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Child and Family Teams

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Overview

This policy guide provides an overview of the **Child and Family Team (CFT)** process and provides guidelines for conducting Child and Family Team Meetings (CFTMs).

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Version Summary

This policy guide was updated from the 5/20/19 version to state that Children's Law Center (CLC) Attorneys and Regional Center Providers/Service Coordinators may be members of the Child and Family Team (CFT) and participate in Child and Family Team Meetings (CFTMs) as outlined in [ACL 18-23](#).

POLICY

Teaming with Families

The Child and Family Team (CFT) process is aligned with the values of the [County of Los Angeles Shared Core Practice Model \(CPM\)](#). The shared values of both the CPM and the CFT process are the family-centered approach used to identify:

- The family's strengths and [underlying needs](#)
- Collaborative case planning
- Decision making
- The consideration of the long-term success of the family

The CFT process is a solution-focused approach meant to draw on the family's history of protection and ability to solve problems. The information assists families in developing their vision for their future and assists them in gathering a formal and informal support network (team) that will be available to them after termination of formal services.

An effective CFT continues the process of engagement with the family, child and/or youth, Nonminor Dependent (NMD), and caregivers, and provides a process for transparent communication. CFT facilitators must be skilled and trained and adhere to the values, principles, and practices of the Core Practice Model. CSWs certified at the level of facilitator coordinate CFTs. SCSWs certified at the level of coach, guide this teamwork and assist the CSW with their practice.

The Child and Adolescent Needs and Strengths (CANS) is a tool developed to assess child safety and well-being, support care coordination and collaborative decision-making, and to eventually monitor outcomes and services. Per [ACL 18-09](#), the team must inform the CANS, and that the CANS is used and completed through the CFT process. The CANS tool, among other uses, must inform the CFT in key areas and the case plan goals. Further instructions on the implementation of the CANS into a CFT as set forth by [ACL 18-09](#), including the delineation of staff responsibilities are forthcoming.

The formation of a CFT should begin as soon as possible. CFTMs must be convened within the [required timeframes](#) and include collaboration with services providers to ensure that the appropriate services are well coordinated. However, CFTMs should not be delayed to accommodate pending mental health screenings, assessments or pending referrals for services.

Staff must adhere to the [Guideline for Convening Child and Family Team \(CFT\) Meetings](#) which delineates the staff and section responsible for convening the CFTMs.

The CFT is a group of individuals identified by the child, youth or NMD and family members as important, professionals and others who are invested in the child, youth and family's success. As the needs of the family, child, and youth/NMD change the team participants may change. Although some families may be initially reluctant to identify and invite team members, it is important that CSWs and Coaches work with the family to mitigate their reluctance to invite specific individuals by offering reassurance, encouragement and demonstrating respect and cultural humility. CSWs and Coaches should document these efforts. Even if family reunification services or parental rights have been terminated, it is important and consistent with state and federal mandates to

continue engaging with biological parents or family. This may include having them participate in the CFT process as they can be a source of support in helping the child and family reach their goals of safety, permanency and well-being. Parental involvement should be considered, as long as it is in the best interests of the child, youth/NMD, adheres to confidentiality provisions, does not pose a security threat, and is not contrary to any court order.

The CFT composition always includes:

- The child/youth/NMD and his/her family
- CSW, or agency representative
- The current caregiver

- Court Appointed Special Advocates (CASA), if applicable (unless the youth objects)
- Other individuals identified by the child/youth/NMD and his/her family, as important
- Foster Family Agency (FFA) social worker, or Short Term Residential Therapeutic Program (STRTP) representative, when applicable
- Behavioral health staff (e.g. mental health service provider), when applicable

- A representative of the child/youth/NMD's tribe or Indian custodian, when applicable

Per ACL 18-23 the CFT process is a collaborative, non-adversarial, team-based approach to ensuring that children, youth/NMDs, and families achieve positive outcomes and although a child or youth/NMD's attorney does not typically attend CFT meetings, there may be a few instances when attendance by an attorney does occur. For example, if an attorney (i.e. CLC attorney) is identified as a natural support who will be present for the child, youth/NMD, or family in a capacity other than as a legal representative after the case is closed.

However, if an attorney is participating in a CFT, it is important that they do not ask questions for purposes of fact-finding related to the court process or to create some legal advantage on behalf of their client. Additionally, California Rules of Professional Conduct, Rule 4.2 prohibits an attorney from directly or indirectly communicating about the subject of the representation with a party known to be represented by another lawyer in the matter, unless the attorney has the consent of the other lawyer or another exception to the rule applies. Furthermore, if and when an attorney, or their representative, is expected to participate in a CFTM, DCFS staff must consult with

County Counsel to prepare for the CFTM. If an attorney or their representative is present at the CFTM, County Counsel must also be present.

The individuals listed above shall not be excluded from CFT meetings simply based on the preference of another CFT member. When there are relationship issues between the parent and caregiver or others, the CSW must work with these individuals to hear and address the concerns to ensure that the required members are invited to the meeting with the ultimate goal of having the most fully inclusive CFT meeting possible, in the best interest of the child/youth/NMD.

The State has clarified that although it is encouraged for everyone on the team to participate (with efforts to include them), there will be times when not all of the team members are able to attend and the meeting should take place as scheduled. Before the CFT meeting ends, team members should identify someone to provide updates to absent team members in a timely matter.

The activities of the team shall include, but are not limited to the following:

- Providing input into the development of a child and family plan that is strengths-based, needs-driven and culturally relevant
- Providing input into the placement decision made by DCFS and the services to be provided in order to support the child, youth, or NMD, and/or to preserve or maintain the placement, including necessary placement preservation strategies that are incorporated into the action plan and case plan.
- Ensuring that the child and/or youth has an Educational Rights Holder (ERH) aka Holder of Educational Rights (HER) who is involved in their education at all times and involved with placement decisions that may impact school stability and enrollment

As part of the teaming process and the CPM, it is expected that children, youth and families, or NMD and the current caregiver involved with Child Welfare Services will:

- Be included in the entire process from beginning to end including being informed about the purposes of the CFT process.
- Be encouraged to voice their wants and needs (voice and choice)
- Receive clear information regarding their involvement with child welfare and the safety worries
- Have a safe place to talk about the issues without fear of being judged

- Be encouraged to identify natural supports and members they want as part of their child and family team that will continue to be available even after formal services end
- Develop a realistic plan, in partnership with the Department and their team, to reach the child and/or youth and family's, or NMD's goal and ensure child safety long term
- Have the opportunity to build relationships with their child(ren)'s foster parents, caregivers and service providers, in cases where reunification is the jointly agreed-upon plan
- Develop an individualized plan for the child/youth or NMDs educational success such as remaining in the school of origin.

The overall CFT process consists of four major components:

- Staff Engagement, also known as Case Coaching
- Family Engagement Meeting with the immediate family, child and/or youth, NMD and other key participants
- Child and Family Team Meeting (CFTM)
- Debriefing session for DCFS Staff, following the CFTM

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Staff Engagement

Staff Engagement is a key process that assists CSWs and SCSWs prepare to engage and team with the child and/or youth and family, caregiver and NMD. It is an ongoing opportunity for the CSW and SCSW to plan for reflective practice and explore possible biases and barriers when working with a family. The process includes the Case Review and Case Coaching.

All DCFS staff assigned to the case, other county agencies involved with the family and service providers should participate in the staff engagement. Staff who will be involved in the process should have sufficient knowledge of the child and family history and case documentation. The information is necessary in order to clarify safety issues and the family's past struggles and successes that may be different from what the professional system knows. An in-depth case review should be strength-based and include identification of the following (not an exhaustive list):

- Patterns and themes in the family history
- Prior history of protection by the parent(s), primary caregiver
- Prospective caregivers, significant relationships, kinship, etc.
- The child's, youth's and/or NMD's specific health, developmental, behavioral and educational and cultural needs and strengths, including patterns and themes in the youth's education history and placement stability

- Topics to keep youth or NMD engaged

During the staff engagement:

- The SCSW coaches the CSW in:
 - Clearly outlining and differentiating between the existing safety and risks
 - Better understanding the family's culture
 - Exploring and appreciating the family strengths
 - Developing **hunches** about the children/youth and the family's, or NMD's underlying needs, trauma as it relates to safety, supports and strengths
 - Developing **CPM practice behaviors** that support engagement and teaming by providing staff feedback about their work on the case
- CSWs and SCSWs:
 - Clearly identify the **non-negotiables** (e.g. court orders, mandated reporting etc.)
 - Prepare to clearly articulate the non-negotiables with the child and/or youth and family, or NMD, during the family engagement and with the team during the CFTM
 - Address any disagreements regarding the case planning process and case-related decisions to ensure, if possible that they are resolved prior to the CFTM
 - Discuss the benefits of consulting with other professionals and identify who to contact
 - Identify any key tasks that can aid the family, child and/or youth, or NMD
 - Discuss possible CFTM participants, location and any other concerns

When the CSW is aware of a **family's history of violent or threatening behavior**, this information should be discussed when exploring meeting locations to allow for adequate planning. A family member may be excluded from the process due to security concerns.

In addition, if a potential decision or plan requires higher level approval per policy, the CSW and SCSW must consult with the ARA.

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Family Engagement Meeting

The family engagement meeting occurs prior to the CFTM and as needed, prior to a follow-up meeting and aims to empower the family as partners in creating or maintaining sufficient safety for their children. It may occur at any point when a member of the

immediate family, child and/or youth, NMD, and/or other key participants, such as the current caregiver, identify the need to meet. The initial meeting:

- Introduces the family to the teaming process
- Helps the family understand the purpose of CFTs
- Prepares them to share in leadership during the CFTM (i.e. lead the meeting)

During the family engagement meeting, the designated DCFS staff must discuss the non-negotiables with the family and assist them in:

- Identifying the child and/or youth and family's, or NMD's goal
- Preparing to share their family story, goal(s), strengths, worries and needs
- Identifying their team of formal and informal supports

Any potential legal conflicts (e.g. restraining orders, visitation restrictions) or confidentiality issues should be discussed with the family during the family engagement meeting and prior to the CFTM.

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Child and Family Team Meeting

For children and/or youth placed in out-of-home care, the Department **is required to convene a CFTM**, or attend and participate in a team meeting that is aligned with the CFT process (i.e. meets the minimum criteria for a CFTM), including but not limited to a Multidisciplinary Assessment Team (MAT) Summary of Findings (SOF), **Wraparound** (WRAP), Full Service Partnership (FSP), Intensive Field Capable Clinical Services (IFCCS), Multi-Disciplinary Case Planning Committee (MCPC), Treatment Foster Care Services (TFCS) and STRTP-facilitated team meeting on the child's behalf, within 45 days but no later than 60 days, of the child being placed in out-of-home care. The meetings facilitated by partner agencies that are aligned with the CFT process satisfy below requirements, and efforts must be made to avoid duplication of meetings so that among other reasons, children and families are not attending multiple meetings.

This applies to:

- All children going into out-of-home care after January 1, 2017, including probation youth in foster care and NMDs
- All children residing in group homes and/or STRTPs with an existing case plan

A CFTM must occur at least every 90 days thereafter, following the initial CFTM.

In the event that an initial CFTM is held and the child/youth or NMD is subsequently placed in out-of-home care, a follow up CFTM must still be held within the 45 days but no later than 60 days of the child being placed in out-of-home care.

CFTMs will be offered to all children/youth, family or NMD at minimum:

- During any case planning process and during any placement decision for a child and/or youth, or NMD
- Probate Legal Guardianship cases and Non-Court Non-Relative Legal Guardianship (NRLG) cases open solely for funding purposes are exempt from the CFTM requirement, unless there is a change in case circumstance that warrants a meeting.

However, a CFTM may be held at any point when a family is involved with DCFS. Anyone on the team may request a meeting to address or prevent a crisis and to track and adjust the plan to best address safety, permanency and well-being. Best practice dictates that meetings should be held as frequently as needed to address emerging issues, provide integrated and coordinated interventions, and refine the plan as needed and, therefore frequency of meetings and timeframes should be decided by CFT members.

CFTMs may be offered to families as often as necessary and as soon as possible to meet their needs:

- Prior to the removal of a child in non-emergency situations and/or during any discussion of potential placement changes to discuss as applicable, placement preservation strategies. If a replacement is warranted, ensure discussion of the child/youth or NMD's ability to remain in their school of origin.
- During the formation of safety plans, crisis stabilization, placement changes, etc.
- During any case planning process, including the initial case plan and a case plan update subject to the guidelines.
- When there is a change in case status or the family requests assistance in resolving other case issues

A CFTM may not be warranted prior to closure of a referral if all of the following conditions have been met:

- All allegations have been determined to be unfounded, and
- The CSW, in consultation with their SCSW, family, child/youth and/or NMD, have agreed that all underlying needs are formally or informally supported, and

- There are no safety concerns

CFTM participants must include those identified in the composition of the team. Things to consider:

- Children and youth's age, level of maturity and emotional stability should be considered prior to participation
- A certified CFT Facilitator must facilitate the CFTMs.
- If the SCSW is not certified as a facilitator and/or the SCSW determines it is in the best interest of the family, the SCSW or designee (e.g. certified facilitator or coach), should be present
- If higher level approval is required per policy, an ARA, should be available for consultation
- Share [confidential information](#) as provided under state and federal law and to the extent authorized by a signed release of confidential information

In the event a parent(s) declines to participate in a CFTM, the CSW/SCSW must move forward and hold a child-centered CFTM to ensure the child's underlying needs and safety are adequately addressed and appropriate services are set in place. CSWs however, must continue to engage the parent(s) in efforts to help them overcome their reluctance to participate.

CSWs must document efforts to:

- Engage the child, youth/NMD, family and other CFT members in the CFT process
- Ensure that all required participants are present for the CFTM

Other meetings that may occur include team meetings aligned with the CFT process (i.e. meet the minimum criteria for a CFTM), including the MAT SOF, WRAP CFTs, FSP, IFCCS, MCPCs, Expectant and Parenting Youth (EPY) Conferences and TSFC team meetings to ensure the child or youth's needs are met. Commercially Sexually Exploited Children (CSEC) Multidisciplinary Team (MDT) meeting per [Senate Bill \(SB\) 855](#) may also be aligned if it meets the requirement.

Special situations that must be evaluated by the CSW/Facilitator, prior to scheduling a CFTM, include:

- Situations involving child sexual abuse, particularly intrafamilial
- [Domestic Violence](#) cases
- Court involvement that includes restraining orders, warrants, etc.

- When parental rights have been terminated and the child is in a stable permanent adoptive home
- CSEC cases- precaution should be taken when including members to the CFT to avoid having member who may exploit the child/youth and when sharing information within the team that may put the child/youth/NMD at risk.
- Sexual Orientation, Gender Identity, and Expression- (SOGIE) - When a child or youth identifies as LGBTQ+ they may or may not have “come out” precaution should be taken to ensure that SOGIE is being affirmed, but also that consent and confidentiality are addressed.

All participants in attendance must be informed of the non-negotiables, including mandated reporting requirements. In the event that new information is shared that jeopardizes a child and/or youth's, or NMD's immediate safety and well-being, DCFS staff must address the situation accordingly.

If a decision or plan requires higher level approval per policy, it is the coach's, SCSWs or facilitator's responsibility to contact a higher level manager, provide a summary and request approval prior to the conclusion of the CFTM.

Legal Matters

In the event that the Dependency Court orders a CFTM, the assigned CSW/facilitator and respective SCSW must consult with County Counsel.

The child and/or youth and family, or NMD, have the option of inviting their respective attorneys (including CLC attorneys) to the CFTM. If and when an attorney, or their representative, is expected to participate, DCFS staff must consult with County Counsel. If an attorney or their representative is present, County Counsel must also be present. It is the CSWs /Facilitator's responsibility to work with County Counsel on scheduling.

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Team Members and their Roles

The family, including parents, children and/or youth should identify and invite individuals they would like to include as part of their team. The family may invite the prospective team members via a method of their choice (by phone, text, e-mail, in-person, etc.). However, it is important that the CSW or facilitator contact key participants to explain the

purpose of the team and the CFT process. The child and/or youth and family's, or NMD's consent is required prior to contacting the participants.

Immediate Family

Immediate family members may include biological parents, legal guardians, or adoptive parents, NMD, siblings and the child(ren) and/or youth. The family members who are the focus of the DCFS case:

- Open(s) and close(s) the meeting
- Lead(s) the meeting by addressing each agenda item first
- State(s) their goal, share(s) the family story and provide(s) information on the strengths, worries and underlying needs of the child(ren) and/or youth and family, or NMD

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Relatives, Non-Related Extended Family Members (NREFM) and Informal Supports

Members in this category can include family members, child care providers, clergy, caregiver, advocates, or any significant individuals in the family's circle of support. These informal supports:

- Agree to support the child and/or youth and family's, or NMD's goal(s)
- Provide(s) support to the child(ren) and/or youth, parents, NMDs, and/or caregiver(s), through specific activities
- Help(s) the family identify strengths, resources, and options (e.g. placement and/or placement preservation)
- Address(es) agenda items after the child and/or youth and family, or NMD have had this opportunity

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Community Partners and Service Providers

The FFA social worker or representative, STRTP or residential care representative, Behavioral Health staff (e.g. mental health service provider) and Tribal representative or Indian custodian, as applicable, must always be included. Other professional /members that should be also included are:

- For dual jurisdiction cases, the DPO (if Probation is the Lead Agency, will coordinate and facilitate the meetings)
- Cultural Brokers
- Department of Public Social Services representatives
- Family Preservation staff/ Community Based Support Service Providers
- Parent Partners /Parent in Partnership (PIPs) representatives
- Public Health Providers (e.g. PHN to discuss whole person care, and when there are medical, dental or psychological concerns with the child/youth or NMD with the necessary release of information)

- Regional Center representatives (i.e. Provider/Service Coordinator)
- School District personnel / representatives and ERH
- If the appropriate representative to invite to the CFT is not known, the recommended first point of contact is the Foster Youth Services Coordinating Program (FYSCP). A list of FYSCP Coordinators, who can assist in finding the appropriate Local Education Agency (LEA) staff person to participate as a member of the CFT process, is available here: [Program Coordinators](#)
- If a CFTM will involve educational decisions, the child/youth is struggling in school, placement changes or a change in ERH are being considered, the educational rights holder (ERH) should be included.
- For youth or NMDs who are either in the process of transitioning to post-secondary education or enrolled at a college or university, it may also be appropriate to include college support program staff, in consultation with the youth/NMD
 - Substance abuse disorder treatment professionals
 - The child/youth/NMDs ERH
 - Wraparound staff
- Service/Treatment providers
- Case managers
- Clergy person
- AA/NA Sponsors
- LGBTQ+ Champions

Members in this category may advocate for the child(ren) and/or youth and parents, or NMD, and caregiver by:

- Providing information and guidance on available resources and services
- Addressing agenda items after relatives, NREFMs and informal supports have had this opportunity

A CFTM scheduled to address placement issues should include representatives from the FFA, residential treatment center, caregiver, or any agency providing out-of-home placement services. If placement into a short-term residential treatment center or a FFA that provides treatment services has occurred or is being considered, the mental health

representative is [required to be a licensed mental health professional](#). As needed, the Caregiver Monitor and Support (CMS) CSW should be invited.

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Certified Facilitators

The facilitator/coach is responsible for the following (when applicable):

- Preparing the CSW and SCSW
- Maintaining and role modeling non-judgmental respectful interactions between participants
- Ensuring the meeting information, decisions and action plans are recorded on the CFTM action plan

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SCSW/CSW

- Discusses the non-negotiables and presents professional opinion regarding an appropriate safety and placement plan
- Supports and models the values and best practices of the Department and the values, principles, and practices of the CPM
- Contributes to the discussion around the family strengths, worries and underlying needs
- Assists the family in reaching a decision that is in the child and/or youth's, or NMD's best interest

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CFTM Location

The family should select an appropriate setting of their choice that is most comfortable for them. Options include the family home or other locations near the family home that will maximize attendance and participation by the family and community support systems. It should provide adequate seating and facilities to support the meeting process. The location should ensure confidentiality, safety and privacy for the family and all those in attendance. If a family member or other team member perceives that the setting is not safe, an alternate location closest to the site should be identified and discussed with the family.

Options for CFTM locations include, but are not limited to the following:

- Family residence
- Community center / meeting room
- Faith Based Organization conference / meeting room
- Other location identified by the family
- DCFS office

- Child's school

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

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Debriefing

Following the CFTM, the CSWs, Coach, Facilitators and SCSWs meet to discuss the CFTM to explore what happened during the meeting, what DCFS has learned from the team and how the team is able to support the family's goal(s) and outcomes. It is an opportunity to review the family's action plan and make sure all relevant items of concern were addressed and that all important points are documented accordingly. Debriefing is also an opportunity to link practice to outcomes for the family and review how safety was addressed during the meeting.

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Documentation

Per [State's directive](#), all CFTMs that take place on and after January 1, 2018 must be documented in CWS/CMS. The CFT meeting and family engagement efforts to prepare the family for the meeting must also be documented in CWS/CMS by following these [instructions](#).

The State has also clarified that the CFTM cannot take the place of the required monthly visit, stating that the purpose of the [required contacts](#) with the child is to access the safety and well-being of the child and to achieve the multiple set objectives per [MPP 31-320.5](#). However, the visit may be coordinated adjacent to and the same day as the CFT meeting and must be documented separately in the Contact Notebook.

Subsequent CFTMs

A subsequent CFTM may be held on an as needed basis but, must occur no later than ninety (90) days after the initial CFTM and every 90 days thereafter or more often as needed. The family or anyone on the team may request subsequent CFTMs to address any new or continuing worries or concerns or when there is a change in status such as a potential placement disruption.

The subsequent CFTMs may or may not include all the original team members and may be convened in conjunction with other team meetings aligned with the CFT process (i.e.

meets the minimum criteria for a CFTM), including, but not limited to MAT SOF, WRAP, FSP, IFCCS, MCPC, TSFC, STRTP and CSEC team meetings on the child's behalf.

During the follow up CFTM, the family provides updates rather than sharing their story. The goal(s) should be updated to reflect the case status, family progress, family involvement or any changes in circumstances.

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Inter-Agency Collaboration

To ensure alignment of services, CSWs must collaborate with county agencies and other providers that offer CFTMs to families. Inter-agency collaboration is required to determine the lead agency and how to best address the needs of the children and/or youth and family, or NMD.

DMH or DMH-contracted -agencies offer families CFTMs and will take the lead when the primary client is a recipient of the following programs:

- Full Service Partnerships (FSP)
- Intensive Field Capable Clinical Services (IFCCS)
- Treatment Foster Care (TFC) Services
- Wraparound
- STRTP

In the event that DMH, or another intensive mental health service provider (Wraparound, IFCCS, FSP, and TFC) or the STRTP, is determined to be the lead agency, CSWs are expected to attend and participate in the CFTM. Attendance and participation must be documented accordingly. As part of this inter-agency collaboration, it is important that communication between DCFS and DMH/DMH-contracted agencies are maintained regarding the planned meetings and the goal is to avoid duplication of meetings. This includes collaboratively scheduling a CFTM and staff responding timely to our partners for this purpose.

Although school districts do not take the lead in CFTMs, they are the lead agencies during an Individualized Educational Plan (IEP) or Special Education Services meeting. CSWs should collaborate with and make every effort to include the respective school district and the ERH to best address the educational needs of the child and/or youth, or NMD (e.g. when addressing issues related to the school-of-origin).

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PROCEDURE

Initiating the CFT

CSW Responsibilities

1. After assessing the case/referral situation, consult with the case SCSW in preparation for the CFT process.
 - Schedule a Case Coaching /Staff Engagement with the respective supervisor/facilitator.
2. If necessary, complete the [DCFS 174](#) on the [Referral Portal](#).
3. Provide the scheduler/clerical support staff with a printout of the DCFS 174 and request assistance in making arrangements for the CFT process.

Scheduler/Clerical Support Responsibilities

1. Assist with meeting arrangements, as applicable, including, but not limited to the following tasks:
 - Reserve a room for the Staff Engagement, as necessary.
 - Make copies of documents (sign-in sheets, informational brochures, etc.)
 - Prepare a packet with documents needed for the CFTM including the:
 - Coaching and Consultation Form
 - Family Engagement Form
 - [CFTM Agenda](#)
 - CFTM Plan Document
 - CFT Authorization for Use of Protected Health and Private Information
 - CFTM Understanding of Confidentiality Form

SCSW Responsibilities

1. Discuss with the CSW any concerns regarding the case/referral and the CFT process.
2. Review and approve the DCFS 174, as needed.

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Case Coaching/Staff Engagement

CSW Responsibilities

1. Review case records and prepare to discuss the following with the SCSW:
 - Danger or safety issue(s) that brought the family to the attention of DCFS
 - Prior DCFS involvement and/or other court involvement (Family Law, Criminal, or Probate, etc.)
 - Knowledge about the family story and their functional strengths
 - Strengths, worries and underlying needs of the child(ren) and/or youth and family, or NMD
 - The child/youth or NMD's educational history and current needs
 - Court orders and other non-negotiables
 - Available or identified support systems and case plan services
 - CSWs strengths as a caseworker
2. Consult with outside professionals/ service providers that may provide additional insight as to the child and/or youth's, or NMD's underlying needs and options for services.
3. After the staff engagement and conversation around the [CFT Coaching Guide](#) with your SCSW:
 - Contact the family and offer a CFTM.
 - Schedule a face-to-face contact for the Family Engagement Meeting.
 - File the original CFT Coaching Guide in the green case folder.

SCSW Responsibilities

1. Conduct a case record review/ case exploration with the CSW.
2. Review and discuss the CFT Coaching Guide with the CSW.
 - Discuss the reason for the family's involvement with DCFS, risk factors and if applicable, any prior involvement with DCFS.
 - Engage the CSW in a dialogue regarding the child and/or youth and family's, or NMD's potential underlying needs, worries, goal(s) and the available support system.
 - Discuss the family's story and the child and/or youth and family's, or NMD's functional strengths.

- Review and discuss the non-negotiables to be shared with the family during the engagement and the CFTM.
- Discuss any special circumstances that need to be considered (e.g. existing legal orders, [domestic violence](#), location, etc).
- Discuss the CSW's practice strengths and areas for development.
- Provide balanced feedback using practice behaviors and [QSR definitions](#).

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Family Engagement Meeting

CSW Responsibilities

1. During the face-to-face contact with the family, ask where they would prefer to meet during the CFTM.
 - If there are extraneous circumstances that prevent a family / team member from participating in person (e.g. individual is out-of-state, incarcerated, bedridden, or transportation is a hardship due to the location of their residence or place of employment) make alternate arrangements.
2. If the CSW is a certified facilitator, conduct steps 1 -8 below.

Certified Facilitator Responsibilities

1. [Engage](#) the family in person and explain the purpose of a CFT and the CFTM.
 - Provide the family with a CFTM brochure and/or other available literature.
 - Describe the CFTM process.
 - i. Explain that this is their meeting in partnership with the Department and that it is their choice to hold a CFTM. If the family chooses not to hold a CFTM at that time, it is important to continue engaging the family and providing support to ensure continuity of the teaming process.
 - ii. Inform them that the CSW, SCSW and/or Facilitator will assist them throughout the meeting.
2. In preparation for the CFTM.
 - Provide the family with the [CFTM Agenda](#).
 - i. Review the agenda with the family and explain that it is a tool to help them prepare for the CFTM.

- Assist the family develop their family goal(s) and prepare to share their story as it relates to the safety of their child(ren) and/or youth, or NMD. You may utilize the [DCFS 6076](#).
 - Discuss the non-negotiables.
- 3. Together with the family, identify potential team members and explore what each team member can contribute towards the outcomes.
 - Request authorization from the family to contact the identified team members.
- 4. Determine if there are any potential conflicts (legal, relationships, etc.).
 - Work toward resolving the potential conflicts and explore ground rules that can be set to address these potential conflicts during the CFTM.
- 5. Discuss the date, time and location of the CFTM with the family.
 - Allow the family to select a location and time that best works for them.
- 6. Discuss any necessary special arrangements including childcare, language, special needs, etc.
- 7. Explore alternatives for input if some team members are unable to attend (participation via phone, written submission, other electronic media, as available).
- 8. Discuss with the family who will notify all the invitees to the CFTM and how this will be done.
- 9. Contact key participants and/or those requested by the family, via telephone.
 - Explain the family's goal(s).
 - i. [Case information is confidential](#) and should not be shared.
 - Ask if they are in support of the family and their goal(s).
 - Briefly review the agenda.
 - Ask if they have any questions about the process.

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Holding the CFTM

Certified Facilitator Responsibilities

1. Ensure the **charting** is set up.
 - Designate the person/ team member to complete the charting process.
 - Charting should be completed in the family's language of choice.
2. Designate the staff person to document the **action plan**.
3. Request the parent(s), child/youth and/or NMD sign an authorization of release form **CFT Authorization for Use of Protected Health and Private Information** in order to release any confidential information, including the action plan following the CFTM.
3. Explain the purpose of the **CFTM Understanding of Confidentiality Form** and obtain signatures from all participants/attendees.
3. Invite the family to welcome their team, initiate introductions and lead the meeting.
4. Ask the family to share their goal(s) and ground rules.
5. Support the family in emphasizing the importance of confidentiality, modifying the family goal, and other ground rules or agreements.
6. Ask the CSW to discuss the non-negotiables, including any existing legal orders related to child safety (e.g. existing restraining orders, family law orders or other protective orders), and briefly explain the mandated reporter requirements.
7. Ask the participants to sign-in and ensure all confidentiality and release of information forms are completed.
8. Encourage/assist the parent(s) in leading the discussion around the following **agenda** items:
 - Family story
 - **Functional strengths**
 - Worries
 - Underlying needs of the family
 - Action plan and next steps that include identifying the team members assigned to the task, the time frame and contingency plans

- Back-up plan (based on what could go wrong)
 - Next steps including the date, time and location of the follow up meeting
11. Obtain signatures on the **action plan**, copy and distribute to all team members in attendance, including any youth over the age of ten (10).
 - If unable to make copies at the location (e.g. family home or public location), inform the team that copies will be provided as soon as time permits.
 12. Ensure that the responsible parties and timelines for completing action items are clearly identified in the action plan.
 11. Follow up with the CSW to verify that the required follow up action items are clearly identified.

CSW/Certified Facilitator Responsibilities

1. Actively support the family in facilitating the meeting, as necessary, and ensure that participants have the opportunity to offer feedback.
2. Share the following with the team:
 - Non-negotiables
 - Family strengths
 - The Department's worries regarding the child(ren) and/or youth's safety
 - Ideas on how to address the priority needs chosen by the parents
3. Complete the action plan and ensure that it clearly outlines:
 - Children and/or youth's, NMD's, and family goal(s)
 - Roles and responsibilities agreed upon by each team member
 - Specific action(s) to be completed by each team member
 - Timeline for completing the goals
 - Date and time of the next scheduled meeting
4. If placement of a child and/or youth is being considered, including **out-of-county**, the CSW must inform the parent(s), the child, if age-appropriate, and the ERH, of the following:
 - Child and/or youth's right to remain in his/her **school-of-origin**
 - The roles and responsibilities of the parent(s), or the court appointed ERH aka **Holder of Educational Rights (HER)**, including decision-making authority with respect to school of origin decisions.

Post CFTM

CSW Responsibilities

1. Meet with the Certified Facilitator or respective SCSW for debriefing. You may refer to the [Debriefing from the Child and Family Team Meeting guide](#).
2. If placement/replacement of a child is a follow up action plan, follow existing [procedures for placing/replacing a child](#).
3. When providing services to pregnant and/or parenting youth or Nonminor Dependents (NMDs), determine if a referral for an EPY Conference is necessary.
 - Submit a DCFS 174 requesting an [EPY Conference](#).
4. Ensure that all additional follow up actions are completed, including referrals to services identified.
5. Document the CFTM in the CWS/CMS Contact Notebook within (3) business days of the meeting by following these [instructions](#).
 - The CWS/CMS contact should [clearly outline the action plan](#).
6. Update the [case plan](#) to reflect the action plan.
 - Ensure that the 'CFT' service or meeting is documented in the case plan's Case Management Services and Planned Clients Services tabs by following these [instructions](#).
7. When completing and submitting the court report, include the following:
 - Strengths and worries
 - Family needs, goals and planned intervention
 - A detailed summary of the action plan, including participants, details of the action items, the responsible party(ies), timeframes and a description of how these actions will be completed.
8. Attach the action plan to the court report.
9. Document the CFTM in CWS/CMS within (3) business days of the CFTM.
 - Support staff may assist with the data entry, as needed.

SCSW Responsibilities

1. Follow up with the CSW to verify that the case plan and court reports have been updated to reflect the safety / action plan developed at the CFTM.
2. Verify that the CSW has initiated / completed the action plan items, as applicable.

Certified Facilitator Responsibilities

If the CSW is not a certified Coach and there is a Certified Facilitator present during the CFTM:

1. Following the CFTM, meet with the CSW and SCSW for debriefing. You may refer to the [Debriefing from the Child and Family Team Meeting guide](#).
 - If the SCSW is not the facilitator, include the SCSW as necessary.
2. Complete [step item #8 above](#), under CSW responsibilities.

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APPROVALS

SCSW Approval

- DCFS 174, Family Centered Referral Form, as needed
- Placement or other decisions requiring higher level approval

ARA Approval

- Placement or other decisions requiring higher level approval

RA Approval

- Any decision that requires approval beyond ARA approval

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HELPFUL LINKS

Attachments

[CFT Brochure](#)

CFTM Data Entry Instructions for CWS/CMS

Guidelines for Convening [Child and Family Team \(CFT\) Meetings](#)

New Requirements for Convening Child and Family Teams

QSR Rating Table

LA County Foster Youth Bill of Rights [\(FYBOR\)](#)

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Forms

LA Kids

DCFS 6109, CFT Authorization for Use of Protected Health and Private Information

DCFS 6109 SP, Equipo de Trabajo del Niño y la Familia (CFT) Autorización del uso de su Información de Salud Protegida e Información Privada

DCFS 174, Family Centered Referral Form

DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information

DCFS 5402, Notice to Child's/NMD Attorney Re: Case Status

DCFS 6074, Child and Family Team Meeting Notes

DCFS 6074S, Child and Family Team Meeting Notes (Spanish)

DCFS 6075, Child and Family Team Coaching Guide

DCFS 6076, Family and Youth Engagement Form

DCFS 6077, Child and Family Team Meeting Agenda

Team Conference Understanding of Confidentiality Form

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Referenced Policy Guides

0070-500.10, Education of DCFS Supervised Children

0070-537.10, Assessment of [Domestic Violence](#)

0070-548.10, Disposition of Allegations and Closure of Emergency Response Referrals

0080-502.10, Case Plans

0100-510.17, Placing a Child in Out-of-Home Care

0100-510.46, Out-of-County Placements

0300-506.05, Communication with Attorneys, County Counsel, and Non-DCFS Staff

0400-503.10, Contact Requirements and Exceptions

0500-501.20, Release of Confidential DCFS Case Record Information

0600-500.20, Health and [Medical Information](#)

1200-500.01, [LGBTQ+ Children/Non-minor Dependents](#)

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Statutes

[All County Information Notice I-71-18](#) – provides instructions on using team meetings to increase cross-system collaboration between local child welfare and education agencies

[All County Letter \(ACL\) 13-20](#) - Provides a description, purpose and context of the Core Practice Model Guide. It further provides a description of the Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS).

[ACL 16-84](#) - Provides information and guidance regarding the use and formation of child and family teams to deliver child welfare services, as required by AB 403.

[ACL 17-104](#) - Provides instructions on documenting CFTMs in CWS/CMS.

[ACL 18-09](#) – Provides the requirements for implementing the CANS within a CFT

[ACL 18-23](#) - Provides answers to Frequently Asked Questions submitted by local child welfare and juvenile probation departments regarding the CFT process.

[Welfare and Institutions Code \(WIC\) Section 16001.9 \(a\)\(1-41\)](#) - States that all children placed in foster care, either voluntarily or after being adjudged a ward or dependent of the juvenile court pursuant to Section 300, 601, or 602, shall have the rights specified in this section. These rights also apply to non-minor dependents in foster care, except when they conflict with non-minor dependents' retention of all their legal decision making authority as an adult.

[Welfare and Institutions Code \(WIC\) Section 16501 \(a\) \(4\)](#) - Provides the definition of a Child and Family Team, outlines the activities entailed in a CFT and lists suggested participants.

[Welfare and Institutions Code \(WIC\) Section 16501.1](#) - States that the case plan shall consider the recommendations of the child and family team when making a decision regarding placement. The decision shall be based upon selection of a safe setting that is the least restrictive family setting that promotes normal childhood experiences, and the most appropriate setting that meets the child's individual needs and is available, in proximity to the parent's home and the child's school.