are available to assess IP-CANS and CFT meeting completion and other data points within the [Continuum of Care Reform \(CCR\) Dashboard](#) and SafeMeasures. Reviewing available data reports is essential to ensure fidelity to IP-CANS and CFT practices, as it supports accountability, promotes collaboration, and drives continuous improvement to ensure practices remain person-centered, outcomes-driven, and integrated across systems. Additionally, timely IP-CANS and CFT meetings are important to collaboratively address the most recent needs and strengths of the youth in the case plan.

CCR DASHBOARD

The [CCR Dashboard](#) is the designated data source for monitoring IP-CANS and CFT timeliness. This visual tool presents key data indicators related to CCR and was recently updated to include IP-CANS and CFT functionality. The dashboard is publicly accessible, providing transparency on available data. It enables users to explore data trends at both the individual county and state levels. The data displayed is provided as percentages to avoid masking data for counties and filter combinations with few youth in foster care. Additional IP-CANS and CFT timeliness measures regarding ongoing CFT meeting and IP-CANS completion for out-of-home cases, in-home cases, and ICWA cases will be developed at a future date.

As a reminder, the CCR brings together a set of existing and new reforms aimed at improving California's child welfare services. The reform is grounded in the belief that children separated from their biological parents thrive best in stable, nurturing family environments. Additional information about CCR can be found here: <https://www.cdss.ca.gov/inforesources/continuum-of-care-reform>.

CCR Dashboard Methodology

The dashboard tracks CCR-related metrics and supports greater transparency and communication with stakeholders, counties, advocates, and other interested groups. IP-CANS data is sourced from the CARES database, while CFT meeting data comes from the CWS/CMS system. An updated methodology document that includes the CFT meetings and IP-CANS methodologies is available and posted here: <https://www.cdss.ca.gov/inforesources/data-portal/research-and-data/ccr-data-dashboard>.

IP-CANS and CFT information included within the CCR Dashboard:

- Percentage of Children and Youth Receiving First CFTM [CFT Meeting] within 60 and 90 days of Entering Care
- Percentage of Children/Youth Who've Never Had a CFTM
- Median Days to First IP-CANS Assessment

- Proportion of Children and Youth Receiving First IP-CANS Assessment Within 60 Days
- Note: Further development of the Data Dashboard will incorporate the inclusion of in-home cases, both court-ordered and voluntary.

CCR Dashboard Phases of IP-CANS and CFT Functionality:

- Phase 1:
 - Focus: Timely completion (90%) of initial IP-CANS and CFT for out-of-home youth.
 - Status: IP-CANS and CFT functionality is active and available for viewing.
- Phase 2:
 - Focus: Addition of timely completion of ongoing CFT meetings and IP-CANS for out-of-home youth.
 - Status: Anticipated functionality pending development and anticipated to be available by early 2026.
- Phase 3:
 - Focus: Addition of timely completion of CFT meetings and IP-CANS for in-home cases (both voluntary and court-ordered Family Maintenance cases).
 - Status: CDSS is exploring the inclusion of IP-CANS and CFT for in-home cases (both court ordered and voluntary) in the CCR Data Dashboard after CARES begins implementation.
- Indian Children:
 - Children under the Indian Child Welfare Act (ICWA), requiring a 30-day initial IP-CANS and CFT completion timeframe, will be incorporated during one of the above phases or during a dedicated phase (pending methodology development and CARES implementation).

SafeMeasures

The data reports in SafeMeasures are an additional source of information to track timeliness of IP-CANS and CFT practices and explore local data pertaining to top strengths, needs, and actionable items identified by the IP-CANS. SafeMeasures is a secure, web-based data monitoring and reporting tool designed to support placing agencies. It transforms case management data into actionable insights, helping staff track progress, and meet critical deadlines. Each night, CWS/CMS and CARES data—including information on CFT meetings and IP-CANS completions, are integrated into the SafeMeasures system. Agency staff can then access dashboards, performance indicators, and customizable reports to monitor key measures such as timeliness and youth needs and strengths.

For questions regarding SafeMeasures user access, please contact your local county agency SafeMeasures site administrator. For placing agencies that do not currently have a county agency SafeMeasures access agreement with Evident Change, please contact CFSDCQI@dss.ca.gov to obtain additional information about options for creating an access agreement for your agency. Note: CDSS does not require placing agencies to obtain access

to SafeMeasures and the state will assume the costs of SafeMeasures starting July 1, 2028³.

CFT Reports in SafeMeasures

- a. Initial CFT Timeliness Report ([ACL 25-10](#))
All clients who enter foster care require an *initial* CFT meeting within 60 days from entry into foster care or no later than the date of the dispositional hearing, whichever is earlier (30 days from entry into care for Indian children). Completed CFT meetings must be documented in the Contact Notebook.
- b. Ongoing CFT Timeliness Report ([ACL 25-10](#))
For all clients in placement during the selected timeframe, who had an open case for at least seven days in the period, there was a qualified, *ongoing* CFT meeting completed within three or six months from the last CFT meeting dependent on the required frequency.
- c. Initial Family Maintenance (FM) CFT Timeliness Report ([ACL 25-08](#))
An *initial* CFT meeting for FM cases is completed within 60 days of the FM component start date. Completed CFT meetings must be documented in the Contact Notebook. For Indian children, [Child Indian Indicator = Yes in Client Notebook in CWS/CMS ([ACL 22-95](#))], an initial CFT meeting for FM cases should be completed within 30 days of the case start date.
- d. Ongoing FM CFT Timeliness Report ([ACL 25-08](#))
For all clients in the selected timeframe with an FM service component open for at least seven days, was a qualified, *ongoing* CFT meeting completed within six months from the last CFT meeting.
- e. CFT Data Report ([ACL 17-104](#) & [ACL 17-104E](#))
CFT meetings that are missing the documentation of frequency in the Case Management Service tab, Planned Client Service tab, or both.

IP-CANS Reports in SafeMeasures

- a. Initial IP-CANS Timeliness ([ACL 25-10](#))
A completed *initial* IP-CANS assessment must have an assessment date within 60 days of the case opening date. If the Native American heritage indicator exists, Initial IP-CANS must have an assessment date within 30 days of the case opening date. The IP-CANS must be in Completed status to be qualified.
- b. Ongoing IP-CANS Timeliness ([ACL 25-10](#))
An *ongoing* IP-CANS assessment must have an assessment date within six months of the previous IP-CANS assessment date. The IP-CANS must be in Completed status to be qualified. The due date will be set six months from the last IP-CANS assessment date (initial or ongoing) or six months from the case start date if no IP-CANS previous assessment is found.
- c. Top Strengths
This display provides a count of IP-CANS Strengths items with ratings of "0" or "1" on cases that require an IP-CANS assessment:

³ CDSS Child Welfare Digital Services Bulletin: [The Future of SafeMeasures and Structured Decision Making \(SDM\) Assessments with CWS-CARES, dated November 21, 2024.](#)

Rating "0" – Centerpiece Strength

Rating "1" – Useful Strength

d. Top Needs

This display provides a count of IP-CANS Needs items with ratings of "1" (for behavioral/emotional needs domain), "2", or "3" (for all domains) on cases that require an IP-CANS assessment:

Rating "1" – History or suspicion; monitor (for behavioral/emotional needs domain)

Rating "2" – Interferes with functioning; action needed (for all domains)

Rating "3" – Disabling, dangerous; immediate or intensive action needed (for all domains)

e. IP-CANS Action Items

This display provides a sum of actionable items from the most recent IP-CANS assessment. A rating of "2" or "3" on an item is considered actionable.

Note: Behavioral/Emotional Needs Domain items with a rating of "1" are not included in this report.

f. IP-CANS Aggregates

This report displays the aggregate IP-CANS assessment ratings for youth who have had at least two IP-CANS assessments. The first forty items on the IP-CANS rating sheet are included. Note: A rating of "2" or "3" on an item is considered actionable.

Training, Coaching, and Technical Assistance

Resources available for county child welfare agencies, juvenile probation departments, Tribes, and partners:

- IP-CANS and CFT Training through the CalAcademies, and CFT Facilitation Training for juvenile probation through CalAcademies and CPOC. The IP-CANS curriculum supports skill development for practitioners, supervisors, and others in integrating IP-CANS into the CFT model. Regularly attending trainings help staff remain current in their skills. Priority for CalAcademy training offerings will be given to staff from county child welfare agencies, tribal child welfare agencies, and county probation departments.

Training Resources include IP-CANS and CFT courses provided through the CalAcademies and CPOC⁴. Some counties and contracted providers may provide these trainings directly, upon completion of respective training for trainer requirements. These courses include:

- i. The IP-CANS: Collaborative Assessment through Teaming (formerly Module A)
- ii. The IP-CANS: Overview and Preparation for Certification (formerly Module B)
- iii. IP-CANS in Supervision: Coaching Staff towards Practice Integration (formerly Module C)
- iv. CFT Meetings: Facilitation Training
- v. Integrating the IP-CANS into CFT Meetings and Case Planning
- vi. Effective CFT Meetings (formerly CFT: Role of the Social Worker)
- vii. CFT Overview

⁴ CPOC provides CFT Facilitation Training to juvenile probation.

- More information on IP-CANS and CFT trainings can be found in [ACIN I-35-24](#), the [California Child Welfare Training \(CACWT\)](#) system, and through the training partners below.
 - [Academy for Professional Excellence](#)
 - [Bay Area Academy](#)
 - [Central California Training Academy](#)
 - LA County Department of Children and Family Services
 - [Northern California Training Academy](#)
- Learning Collaboratives through the CalAcademies. IP-CANS and CFT Collaboratives promote the interaction, mutual support, and the sharing of knowledge and ideas between different counties and community partner agencies to enhance understanding and problem-solving with the support of a skilled facilitator. These collaboratives are regularly made available through the CalAcademies. CFT facilitators, IP-CANS scorers, caseworkers, supervisors, coordinators, and members of county CFT and/or IP-CANS implementation teams are encouraged to join practice-level collaborative learning sessions hosted by their local CalAcademy. These meetings provide opportunities for a focused review and discussion of IP-CANS and CFT practices, as well as cross-county sharing and skill development.
- Coaching through the CalAcademies
 - Coaching plays a vital role in enhancing IP-CANS and CFT practices by fostering skill development, consistency, and collaboration among practitioners. Effective coaching provides hands-on support, guidance, and feedback to help professionals refine their assessment, planning, and intervention skills. This process ensures that the unique needs and strengths of children and families are accurately identified and addressed. Coaching is learner-led and confidential. Coaching might include role-playing, case consultations, observation with real-time feedback, and ongoing professional development that fosters critical thinking and guides learners towards their own solutions. With tailored strategies and fostering reflective practice, coaching strengthens outcomes and promotes a family-centered, strength-based approach to care.

Counties may additionally request individual IP-CANS and CFT coaching and technical assistance by contacting their CalAcademy. CalAcademies can provide coaching and technical assistance to staff and providers who directly serve Title IV-E eligible youth in foster care. Coaching and technical assistance provided by CalAcademies must be structured activities that are controlled, coordinated, or monitored by training staff. These activities must be the result of a consciously assessed learning need and characterized by an overt set of learning objectives. They must be designed to foster adult learning and to improve staff, provider, or agency performance in relation to those learning objectives.

- Technical Assistance through the CalAcademies and CDSS
 - Technical assistance is crucial for improving IP-CANS and CFT practices, as it provides specialized expertise and resources to enhance implementation fidelity and effectiveness. This support helps organizations address systemic challenges, align practices with evidence-based standards, and ensure consistent application of tools and processes. Technical assistance may include activities such as developing and disseminating guidelines, recommending training or refresher

sessions, facilitating data analysis to inform decision-making, and offering solutions to operational or policy barriers such as navigating access across systems. By bridging gaps in knowledge and practice, technical assistance empowers the delivery of high-quality, strength-based, and family-centered care.

System-level technical assistance is provided by the CalAcademies and CDSS to support IP-CANS and CFT implementation and improvement efforts. The CDSS worked in collaboration with training partners, CWDA, and CPOC to release technical assistance guides related to CFT, IP-CANS, System of Care, and Data to provide additional assistance and support as placing agencies are working towards fidelity to IP-CANS and CFT practices.

- A key opportunity for all System of Care partners and Tribes to deepen their knowledge on current and evolving IP-CANS and CFT practice, information, and requirements is to accept a standing, open invitation to participate in the quarterly IP-CANS and CFT Statewide Forum, jointly hosted by CDSS and UC Davis Northern Academy. To join, please complete the [CFT CANS Statewide Forum Invite Request Form](#).

County-Specific IP-CANS Certification Reports: State, county, and agency level IP-CANS certification reports will be available to assist in managing and supporting staff certification in the IP-CANS. County placing agencies must monitor IP-CANS and CFT training completion, IP-CANS certification, and participation in coaching and/or technical assistance regarding IP-CANS and CFT practices to further track their fidelity efforts. Every county agency can receive County Specific IP-CANS Certification Reports for staff responsible for administering IP-CANS. The report can be generated through a form from the TCOM [online training platform](#). To start receiving these reports, please email the following information to Support@tcomtraining.com:

- Name and email points of contact (Report Recipients)
- Timeframe for report delivery (e.g., Monthly or Quarterly)

Levels of Technical Assistance Support

Most tools outlined in this fidelity plan are required to be implemented by either September 2025 or in 2026, depending on the specific tool and readiness of each county. The approach outlined below assists counties in having adequate time for preparation and adoption while enabling CDSS to begin IP-CANS and CFT monitoring and using the IP-CANS Fidelity Review Tool beginning in July 2026.

1. Level 1: Universal Support

All placing agencies and partners can access this level of technical assistance. Counties self-select TA information, guides, and resources to support their IP-CANS and CFT practices.

This [CDSS Fidelity Webpage](#) outlines California's approach to ensuring fidelity to CFT and IP-CANS practices. The page provides access to key resources and tools

that promote and assess fidelity, including helpful support and materials, technical assistance guides, and Fidelity Plan requirements.

2. Level 2: Request for Individualized Assistance

Placing agencies can contact their CalAcademies and CDSS to request practice and systemic assistance as it relates to IP-CANS and CFTs. Individualized assistance may be provided to address county identified barriers and data patterns or themes.

3. Level 3: Intensive Engagement & Assistance

CDSS proactively engages directly with placing agency leadership to address systemic, multifaceted challenges and provide hands-on support in removing barriers and improving implementation of IP-CANS and CFT practices. This engagement is initiated when data suggests that a county may benefit from targeted assistance and collaboration.

Level 3 engagement will occur based on county-level data, with CDSS prioritizing timeliness of IP-CANS and CFT completion for those youth in out-of-home placements as the first focus area. This allows CDSS to address the most time-sensitive and impactful areas while building a foundation for broader systemic improvements.

Beginning in July 2026, placing agencies will be identified for Level 3 support based on IP-CANS and CFT timeliness criteria:

- Timeliness metrics to include falling below a 90% threshold for completing CFT meetings and IP-CANS finalization.
 - CDSS will be monitoring timeliness metrics on a quarterly basis using data displayed on the CCR Dashboard.
 - Initial CFT meeting timeliness will be determined based on the “First CFTM within 60-120 Days” page, specifically the 60-day graph.
 - Initial IP-CANS timeliness will be determined based on the “First IP-CANS within 60-120 Days” page, specifically the 60-day graph.
 - An updated methodology document that includes the CFT meetings and IP-CANS methodologies for the above mentioned graphs is available and posted here:
<https://www.cdss.ca.gov/inforesources/data-portal/research-and-data/ccr-data-dashboard>.
- Note: At this time, only out-of-home cases will be utilized within this selection criteria. Criteria to include in-home cases and those cases specific to Indian children will be developed during a future iteration of intensive engagement and assistance. Please see “CCR Dashboard Phases of IP-CANS and CFT Functionality” section above for information on anticipated CCR Dashboard development.

Once the need for technical assistance is identified, CDSS will contact the county's CFT/IP-CANS point of contact by email to schedule a collaborative meeting to occur within 30 days. If the CDSS is unable to reach the primary contact by email, phone communication will be attempted. The purpose of this meeting is to:

- Jointly determine challenges, barriers, and solutions.
- Review the relevant CFT, IP-CANS, and fidelity data.
- Review the county's County Practice and Improvement Plan (CPIP).
- Collaboratively develop a structured plan for improvement with clear roles and next steps.

CDSS acknowledges that fidelity to all aspects of IP-CANS and CFT practices may not be immediately feasible for all counties when CDSS begins monitoring. Monitoring will begin one year prior to the implementation of the TRS, with the intention of providing guidance and support to counties as they build capacity and strengthen their practices. This early monitoring phase is designed to help counties progress toward fidelity in preparation for TRS implementation.

Quality Improvement Analysis and Planning

Data from the tools and reports mentioned above must be used to evaluate strengths and areas for improvement in IP-CANS and CFT implementation and fidelity. Based on this evaluation and through the completion of the aforementioned CPIP, each county must create strategies that address areas needing improvement, using training, coaching, and technical support as outlined above. The CPIP must be completed by each county placing agency and submitted to CDSS by January 1, 2026, and updated annually thereafter.

CDSS will provide data received through the completion of the fidelity tools to placing agencies on a recurring basis to support practice and continuous quality improvement. Agencies may also request their data outside of the regular schedule; however, fulfilling these requests may take up to 30 days. This ensures adequate time for data retrieval, review, and secure delivery. When warranted, the CPIP, and related data, will also be shared with respective CalAcademies to ensure cohesive and collaborative technical assistance and guidance when necessary.

Technical assistance guides are available to support counties in implementing high-quality IP-CANS and CFT practices on the [CDSS Fidelity Webpage](#). These guides offer clear guidance, tools, and best practices to strengthen fidelity and improve outcomes. Counties seeking additional support can submit a request through the online [IP-CANS and CFT Fidelity Technical Assistance Request Form](#). This streamlined process helps connect placing agencies with the appropriate resources or guidance tailored to their specific needs. Note that initial CPIP strategies may shift or change based on technical assistance provided by CDSS and the CalAcademies.

Monitoring and Oversight

Measuring and ensuring fidelity of IP-CANS and CFT practices and processes is crucial to ensure that the individual needs of youth and families are understood, and that resources are provided with the goal of helping create stabilization and permanency for every youth in

foster care. CDSS will oversee and monitor fidelity and compliance of county IP-CANS and CFT practice. Ensuring fidelity is essential to delivering consistent, high-quality care to youth and families in the child welfare and juvenile probation systems, regardless of where youth reside in the state.

CDSS will monitor and support the implementation of CFTs and the IP-CANS by regularly reviewing county program design and practices, conducting reviews of cases, and evaluating data, including data related to IP-CANS and CFT within the CCR Dashboard, SafeMeasures, and through the data obtained as a result of this statewide fidelity plan (see Levels of Technical Assistance Support section above for more information on CDSS engagement). This oversight is designed to ensure that counties accurately and collaboratively assess the needs and strengths of youth and families, leading to more effective service delivery, care coordination, and improved outcomes.

In addition to monitoring and oversight, CDSS will provide tailored technical assistance and guidance to counties to support their practice and fidelity of IP-CANS and CFT. In partnership with the CalAcademies and other training partners, such support includes provision of technical assistance, training, coaching, resources, and direct support to address specific challenges or areas of improvement identified during the oversight process, and by celebrating areas of strength. Beginning in July 2026, the CDSS will proactively engage with placing agencies, as needed, based on the data collected through the use of the fidelity tools to offer targeted support and guidance. By working closely with placing agencies, Tribes, providers, and other system partners, CDSS will support refinement of practice, improvement of service delivery and care coordination, and consistent application of IP-CANS and CFT practice. This partnership strengthens the overall quality of care across the Child and Youth System of Care, ensuring the needs of youth and families are met in a timely and effective manner. For additional information on updated or available resources, please view [ACIN I-35-24](#) or visit the [CDSS Fidelity Webpage](#), [CDSS CFT Webpage](#), [CDSS IP-CANS Webpage](#), and the [Northern Academy's CFT and CANS Webpage](#).

The CDSS intends on providing ongoing updates regarding IP-CANS and CFT fidelity efforts during the [CFT CANS Statewide Forum](#).

Importance of Accurate Documentation

Accurate documentation is essential for ensuring practices align with requirements and intended outcomes. Data not accurately documented in Child Welfare Services/Case Management System (CWS/CMS) or California Automated Response and Engagement System (CARES)⁵ will limit efforts to evaluate, monitor, and improve IP-CANS and CFT fidelity. Without accurate data, fidelity efforts could be misguided, affecting outcomes for children and families. Please note: IP-CANS documentation is connected to the TRS and tier determinations, a feature planned for CARES Version 1 (expected to “go live” October 2026). Placing agencies with inaccurate documentation may receive additional technical assistance to align documentation requirements and practices.

⁵ CARES refers to the California Automated Response and Engagement System and includes both CARES-Live and CWS-CARES for the purpose of this ACL.

As of January 2018, county child welfare and probation departments have been required to document all CFT meetings in CWS/CMS according to the guidance released in [ACL 17-104](#) and [ACL 17-104E](#). CFT meeting documentation was updated in 2020 ([ACL 21-105](#)) to include fields indicating whether a youth was present at a CFT meeting and if their voice was included in another manner. In July 2021, CDSS released [ACL 21-27](#), requiring that county child welfare agencies enter IP-CANS data into the CARES-Live system. Beginning January 1, 2026, juvenile probation departments are also required to ensure the IP-CANS is completed for all probation youth in foster care and document IP-CANS data in the CARES system.

For more information on how to accurately document CFT meetings within CWS/CMS, please refer to [ACL 17-104](#), [ACL 17-104E](#), and [ACL 21-105](#). For more information on documenting requirements of IP-CANS within CARES, please refer to [ACL 21-27](#). If assistance with is needed, please email CDSS Child Welfare Digital Services for CWS/CMS and CARES support at servicedesk@CWDS.ca.gov.

Appendix A – CFT Meeting Observation Tool Sample Selection

Overview: To assure consistency and precision in sampling across counties, CDSS will calculate the sample size, and will also draw the sample for each county, before the beginning of each quarterly data collection period. The sample will be drawn from the most current list of eligible foster care cases available in the statewide automated system, either Child Welfare Services/Case Management System (CWS/CMS) or CARES. A sample of the cases selected will be provided to counties prior to the use of the tool beginning on April 1, 2026, allowing placing agencies time to train observers (see CFT Meeting Observation Tool in the Fidelity Plan Elements section above for more information on training requirements). For each selected case, counties will be responsible for observing and reporting information regarding the case's first CFT meeting that occurs during the data collection period.

For each county, the list of eligible cases from which the sample is drawn (i.e., the sampling frame) will consist of cases of children/youths/non-minor dependents who are placed in foster care, for any duration, at the time the sample is drawn. Incoming Interstate Compact on the Placement of Children (ICPC) and Non-Dependent Legal Guardian (NDLG) cases will not be included. The sampling frame will thus include only cases currently required to have CFT meetings. For each selected case, counties will be responsible for observing and reporting information regarding the case's first CFT meeting that occurs in-person, online, or by phone, during the data collection period.

The sample size for each county will vary from year-to-year because it is dependent upon: the number of foster cases that meet the eligibility criteria specified in the previous paragraph; the probability sampling method and data analysis adopted; and the funding level.

Data Collection and Reporting

For each selected case, counties will be responsible for observing and reporting information regarding the case's first CFT meeting that occurs in-person, online, or by phone, during the data collection period. If a CFT meeting cannot be observed, counties will report the reason why the meeting cannot be observed (such as informed refusal, case closure, etc.). For every CFT meeting that cannot be observed, counties will observe another case meeting selected by CDSS to reach the sample size specified. Counties might choose to observe more cases and/or meetings than the sample size specified by CDSS, however, to minimize potential bias, CDSS will analyze only the sample size selected for fidelity purposes.

CDSS may assess each county's data quality prior to the end of every data collection period. CDSS may notify counties of missing data (i.e., any element that has a blank response when a blank response is not a valid response option), duplicate entries, and internally inconsistent data (i.e., any element that fails checks of logical relations between responses), for example. Counties will have an opportunity to submit corrected data by the end of the current data collection period.

Sample Size

In order to determine the number of CFT Meeting Observation Tools each placing agency must complete, the total budget and number of observations between Child Welfare Departments (CWDs) and Juvenile Probation Departments (JPDs) will be split. This split is roughly based on the percentage of the calendar year 2024 foster care caseload counts, and annually thereafter, reported on the California Child Welfare Indicators Project Website (CCWIP). Each placing agency will have at least two observations assigned, and the remaining observations will be assigned based on their percentage of calendar year 2024 foster care cases and annually thereafter.

The required CFT Meeting Observation sample size, and the corresponding fiscal allocations, will be provided in the annual allocations county fiscal letter (CFL).

IP-CANS & CFT COUNTY PRACTICE AND IMPROVEMENT PLAN¹

INSTRUCTIONS

The **Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) and Child and Family Team (CFT) County Practice and Improvement Plan (CPIP)** gathers information on the implementation of current local processes and practices related to IP-CANS and CFTs. The snapshot of the county placing agency's current IP-CANS practices and CFT processes provided by this CPIP help determine whether the practice is being done to fidelity, what is going well, and what type(s) of support may be needed, such as coaching and/or technical assistance. The results of this CPIP are used to identify and prioritize areas to include in a plan for county fidelity practice improvement. When updated annually, the CPIP also tracks the county placing agency's progress in practicing fidelity and quality improvement efforts over time.

Using available IP-CANS and CFT data, this CPIP is intended to be completed through a consensus-based teaming process by each county's placing agency in consultation with their ILT– Behavioral Health, Child Welfare, County Office of Education, Juvenile Probation, Regional Center – and in collaboration with Tribes (if applicable), and contracted providers involved with the IP-CANS and CFT processes (i.e., behavioral/mental health and community based organizations facilitating CFT meetings and/or completing the IP-CANS on behalf of the placing agency). Completion of the CPIP must also be informed by those who are engaged in the IP-CANS and CFT processes through one of the tools mentioned below. **Each placing agency must submit a completed CPIP by January 1st annually.**

This information should be used to reflect upon current practices and identify any gaps with those processes. This CPIP must be utilized along with additional IP-CANS and CFT tools and reports to increase fidelity improvement efforts as available.

Counties may also be assisted by the California Department of Social Services (CDSS) and/or a CalAcademy, formerly Regional Training Academy, to create a plan to address needs identified through the CPIP. The CDSS, the CalAcademies, and other subject matter experts (as needed) are available to meet with county partners and provide technical assistance on the implementation of IP-CANS and CFT practices. Technical Assistance can be requested by completing the [IP-CANS and CFT Fidelity Technical Assistance Request Form](#). To provide you with the most comprehensive support, complete the form and provide as much information as possible regarding the type of assistance that you need.

A summary of the data gathered through this CPIP will also be aggregated and shared annually at the CFT CANS Statewide Forum meeting. To receive an invite for the meeting, submit your information here: [Statewide Forum Invite Request Form](#).

It will take approximately five to 10 hours of focused time to complete this CPIP. Note: If you are a county contractor with multiple counties, please collaborate with each county placing agency you contract with to assist in completing the CPIP specific to each county placing agency. If additional support or guidance is needed before, during, or after completion of the CPIP, please complete this [IP-CANS and CFT Fidelity Technical Assistance Request Form](#) to be connected with your local CalAcademy and/or CDSS.

¹ **THIS DOCUMENT WILL BE AUTOMATED AND FINALIZED IN AN ONLINE SYSTEM.**

IP-CANS AND CFT COUNTY PRACTICE AND IMPROVEMENT PLAN (CPIP)

County (or LA County Regional Office):	Date:
CPIP Completer Lead:	Role:
CPIP Completer Agency: <input type="checkbox"/> Child Welfare <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other:	

Contributors to the CPIP Completion

Name	Role/Organization	Email	IP-CANS Lead	CFT Lead
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate IP-CANS and CFT leads by checking the boxes above.

Sources of Information

<input type="checkbox"/> Previous CPIP (as of January 2026), date completed: _____	<input type="checkbox"/> SafeMeasures IP-CANS & CFT Data Reports (available)
<input type="checkbox"/> CFT Meeting Surveys (as of September 2025)	<input type="checkbox"/> CCR Dashboard: IP-CANS & CFT Data (available)
<input type="checkbox"/> CFT Meeting Observation Tool (as of April 2026)	<input type="checkbox"/> IP-CANS Fidelity Review Tool (as of July 2026)
<input type="checkbox"/> CFT Action Plan (as of January 2026)	<input type="checkbox"/> Other Sources:

AREA 1. SYSTEM OF CARE – ORGANIZATION, LEADERSHIP, AND PARTNERSHIPS FOR EFFECTIVE IMPLEMENTATION AND PRACTICE

For each System of Care statement, use the following strengths rating scale. ***The ratings in this area are intended to be determined through a team consensus-building process that includes the Interagency Leadership Team.***

- 0 – In place. Strength is fully accessed.
- 1 – Partially in place. Strength is useful.
- 2 – Identified but not in place. Identified as a potential strength that must be developed.
- 3 – Not in place. No evidence of a strength.

1.1 Rate the statements regarding the Interagency Leadership Team’s process and structure.

The Interagency Leadership Team (ILT)	Rating
a. ILT meets on a regular basis to support the IP-CANS and CFT implementation and practice fidelity.	
b. ILT partners regularly participate in ILT meetings: Behavioral Health, Child Welfare, County Office of Education, Probation, Regional Center, and Tribes.	
c. ILT engages, collaborates with, and includes Tribes in Integrated Core Practice Model (ICPM) implementation, including the IP-CANS and CFT practices.	
d. ILT has an accountability structure for the implementation of the IP-CANS practice and CFT process that identifies roles and responsibilities.	
e. ILT has established feedback and problem-solving methods that support partners collaborating at the system level to reduce barriers to effective IP-CANS practice and CFT process with fidelity.	
f. ILT communicates with applicable staff at all levels about the IP-CANS and CFT practices and why robust practices are critical to meeting the needs of the children, youth, and families served.	
g. ILT has foundational knowledge about the IP-CANS and CFT and how the ICPM informs their effective implementation and practice.	
For any ratings of ‘2’ or ‘3’, identify the areas to be developed. What strategies could be helpful?	

1.2 Rate the statements and partnerships regarding the interagency collaboration in the IP-CANS practice and CFT process and their utilization within the county.

Utilization of IP-CANS and CFT			Rating
a. System of Care partners know of and regularly participate in CFT meetings.			
b. The CFT process is implemented in a consistent manner across the county. At least 90% of children, youth and nonminor dependents have a CFT meeting within required timeframes.			
c. The IP-CANS practice is implemented in a consistent manner across the county. At least 90% of children, youth and nonminor dependents have a completed IP-CANS within required timeframes.			
Care Coordination Partnership	Rating		Rating
d. Child Welfare – Behavioral Health		j. Probation – Tribes	
e. Child Welfare – Probation		k. Probation – Regional Center	
f. Child Welfare – Tribes		l. Probation – County Office of Education	
g. Child Welfare – Regional Center		m. Behavioral Health – Tribes	
h. Child Welfare – County Office of Education		n. Behavioral Health – Regional Center	
i. Probation – Behavioral Health		o. Behavioral Health – County Office of Education	
For any ratings of ‘2’ or ‘3’, identify the areas to be developed. What strategies could be helpful?			

1.3 Rate whether the following policies and/or procedures are in place and written in a manner to facilitate effective implementation of the CFT process and the IP-CANS practice.

Local IP-CANS and CFT Policies and Procedures	Rating
a. CFT Meeting Facilitation and Processes <ul style="list-style-type: none"> • CFT process facilitation (including outside agency facilitation of CFTs) • CFT processes (team composition and required participants, scheduling; preparation; transition) • Conducting CFT meetings via videoconference or phone conference • Family Maintenance and Placement Preservation CFTs 	
b. IP-CANS Process and Case Planning <ul style="list-style-type: none"> • The IP-CANS process, including the IP-CANS role in the ICPM • Updating the IP-CANS ratings • Case Planning with the IP-CANS to inform plan development and monitoring 	

<p>c. Engagement and Collaboration in IP-CANS and CFT Practices</p> <ul style="list-style-type: none"> • Collaboration, consensus building (including navigating disagreements), and care coordination in the CFT and with the IP-CANS • Engagement practices and expectations for the IP-CANS and CFT (i.e., Motivational Interviewing, Safety Organized Practice) • Tribal engagement and inclusion in the IP-CANS practice and the CFT process • Participation of children, youth, and nonminor dependents; parents, legal guardians, Indian Custodians; and caregivers (including resource parents) in the IP-CANS and CFT 	
<p>d. Timeliness and Documentation Requirements for the IP-CANS and CFT Practices</p> <ul style="list-style-type: none"> • IP-CANS/CFT timeliness requirements: meeting frequency, tool completion, and documentation • Entry of the IP-CANS data into the California Automated Response and Engagement System (CARES) (including outside agencies that complete the IP-CANS) 	
<p>e. IP-CANS and CFT Training and Completer Requirements</p> <ul style="list-style-type: none"> • Training requirements: who is required to be trained, which trainings are required, and the identified training entity • IP-CANS Completer's role, qualifications, purpose • CFT Facilitator's role, qualifications, purpose • Caseworker role within the IP-CANS and CFT practices 	
<p>f. Confidentiality regarding the IP-CANS and CFT information</p> <ul style="list-style-type: none"> • Sharing of information within the CFT (both meetings and process) • Sharing of the IP-CANS ratings and information (internal and external processes) 	
<p>For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful? Attach any county policies or procedures that are in place.</p>	

1.4 Rate whether the following documents for authorized sharing of confidential information and/or data are in place and used for the CFT meeting process and IP-CANS practice.

Documents for Information Sharing	Rating
a. AB 2083 Memorandum of Understanding (MOU) – specifically IP-CANS/CFT Data Sharing	
b. Universal/Shared Release of Information and for Informed Consent	
c. Standing Order	
d. Sharing of IP-CANS ratings between/among System of Care partners	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful?	

1.5 Rate whether the following resources/fiscal sustainability, and/or contracting are in place for implementation of the IP-CANS practices and CFT processes.

Resources/Fiscal Sustainability and Contracting	Rating
a. Financial resource sharing between/among system partners has been established and is sufficient to effectively implement and sustain the IP-CANS practice and CFT processes.	
b. When applicable, there are sufficient and appropriate contracts to support the ICPM informed IP-CANS practice and CFT processes.	
c. IP-CANS/CFT and Wraparound programs are aligned and non-duplicative; same contracted providers are used for CFT and Wraparound (as applicable and appropriate).	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful?	

1.6 Rate whether the appropriate staffing and/or resources are in place for implementation of the IP-CANS practice and CFT processes.

Appropriate Staffing and Resources	Rating
a. There are sufficient and appropriate staff resources to support the IP-CANS and CFT practice.	
b. There is sufficient and appropriate technology to support the IP-CANS and CFT practice.	
c. Adjustments have been made to the workforce and staff workload to support effective ICPM informed IP-CANS and CFT practice.	
d. There is sufficient support provided to supervisors, managers, and/or other designated staff in the role of coaches ensuring knowledge, fidelity, and local sustainability of IP-CANS/CFT practices.	

e. Managers and supervisors are adequately educated on the purpose and benefit of IP-CANS/CFT as they relate to all child or youth serving system practices.	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful?	

AREA 2. PRACTICES – CFT, IP-CANS, AND ICPM INFORMED IP-CANS/CFT PRACTICE

For each Practices statement, use the following strengths rating scale. These ratings are intended to be determined through a team consensus-building process.

- 0 – In place. Strength is fully accessed.
- 1 – Partially in place. Strength is useful.
- 2 – Identified but not in place. Identified as a potential strength that must be developed.
- 3 – Not in place. No evidence of a strength.

2.1 Rate whether the following meeting logistics are in place and the noted methods are used to prepare participants for the CFT process and meetings.

CFT Process Preparation Methods	Rating
a. Engagement, inclusion, and education in the preparation for the CFT of youth, parents, caregivers, tribal members or representatives, and other participants important to the child, youth, or nonminor dependent, and family: process, structure, purpose, and expectations for participation.	
b. Materials (i.e., brochures/videos) orienting participants to the CFT process and meeting are shared in advance of the meeting. Follow-up with youth and family is conducted to answer questions and/or provide clarification.	
c. CFT facilitators have been trained on state approved curriculum.	
d. CFT facilitators conduct effective ICPM informed CFT meetings.	
Note the role of the CFT Facilitators (check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Behavioral Health Clinician </div> <div style="width: 50%;"> <input type="checkbox"/> Other Case Worker or Supervisor </div> <div style="width: 50%;"> <input type="checkbox"/> Case-Carrying Worker </div> <div style="width: 50%;"> <input type="checkbox"/> Tribal Representative </div> <div style="width: 50%;"> <input type="checkbox"/> Contracted Provider </div> <div style="width: 50%;"> <input type="checkbox"/> STRTP Staff </div> <div style="width: 50%;"> <input type="checkbox"/> Designated County CFT Facilitator (internal) </div> <div style="width: 50%;"> <input type="checkbox"/> Other: </div> </div>	

CFT Meeting Logistics	Rating
e. Scheduling of the CFT meeting – day, time, location, and modality (in person, virtual) – includes input from youth, family, resource family, and Tribes (in the case of an Indian child), and other participants important to the child, youth, nonminor dependent, and family.	
f. Arrangements have been made to support children who are present but not participating in the meeting itself, if needed.	
g. Arrangements have been made for transportation to and from the CFT meeting, and/or support has been provided for virtual meeting participants, if needed.	
h. Arrangements or accommodations have been made for appropriate interpreter or disability services for the CFT participants, if needed.	
i. Parent Partners, Youth Partners, and/or Peer Mentors are available and provided if requested.	
j. The CFT meeting agenda includes input from youth, family, resource family, and Tribes (in the case of an Indian child).	
k. Information regarding the CFT process and CFT meeting is provided to participants via the youth and family's preferred form of communication: email, phone, text, or face-to-face.	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful?	

2.2 Rate whether the following practices are in place for CFT meetings.

CFT Meeting Practices	Rating
a. The IP-CANS is used as a communication tool.	
b. There is collaboration with youth, families, and caregivers when identifying and developing their networks of support.	
c. The role of Peer Support Specialists is highlighted when network building and supporting families in the CFT process.	
d. Attendance of children, youth, nonminor dependents, parents, caregivers, Tribes (in the case of an Indian child), and families in the CFT meeting is required and prioritized. Adjustments are made to the meeting configuration to adapt to the family's complexities when needed.	
e. Children, youth, nonminor dependents, parents, caregivers, and families are engaged and supported in the CFT meeting.	

f. There is engagement, collaboration, and joint decision making with Tribes (in the case of an Indian child) throughout the CFT process and CFT meetings.	
g. Natural supports are included and utilized in the CFT meeting and CFT Action Plan.	
h. Culturally responsive supports and/or resources are explored to best meet the family's needs and build strengths.	
i. CFT decisions (including differences between members) and action items with anticipated dates of completion, are recorded and documented within expected timeframes in a contact note and CFT Action Plan.	
j. A CFT Action Plan document is used in the CFT meeting.	
k. The CFT Action Plan is shared with the youth and family.	
l. The CFT meets regularly, per CDSS policy (i.e., every 6 months standard; every 90 days for ICC, TFC, IHBS and STRTP; and as needed).	
m. For cases where appropriate, the CFT information is consistently shared with the Juvenile Court via information notated in the court report, case plan, and/or the CFT Action Plan attached to the court report.	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful?	

2.3 Rate whether the following practices are in place for the IP-CANS.

IP-CANS Practice	Rating
a. Support is provided to the child, youth, or nonminor dependent, family, and other CFT meeting participants in preparation for the IP-CANS process and discussion; active participation expectations are outlined regarding the completion of the IP-CANS.	
b. Youth or nonminor dependent, family, and CFT meeting participants are engaged and supported to ensure their voices are represented in consensus building around rating and prioritizing IP-CANS needs and strengths (as applicable).	
c. The purpose and goal of having one teaming and assessment process for the youth and family (i.e., 1 Child, 1 CANS) is discussed along with what the CFT meeting participants can do towards supporting this outcome.	
d. There is engagement, collaboration, and joint decision making with Tribes (in the case of an Indian child) throughout the completion of the IP-CANS.	
e. The IP-CANS is used for collaboration and coordination of care during the assessment, reassessment, and planning processes.	

f. The IP-CANS is shared with youth, family, caregivers, natural supports, professionals, and Tribes (in the case of an Indian child). Sensitive information as identified by the youth and family is excluded from what is shared.									
g. Actionable needs and strengths are aligned with goals and action steps in CFT action plans, case plans, including who on the team is responsible for each action step/element and the timeline for completing it.									
h. There is identification, utilization, and development of youth/family strengths, including who is responsible for helping with building strengths.									
i. The IP-CANS is updated: at case planning; significant change in the youth's circumstances resulting in a change in services plan; the youth's case closure; and triggering conditions (ACL 25-10).									
j. The IP-CANS completers have an active certification which must be maintained; a process is in place to monitor ongoing compliance.									
<p>Note the role of the IP-CANS Completer (select all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> Behavioral Health Clinician</td> <td><input type="checkbox"/> Other Case Worker or Supervisor</td> </tr> <tr> <td><input type="checkbox"/> Case-Carrying Worker</td> <td><input type="checkbox"/> Tribal Representative</td> </tr> <tr> <td><input type="checkbox"/> Contracted Provider</td> <td><input type="checkbox"/> STRTP Staff</td> </tr> <tr> <td><input type="checkbox"/> Designated County IP-CANS Completer (internal)</td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Behavioral Health Clinician	<input type="checkbox"/> Other Case Worker or Supervisor	<input type="checkbox"/> Case-Carrying Worker	<input type="checkbox"/> Tribal Representative	<input type="checkbox"/> Contracted Provider	<input type="checkbox"/> STRTP Staff	<input type="checkbox"/> Designated County IP-CANS Completer (internal)	<input type="checkbox"/> Other:
<input type="checkbox"/> Behavioral Health Clinician	<input type="checkbox"/> Other Case Worker or Supervisor								
<input type="checkbox"/> Case-Carrying Worker	<input type="checkbox"/> Tribal Representative								
<input type="checkbox"/> Contracted Provider	<input type="checkbox"/> STRTP Staff								
<input type="checkbox"/> Designated County IP-CANS Completer (internal)	<input type="checkbox"/> Other:								
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful?									

2.4 Rate whether the following ICPM informed IP-CANS practice and CFT processes are in place.

ICPM Informed IP-CANS and CFT Practices	Rating
a. The IP-CANS is incorporated into the CFT meeting as outlined by State-issued guidance expectations .	
b. There is interagency collaboration and care coordination in the CFT and the IP-CANS; issues of confidentiality have been addressed.	
c. IP-CANS and CFT engagement practices and participation expectations are clear for children, youth, nonminor dependents, parents, families, natural supports, and professionals. (Refer back to item ratings on 2.1.a and 2.3.a.)	
d. Tribes are engaged and included in the ICPM informed IP-CANS and CFT practice. (Refer back to item ratings on 2.2.f and 2.3.d.)	

e. Power differentials are addressed in the CFT meeting: system vs. family voice and choice.	
f. Biases that arise within the CFT meeting are addressed.	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful?	

AREA 3. DATA: USING IP-CANS AND CFT DATA FOR COMMUNICATION, DECISION MAKING, AND MONITORING

For each Data statement, use the following strengths rating scale. These ratings are intended to be determined through a team consensus-building process.

- 0 – In place. Strength is fully accessed.
- 1 – Partially in place. Strength is useful.
- 2 – Identified but not in place. Identified as a potential strength that must be developed.
- 3 – Not in place. No evidence of a strength.

3.1 Rate whether the following documentation monitoring processes are currently in place and monitored.

Documentation and Monitoring Requirements	Rating
a. The CFT meeting occurrence is tracked using SafeMeasures reports on an individual and aggregate level.	
b. The CFT Action Plan is reviewed by the supervisor.	
c. The court report is reviewed to ensure the CFT meeting occurrence and plan is documented.	
d. The case plan is reviewed to ensure that CFT meeting occurrence is documented.	
e. The case plan is reviewed to ensure its objectives are reflective of IP-CANS actionable needs and strengths.	
f. The IP-CANS is tracked using SafeMeasures reports on an individual and aggregate level.	
g. The IP-CANS has been completed and entered into CARES in expected timeframes (within 10 calendar days of completion).	
h. Other (specify): _____	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful? Attach any supportive documents.	

3.2 Rate whether the following IP-CANS and CFT fidelity monitoring tools are currently in place and used.

Monitoring IP-CANS and CFT Fidelity	Rating
a. CFT Meeting Observation Tool (CDSS issued)	
b. CFT Meeting Survey (CDSS issued)	
c. CFT Action Plan	
d. Feedback on the IP-CANS Fidelity Review Tool (when applicable)	
e. County Developed Tool to Monitor IP-CANS and CFT Fidelity and Inform CQI Efforts	
f. Other (specify): _____	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful? Attach any supportive documents.	

3.3 Rate whether the following outcomes measurements are in place and monitored as related to the IP-CANS and CFT practices. Note: Outcomes are changes or impacts resulting from outputs, often related to improvements in behavior, knowledge, skills, condition, or status.

Monitoring Outcomes	Rating
a. Length of time in congregate care	
b. Placement stability	
c. Time to Permanency - Adoption	
d. Time to Permanency - Guardianship	
e. Time to Permanency - Reunification	
f. Other (specify): _____	
For any ratings of '2' or '3', identify the areas to be developed. What strategies could be helpful? Attach any supportive documents.	

3.4 Rate the following county processes that are in place for data analysis, review, and utilization.

IP-CANS and CFT Data Review and Utilization	Rating
a. Staff, stakeholders, partners, youth and family are aware of the IP-CANS/CFT data – what it is, how to access it, and why it is important to review and use.	
b. Case level fidelity data elements are aggregated and routinely reviewed by leadership.	
c. Data is gathered through the case management systems (e.g., SafeMeasures, CCR Dashboard, CWS/CMS, local tracking systems) and reviewed by placing agency staff, leaders, and providers.	
d. Data is reviewed at the individual/family, unit/provider, and county levels.	
e. Data is shared regularly with the county ILT and/or key System of Care partners.	
f. Parents, youth, caregivers, along with persons with lived experience (e.g., Youth Partners and Parent Partners) are involved with reviewing CFT-related data and providing feedback.	
g. Leadership reviews the Tiered Rate Structure Decision Support Model (DSM) County Distribution on the IP-CANS for decision making.	
h. Contested IP-CANS are reviewed for process improvement recommendations and decision making.	
i. IP-CANS and CFT data regularly informs action plans or recommendations for process improvement.	
j. Other (specify): _____	
For any ratings of ‘2’ or ‘3’, identify the areas to be developed. What strategies could be helpful? Attach any supportive documents.	

IP-CANS AND CFT IMPROVEMENT PLAN

INSTRUCTIONS

Using the System of Care, Practices, and Data areas, review the topics rated '2' or '3'. The placing agency, in consultation with their Interagency Leadership Team (ILT) and other team members², will identify the topics to be prioritized and included in the IP-CANS and CFT Improvement Plan. Several topics can be combined and addressed for improvement using the same strategy, and not every topic must be addressed within developed strategies. Complete the Plan Template for the prioritized topics. A detailed description of the template components is described below.

Strategy: 1			
Area(s): <input type="checkbox"/> System of Care <input type="checkbox"/> Practices <input type="checkbox"/> Data		Priority Topic(s): 3	
Baseline Performance (with source data): 4			
Target Improvement Goal: 5			
Action Steps	Start Date	Completion Date	Person Responsible
6			8
	7		

County IP-CANS and CFT Improvement Plan Template

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Describe the strategy for developing this topic. A single strategy may address multiple topics. 2. Check practice areas that are the focus of the strategy. 3. List the team identified and prioritized topic(s) that will be the focus. Multiple topics can be listed here. 4. Provide a description of county's baseline performance on this topic(s) including the source data to support findings. | <ol style="list-style-type: none"> 5. The target for the development of this topic: % <i>achieved by X time</i>. 6. List the action steps that will be taken towards achieving the goal. 7. Expected start and completion dates for each action step. 8. List the person(s) responsible for each action step: name and role. |
|--|--|

² ILT and other team members may include: Behavioral Health, Child Welfare, County Office of Education, Juvenile Probation, Regional Center, Tribes, and contracted providers and those with lived experience involved with the IP-CANS and CFT processes (i.e., behavioral/mental health and community based organizations facilitating CFT meetings and/or completing the IP-CANS on behalf of the placing agency).

County IP-CANS and CFT Improvement Plan Template

Strategy:			
Area(s): <input type="checkbox"/> System of Care <input type="checkbox"/> Practices <input type="checkbox"/> Data		Priority Topic(s):	
Baseline Performance (with source data):			
Target Improvement Goal:			
Action Steps	Start Date	Completion Date	Person Responsible

Strategy:			
Area(s): <input type="checkbox"/> System of Care <input type="checkbox"/> Practices <input type="checkbox"/> Data		Priority Topic(s):	
Baseline Performance (with source data):			
Target Improvement Goal:			
Action Steps	Start Date	Completion Date	Person Responsible

Strategy:			
Area(s): <input type="checkbox"/> System of Care <input type="checkbox"/> Practices <input type="checkbox"/> Data		Priority Topic(s):	
Baseline Performance (with source data):			
Target Improvement Goal:			
Action Steps	Start Date	Completion Date	Person Responsible

Strategy:			
Area(s): <input type="checkbox"/> System of Care <input type="checkbox"/> Practices <input type="checkbox"/> Data		Priority Topic(s):	
Baseline Performance (with source data):			
Target Improvement Goal:			
Action Steps	Start Date	Completion Date	Person Responsible

If additional support or guidance is needed before, during, or after completion of the CPIP, please complete this [IP-CANS and CFT Fidelity Technical Assistance Request Form](#) to be connected with your local CalAcademy and/or CDSS.

Child and Family Team Meeting Observation Tool

Supplemental Information

Introduction

This Child and Family Team (CFT) Meeting Observation Tool supports an organization's ability to evaluate the quality of CFT meetings, as well as their incorporation of the Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) tool as a foundation for working with children, youth, and families. Use of this tool is also meant to help youth and families feel heard, respected, and supported during the CFT meeting, and ensure that meetings are structured around their needs, strengths, priorities, and values. When completed, this tool should not provide detailed information about the work of any one individual team member, such as the facilitator or caseworker, but rather a summary of the overall team approach that was followed during the meeting. The tool should not be used for staff performance evaluation purposes.

Child and Family Team Meeting

This tool is intended to be used to observe CFT meetings held by or on behalf of placing agencies. The purpose of a CFT meeting is to assemble the people involved in a child, youth, or nonminor dependent's¹ life to determine how best to address the youth and family's needs and achieve positive outcomes for safety, permanency, and well-being. Shared group agreements should be set at the start of the meeting and define how the team process operates. Options for strategies to achieve the goals of the child's or youth's case plan are generated within the team setting. Decisions regarding actions to be taken are made using a consensus process, where all team members share their perspective, not only their vote, and decisions clearly reflect the input of the youth, family, and Tribe for an Indian child. The words "consensus" and "collaborative decision-making" do not mean that everyone must fully agree. Rather, the terms mean that all the team members had an opportunity to contribute their perspective, that everyone understands the rationale behind a decision, and that everyone – or nearly everyone – supports the decision of the team, even if they do not fully agree with it. The process is based on the premise that everyone's voice matters. If a decision does not work out as planned, the proposal can be changed and resubmitted to the team based on what was learned. If consensus cannot be reached, there should be a conflict resolution process in place to guide the next steps.

Single Child

Please note that even when there are multiple children in a family who attend a CFT meeting together, the CFT Meeting Observation Tool should be completed for a single focus child or youth's case. For example, sibling groups frequently attend the same CFT meeting, and each sibling will receive focused attention from team members during a meeting. That said, for the purpose of completing this tool, one child or youth's case is identified as the focus. Multiple children or youth should not be recorded on the form. A complete tool should reflect information for a single focus child or youth's CFT meeting.

¹Child, youth, and nonminor dependent are herein referred to as youth.

Training

This tool is intended to be completed by someone who has received training on CFT facilitation and the IP-CANS, as well as training specifically focused on the purpose, practice, and communication and information sharing parameters of the tool, including using it with a practice coach, technical assistance provider, or supervisor.

Preparation

Prior to observing a CFT meeting, the person completing the tool should check in with the CFT Facilitator and caseworker, along with their respective supervisors (when feasible) to establish a general process and agreements for observing CFT meetings. Some areas to consider for these agreements include, but are not limited to:

- how information from the completed tool may be used,
- details for informing the youth and family of the proposed observation,
- details for obtaining the youth and family's consent to observe the CFT meeting,
- how and when voluntary debrief sessions will be conducted, including how tool results will be shared when a debrief session does not occur.

Youth and Family Engagement and Consent:

The youth and family receiving services must be informed of a proposed observation ahead of time and provide consent for the observer to join the meeting. Ideally, the person having this conversation with the youth and family is someone who has an established relationship with them, such as the caseworker, IP-CANS completer, or CFT facilitator. Each county or agency should develop a written observation tool protocol or process that includes identifying the person or role responsible for seeking and obtaining consent. The youth and family have a right to decline participation in the CFT Meeting Observation Tool process. Another important agreement and one that is required by law in the case of an Indian child, is to honor tribal sovereignty and be compliant with the Indian Child Welfare Act (ICWA).

During the pre-meeting engagement process, there should be a discussion about whether the youth and family are interested in providing feedback to the observer following the CFT meeting. Family feedback should focus on their level of preparation, engagement, and participation in the CFT meeting rather than on specific content, individual actions, or decisions made during the meeting. This is the child or youth and family's opportunity to share their perspective on what worked well, as well as any worries or concerns they have with the CFT meeting. Importantly, families will be able to express their opinion about how their voice and choice were incorporated into the conversation and the plan that was developed. This feedback following a meeting can be obtained through a brief phone call, text message, or using a pre-created survey link. *(Sample family debriefing questions will be provided through a CFT Meeting Observation Tool toolkit.)*

Debrief Session

The information gathered from observing the meeting may be shared with formal CFT members in a debrief session following the meeting and prior to the observer finalizing their responses on the tool. Like the IP-CANS, the observer's notes and ratings should be

considered “draft” until after the debrief session (when applicable). The debrief session, if held, should be facilitated with an open, non-punitive tone so that all attendees have an opportunity to share their experiences and provide any clarifying or additional information about the meeting itself or the process. The observer should incorporate information obtained from the debrief session into their observation notes and ratings. The finalized Observation Tool will be entered into an online system and will be linked on the [CDSS Fidelity webpage](#). *(Additional information about considerations for how to facilitate a debrief session will be provided through a CFT Meeting Observation Tool toolkit.)*

Results

The final, completed tool can be used to enhance family-centered practice because of the general information and specific feedback gathered on CFT meetings and sharing it with facilitators and caseworkers. Results may also be used to help agencies better understand their status and progress by implementing CFTs and IP-CANS and identify specific strategies for improving performance. Combined with other tools that are part of the Fidelity Suite, the CFT Meeting Observation Tool is expected to assist with workforce skills development and support Continuous Quality Improvement efforts.

Instructions

On the following pages, each question is shown as it appears on the form, accompanied by language describing how the question should be understood as the observer considers their rating for each. The Logistical and Demographic Information for the Meeting can be found in a table format at the top of the paper form. Please utilize the information provided in this guide to help you answer each item’s prompt.

Logistical and Demographic Information for the Meeting:

- Meeting Date (calendar with no future date allowed)
- County
- Caseworker (name)
- Case ID/Name (Case or Referral Name, 19-digit case number if known)
- Facilitator (name)
- Agency Affiliation (indicate county staff or contracted provider if applicable)
- Meeting Modality (select one)
 - In-Person
 - Virtual
 - Hybrid
- Observer (name)
- Meeting Purpose (select all that apply)
 - Initial
 - 3-Month Review
 - 6-Month Review
 - Other (required text box)
- Child/Youth’s Age
- Was the youth present (select one)

- Yes
 - No
- ICWA/Native Heritage (select one)
 - Yes, ICWA applies
 - If this option is selected, answer yes or no to the following question: “If ICWA applies, was the Tribe/tribal representative present or was their input and feedback brought into the meeting if not present?”
 - Answer “Yes” if the Tribe/ tribal representative was present for the portions of the meeting appropriate to their role or their input was otherwise included. Also answer “yes” if the Tribe/ tribal representative was not present, but efforts were made to engage them and facilitate their participation in the meeting and an explanation for their absence was provided. If the Tribe/ tribal representative is not able to attend the meeting, their voice can be brought into the meeting by another CFT member who talked with them ahead of time and who has their permission to share their input.
 - No
 - ICWA Determination in Progress
 - Not Asked

1) Were all required CFT members present? Or was their input and feedback otherwise brought into the meeting?

Answer “Yes” if all participants who are required, or required where applicable, were present for the portions of the meeting appropriate to their role or their input was otherwise included. Not all required participants must be present for the entire meeting; meetings may be segmented with only some members of the team present for different parts of the discussion. Also answer “yes” if a required participant was not present, but efforts were made to engage them and facilitate their participation in the meeting and an explanation for their absence was provided. If CFT members are not able to attend the meeting, their voice can be brought into the meeting by another CFT member who talked with them ahead of time and who has their permission to share their input.

A special note about youth participation: The youth is central to the CFT process and is considered a required team participant. Child welfare and juvenile probation agencies should avoid blanket policies that exclude children from attending CFT meetings based on age or other considerations. Children and youth of all ages must be invited to CFT meetings. Youth may attend a portion of a CFT meeting if schedule conflicts or other issues interfere with a child or youth’s participation. If a youth does not wish to be present at a meeting or if the team, including the youth, agrees that it is in the youth’s best interest to not be present, their voice still must be included in the process [i.e.; written letter or pre-meeting discussion with youth providing consent for another team member(s) to share on their behalf]. The youth’s participation should be continually revisited over time. Also answer “yes” if the youth was not present, but

efforts were made to engage them and facilitate their participation in the meeting, their voice was included in the meeting as applicable, and an explanation for their absence was provided.

a) If no, which required role(s) were not present?

Use the drop down menu to select all that apply.

Required CFT participants are as follows:

Required	Required Where Applicable
Focus child or youth	County Mental Health Representative*
Parent(s)/Guardians(s)/Indian Custodian(s)	FFA or STRTP Representative
Caregiver/Resource Parent	CASA (if appointed, unless youth objects)
Caseworker	Regional Center Representative
Any individuals invited by the youth or family	Educational Rights Holder*

- * Note: If the FFA or STRTP provides treatment, the County Mental Health Representative must be a licensed mental health professional ([WIC 16501](#)). If a placement change or placement preservation strategy will be discussed, the Educational Rights Holder must be present and so it is best practice to invite them to all CFT meetings, especially when school performance will be discussed.

2) The stated meeting purpose or written agenda reflects input from the child or youth, parents, or extended family members.²

To help the team understand the purpose of the meeting, the facilitator or caseworker may offer a general overview. However, the specific purpose, agenda, topics for discussion, and desired outcomes should be determined collaboratively, with input from the child/youth, parents/ guardians/ Indian custodians³, family, Tribe (in the case of an Indian child), and the team. For example, the facilitator or caseworker might state that the CFT is gathered for a case planning meeting, and then ask the youth, parent, and caregiver if there is anything else they would like to add to the agenda or meeting purpose. If a parent states they want to discuss visitation, also called family time, that becomes a central focus of the meeting agenda and the facilitator must ensure it is discussed, and that a visitation plan is made or updated.

² “Extended family member” (herein included in this document as family) means, in the case of an Indian child, an individual defined by law or custom of the Indian child’s Tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child’s grandparent, aunt, uncle, brother or sister, brother in-law or sister in-law, niece or nephew, first or second cousin, or stepparent pursuant to 25 USC 1903(2).

³ Parents, guardians, and Indian custodians are herein referred to as parent(s).

3) Group agreements were established or reviewed at the start of each meeting.

Group Agreements help the team establish basic, consensual ground rules for the meeting process, and modify them according to the team's preferences. Group agreements should be revisited over time to ensure they are understood and are working to support productive meetings. Group agreements should not be rushed and should be more than a generic list of items; they should be developed together with youth and family to help them understand their purpose and why they are important. One key agreement is for each team member to agree to maintain the youth and family's confidentiality within the team, while being transparent about mandated reporting for open and honest communication. This must be discussed at the start of every meeting.

Other group agreements should be developed together as a team in order to promote the inclusion of others' voices and to resolve conflicts if or when they arise.

4) The facilitator or caseworker reviewed prior CFT meeting action items with team members during the meeting.

Prior CFT meeting action items should be reviewed towards the beginning of any subsequent or ongoing CFT meetings to promote shared accountability. The focus of this item should be to identify whether the action plan steps have been implemented or not, and if the plan is effective in meeting identified needs or developing or using strengths. If there is a failure in follow-through on assigned tasks, seek to understand what may have gone wrong and refine the plan and assignments based on that learning.

5) The child or youth, parents, family, and tribal representative (if applicable) were asked for their input throughout the meeting.

The facilitator and other professionals should ask for and encourage the voices and input of the child or youth, parent, caregiver, family, and Tribe (if applicable) throughout the CFT meeting, and especially anytime decisions need to be made. This is accomplished by asking for input about worries or needs, what's working well, strengths, in making placement decisions, action plans, case plans, and in other contexts, as well. Consider the frequency of decisions that involve a yes/no question, as opposed to decisions that involve a number of options or offer opportunities to provide more in-depth feedback.

For example, if the caseworker states that they think the youth would benefit from counseling services, the facilitator should ask the youth if they agree with this suggestion, noting that it would be included in their case plan. They might use a scaling question to try to reach consensus with the group in areas where some CFT members may have different perspectives, for example: on a scale of 1-5 with 1 being not at all helpful or necessary and 5 being very helpful and needed, how would you scale counseling support for the youth? It is crucial that youth and families have opportunities

to share feedback about their hopes, dreams, and goals, in addition to their worries and needs.

6) Discussions occurred regarding how to expand or utilize the child, youth, parents, and family's network of natural supports.

Every CFT meeting should include a discussion of which immediate and extended family members, friends, or other individuals (neighbors, coaches, clergy, etc.) may be able to be part of the family's network of natural supports and the Child and Family Team. Tools such as genograms, ecomaps, or the Circles of Safety and Support, as well as file mining, online searches, and outreach to potential natural supports, may be used to assist in identifying potential supports and team members. These Family Finding and Engagement strategies should be utilized by CFTs and can benefit all children and youth, including those who have been involved with child welfare or the juvenile probation system for an extended time. Professionals on the team should remain open to anyone identified as a potential natural support unless there is a clear safety concern identified. Discussion should occur regarding who will follow up with any identified support people, including a timeline for follow-up. A family's natural supports should be given opportunities to actively participate in CFT meetings and to take responsibility for action items as appropriate.

7) Throughout the meeting, time was taken to highlight the child, youth, and family's strengths and what is working well.

The facilitator and other professionals should elicit and note strengths and what is working well with the family throughout the meeting. For example, the caseworker might talk about visitation working well, explaining how the parent attends and engages in visits regularly. The clinician might mention that the youth has several close friends and that it is a good example of an interpersonal strength. The youth's strengths, as well as those of the parents and family, should be highlighted in a natural, thoughtful way. Facilitators should avoid putting participants on the spot; instead, ensure attendees come prepared with strengths to share and are supported in offering them comfortably, to create a warm, affirming environment for the youth.

8) Worries and/or needs were discussed respectfully to build shared understanding.

The caseworker and other professionals should share worries and needs respectfully. Worries should be shared with a focus on the behavior of youth, parent, caregiver, relatives, and/or the professionals involved and the impact it is having. Statements that place blame on others or that use stigmatizing language should be rephrased by the facilitator. For example, a caseworker may state that they are worried a youth will "blow out" of their next placement. The facilitator might ask the caseworker to clarify what they mean and if the youth might have unmet needs the team could support to stabilize the placement. Additionally, the facilitator should remain attentive to conversations or situations that may exceed the youth, parents, or family's comfort level, and always be prepared to gently redirect the discussion or offer frequent breaks to maintain a safe and respectful space and tone for the meeting.

9) The language used throughout the meeting was free of jargon and could be understood by the youth and family.

The facilitator, caseworker, behavioral health staff, and other team members should avoid using acronyms or technical terminology that is likely unfamiliar to laypeople. Ideally, professionals will use the language of the family whenever possible to describe worries, needs, and strengths. Behaviorally specific language should be encouraged to ensure understanding by all meeting participants, and terms that are not specific or unclear should be avoided; i.e., unstable, or “mental health issues.” For example, if a teacher states that the focus youth may need an IEP, the caseworker should ask that the term be fully defined and explained. What do the letters mean? What is it?

10) Exploration and identification of customized and culturally relevant interventions occurred, including tribal services or resources, if applicable.

The facilitator should guide the team in exploring and selecting interventions that are customized for the specific needs of the youth and parents, as well as culturally relevant for the individual family, given their self-defined cultural identity. In the case of an Indian child, this includes considering tribal interventions and culturally appropriate or responsive services and supports that may be unfamiliar to some members of the CFT. For all families, inquiries about culture should occur that goes beyond race and ethnicity. Were the youth and family asked how they define their own culture, either prior to or during the meeting? For all cases, this should include asking if the proposed services or supports are relevant to the youth or family’s culture, identity, and preferences. Interventions should not be limited to services and should include actions that can be taken by the family’s network of support to help meet their needs or build strengths that the family can utilize in the future. For example, a father struggling with a substance use disorder may state that he does not want to attend Narcotics Anonymous due to a prior negative experience. The facilitator or caseworker might ask what has helped him in the past and then work with him and the CFT to generate a list of potential interventions that could be used and measured in the plan.

11) Information from the Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) was used to summarize and document the worries/needs and strengths discussed at the CFT meeting.

The facilitator should guide the team in identifying needs and strengths that are captured by the IP-CANS completer in updating the draft IP-CANS during the meeting. This must include the youth and all caregivers (inclusive of parents, guardians, Indian custodians, and resource parents, when applicable). The IP-CANS completer should add to the meeting discussion information about any needs and strengths not brought up by the team that were identified in the course of the IP-CANS discovery process and captured on the draft IP-CANS, provided the necessary consents and releases of information have been obtained. After the general discussion of worries and what is working well, the IP-CANS completer should briefly review all strength items rated 0 or 1, any needs items rated 2 or 3, and in certain conditions trauma items rated 'Yes' to

maintain a youth's safety. This is done as the facilitator checks with the team for consensus on the ratings. Strengths items rated 2 or 3 and needs items rated 0 or 1 should be discussed as needed to ensure the youth's needs and strengths are not missed and are accurately reflected.

This item is not applicable in Safety Planning meetings because those meetings generally occur at the Emergency Response stage, prior to the youth entering the child welfare system and before the point in the case when an IP-CANS would be completed.

12) Information discussed and decisions made during the CFT meeting informed and/or aligned with the IP-CANS ratings and strategies and goals of the case plan.

Completion and/or review of a child or youth's IP-CANS is part of the broader CFT process and should be evident to some degree in every CFT meeting. CFT meetings should follow a planned but flexible format that provides opportunities for team members to review IP-CANS items and ratings. The IP-CANS may be drafted prior to the meeting and then reviewed by the entire team at the meeting to ensure it reflects the input of everyone, especially the child or youth and family. Domains or specific items that are particularly sensitive may be discussed and completed outside of the CFT meeting, to protect the child or youth and family's privacy. Both formal and informal members of the CFT must support the completion of the IP-CANS as part of the CFT process. The facilitator and/or caseworker should guide members' discussion toward connecting the IP-CANS item ratings to the strategies and goals within the child or youth's case plan and note where progress is being achieved.

13) The IP-CANS needs and strengths identified by CFT members informed and were captured in a CFT Action Plan.

A written Action Plan should be developed during the CFT meeting that is agreed upon and shared with the team shortly after the meeting, with consent from the youth and parent(s) (as applicable). The Action Plan should list all CFT members, the purpose of the meeting, group agreements, decisions made about placement, who will do what by when (action plan), and a summary of IP-CANS identified strengths and needs. CDSS has an action plan template available here: [CFT Meeting Summary and Action Plan](#).

14) The choices of the child, youth, parents, family, and tribal representative (if applicable) were supported whenever safely and legally possible.

The facilitator and other professionals should support the choices of the child or youth, parents, family, and tribal representative whenever such choices are safe and legally possible. This includes decisions related to placement, case plans, and action plans. In the case of an Indian child, tribal placement preferences must be supported, and the Tribe's input into case planning should be honored. If there is disagreement about a decision made or the plan, this should be noted in the CFT Action Plan and in the CFT summary submitted with the court report.

15) Decisions made at the meeting support the child or youth's placement in, or transition to, the least restrictive/least intrusive environment, including remaining in or returning to the care of their parent(s).

The least restrictive placement for youth follows the priority order below:

1. the home of their parent or guardian,
2. kinship care (placement with a relative or non-related extended family member),
3. foster care or resource parent care, and
4. Short-Term Residential Treatment Program (STRTP) or other residential setting where intensive treatment is provided.

This item does not only relate to meetings where placement decisions are being made. If the meeting supports the youth remaining in their current placement and it is the least restrictive/least intrusive option, that also would be marked "Agree" or "Strongly Agree."

16) Plans developed were customized to meet the specific, unique needs of the child or youth and other individuals in the family and their caregivers (when applicable).

Plans developed should not be "cookie cutter" and generic plans, but customized for the individual, unique needs and strengths of the child or youth, parents, and caregivers.

This includes CFT meeting action plans, case plans, behavioral health treatment plans, and other types of collaborative plans related to the child or youth and family's well-being.

17) The reasons for decisions were explained in a way the child or youth and family could understand.

Reasons for decisions, especially any decisions made that were not what the youth or family preferred, were explained by professionals clearly, using plain language that did not contain jargon, and in a way that the youth and family could easily understand. If, for example, several CFT members were more supportive of another proposed plan on a consensus scale, an explanation for why another outcome or plan was selected and rationale for why others are not an option should be given. The explanation should include any legal mandates or policies that had an impact on the decision being made. The facilitator stepped in to ask for clarification or further explanation where needed. For example, if the parent is struggling with substance use disorder and they completed an assessment that recommended attending and completing a residential treatment program and they have already attempted a lower level of recovery treatment without being able to maintain recovery, the need to complete a higher level of treatment should be explained by both the caseworker and SUD provider if possible and the focus of the plan should be on sustaining behavioral change.

18) Consensus was built with the team around decisions and plans.

The facilitator or others ensured that there was consensus around decisions and plans developed. Consensus does not mean unanimous agreement among members, but rather that all members had opportunity to provide input, understand the rationale for the decision, and will support it – even if they do not fully agree. An indication that this is

occurring in the CFT meeting is the use of gradients of agreement, first to five, or another process to seek input from CFT members when decisions are made.

19) A trauma-informed lens was demonstrated consistently during the meeting with all team members.

Trauma experiences, including historical trauma and those occurring in childhood, are recognized as having lasting effects on brain function and the ability to achieve developmental milestones. These experiences can also influence social perceptions, relationships, academic success, health, emotions, and behavior throughout an individual's lifetime. Trauma-informed services seek to understand the underlying circumstances and to build psychological and physical safety, resilience, and a sense of control and partnership with the provider.

The facilitator, caseworker, behavioral health representative, and other professionals demonstrated a trauma-informed lens in interacting with and understanding the behaviors and needs of the youth, parents, and other family members. Professionals used trauma-sensitive language when talking with youth and parents, so they felt heard and experienced their information being used to understand their circumstances without judgment. The ability to take a break and return to the meeting if needed was offered, as well as respectfully checking in with members who were visibly uncomfortable or disengaged.

20) Please provide any additional comments here.

Note the observer should provide notes that explain any ratings of "Strongly Disagree" or "Disagree," as well as acknowledging specific strengths observed in the meeting process.

Child and Family Team (CFT) Meeting Observation Tool

Meeting Date: _____ **County:** _____

Caseworker: _____ **Case ID/ Name:** _____

Facilitator: _____ **Agency Affiliation:** _____

Meeting Modality: ☐ In-Person ☐ Virtual ☐ Hybrid **Observer (Name):** _____

Meeting Purpose: ☐ Initial ☐ 3-month Review ☐ 6-month Review ☐ Other: _____

Child/Youth's Age: Was the child or youth present? ☐ Yes ☐ Yes, through prior engagement ☐ No

ICWA/Native Heritage: If ICWA applies, was the Tribe/tribal representative present or was their input and feedback brought into the meeting if not present? Yes ☐ No ☐

	Yes	No
1. Were all required CFT members present? Or was their input and feedback otherwise brought into the meeting.	<input type="checkbox"/>	<input type="checkbox"/>
a. If no, which required role(s) was not present:		

	Strongly Disagree	Disagree	Agree	Strongly Agree
2. The stated meeting purpose or written agenda reflects input from the child or youth, parents, or extended family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Group agreements were established or reviewed at the start of the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The facilitator or caseworker reviewed prior CFT meeting action items with team members during the meeting. <input type="checkbox"/> Not applicable (Initial CFT meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The child or youth, parents, family, and tribal representative (if applicable) were asked for their input throughout the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Discussion occurred regarding how to expand or utilize the child, youth, parents, and family's network of natural supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Throughout the meeting, time was taken to highlight the child, youth, and family's strengths and what is working well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Worries and/or needs were discussed respectfully to build shared understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Language used throughout the meeting was free of jargon and could be understood by the youth and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Exploration and identification of customized and culturally relevant interventions occurred, including tribal services or resources if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Information from the IP-CANS was used to summarize and document the worries, needs, and strengths discussed at the CFT meeting. □ Not applicable (ER/ Safety Planning CFT meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Information discussed and decisions made during the CFT meeting informed and/or aligned with the IP-CANS ratings and strategies and goals of the case plan. □ Not applicable (ER/ Safety Plan CFT meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The IP-CANS needs and strengths identified by the CFT members informed and were captured in a CFT Action Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The choices of the child, youth, parents, family, and tribal representative (if applicable) were supported whenever safely and legally possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Decisions made at the meeting support the child or youth's placement in, or transition to, the least restrictive/least intrusive environment, including remaining in or returning to the care of their parent(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Plans developed were customized to meet the specific, unique needs of the child or youth and other individuals in the family and their caregivers (when applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The reasons for decisions were explained in a way the child or youth and family could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Consensus was built with the team around decisions and plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. A trauma-informed lens was demonstrated consistently during the meeting with all team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The observer should provide notes that explain any ratings of “Strongly Disagree” or “Disagree,” as well as acknowledging specific strengths observed in the meeting process.