
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: September 13, 2018
Current Revision Date: March 26, 2020

Policy No.: D-0314

Child and Family Teams

Purpose	To provide guidelines for Child and Family Teams (CFTs) for each child/non-minor dependent (NMD) in out-of-home placement, and for implementing CFT Meetings (CFTMs).
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Approved	This revised Policy and Procedure was approved by Anne Bloxom, CFS Director. <i>Signature on file.</i>
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Most Recent Revision	This revision of the Policy and Procedure (P&P) provides the following:
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- Inclusion of Short-Term Residential Therapeutic Program (STRTP) staff as possible facilitators of CFTMs
- Reference to CFS Dispatch [Child Adolescent Strengths and Needs \(D-0315-D\)](#)
- Reference to CFS [Presumptive Transfer Desk Guide](#)
- Instructions on obtaining the caregiver's consent in cases where Family Reunification (FR) is terminated, and a plan of Permanent Placement (PP) has been ordered, and the caregiver is being assessed on the CANS Assessment Tool
- For Wraparound cases, clarification that a *Child and Family Team (CFT) Plan (F063-25-806)* does not need to be completed if a *Wraparound Plan of Care (POC)* has been completed
- Guidance to attach completed *Child and Family Team (CFT) Plan (F063-25-806)* **or** *Wraparound Plan of Care (POC)* to each completed *Child and Family Team (CFT) Consent to Release Information (F063-25-805)*
- Removal of Attachment 2 Suggested Guidelines for

Relative Notification and replacement with link to Suggested Guidelines for Relative Notification desk guide

- Revision to Attachment 1 Child and Family Team Meeting (CFTM) Types to include reference to Child and Adolescent Needs and Strengths (CANS) and Relative Notification
- Newly created Attachment 2 which provides instruction on the submission of an Ex Parte to obtain court authorization to release a child's relevant confidential information among the CFT when there is no parent willing or able to provide consent
- New guidance to allow the assigned Senior Social Worker (SSW) to facilitate CFTMs in rare circumstances in consultation with assigned Senior Social Services Supervisor (SSSS) and Program Manager (PM) approval
- Modification of pronouns in the interest of gender neutrality

Background

In October 2015, Assembly Bill (AB) 403, commonly known as the Continuum of Care Reform (CCR) was chaptered. The intent of AB 403 is to improve California's child welfare system through use of comprehensive initial child assessments, increased use of home-based family care, reduction in the use of congregate care, and creating faster paths to permanency. The Legislature recognizes the experience and outcomes of foster youth are improved by assessing their individual needs at the outset of entry into foster care in order to identify and secure the most appropriate services and placement setting to meet individualized needs.

One of the CCR's fundamental principles is that child welfare services are most effective when delivered in the context of a child/NMD and family-centered teaming approach, which shares responsibility to assess, plan, intervene, monitor, and refine services over time.

Effective January 1, 2017, Welfare and Institutions Code (WIC) Section (§) 16501.1 requires that county placing agencies provide a Child and Family Team (CFT) for each child/NMD who comes into out-of-home care to identify supports and services needed to achieve permanency, enable a child/NMD to live in the least restrictive family setting which promotes normal childhood experiences, and provides opportunities to prepare

NMDs for transition to successful adulthood.

The requirement to provide CFTs builds upon existing family-centered and team-based approaches to coordinating care already in use across California, such as Wraparound, Safety Organized Practice (SOP), Intensive Care Coordination (ICC), and other services provided under Pathways to Well-Being (Katie A.). By sharing decision-making and working together within the CFT process, professionals, children, NMDs, and families can achieve positive and lasting outcomes.

Orange County began implementation of CFTs for Pathways to Well-Being eligible children/NMDs in 2014, and expanded implementation to all children/NMDs in out-of-home care in 2017. The purpose of this policy is to provide guidance to identify appropriate CFT participants and hold CFTMs for each child/NMD who comes into out-of-home care pursuant to legislation and state regulations effective January 1, 2017. This guidance may continue to be revised as CFT practices take shape and are refined at state and local levels.

Definitions

Child and Family Team (CFT): Per WIC § 16501, child and family team means a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or NMD and family, and to help achieve positive outcomes for safety, permanency, and well-being.

Placing Agency: The Child Welfare or Probation Department designated by the Juvenile Court in the County of jurisdiction, to be responsible for the placement, care and supervision of a child/NMD in out-of-home care.

POLICY

Composition of the CFT

Per WIC § 16501 and All County Letter (ACL) 16-84, the county placing agency is responsible for convening and engaging members of the CFT for each child/NMD who comes into out-of-home care.

Members of the CFT should include individuals who are naturally supportive and invested in the success of the child/NMD and family, so that the support system will continue to exist after formal services are completed. The participants of the CFT will be selected based

on family members' preferences, and may change over time based on the needs of the child/NMD and family.

The composition of the CFT will include:

- Child/NMD
- Family members
- Current caregiver
- Child/NMD's Court Appointed Special Advocate (CASA), unless the child/NMD objects
- Assigned Senior Social Worker (SSW)
- Individuals identified by the family as being important, including those who are part of the family's network of informal support which may include:
 - Extended family
 - Friends
 - Neighbors
 - Coaches
 - Clergy
 - Co-workers
- As applicable, a representative from:
 - Child/NMD's Indian tribe (or Indian custodian)
 - County mental health or other mental health provider
 - Regional Center
 - Foster Family Agency (FFA)
- Short-Term Residential Therapeutic Program (STRTP)

The composition of the CFT may also include, as applicable:

- Wraparound Supervisors, Care Coordinators, Youth and/or Parent Partners
- Public health providers
- School personnel
- Educational liaisons
- Educational rights holder
- Other professionals (service providers)

Considerations for Victims of Commercial Sexual Exploitation:

For children who currently are, or have been identified as at risk of becoming, victims of commercial sexual exploitation (CSE), per ACL 16-85, the CFT may fulfill the requirement to provide a Multidisciplinary Team (MDT) pursuant to WIC § 16524.6 if mandatory agency representatives are included. Per *Memorandum of Understanding (MOU) for the Provision of the County of Orange Commercially Sexually Exploited Children (CSEC) Interagency Protocol*, representation from three of the four following county

agencies is required for an ongoing MDT response:

- Health Care Agency (HCA)
- Children and Family Services (CFS)
- Juvenile Probation Department
- Juvenile Court

At least three of the four agencies noted above must be represented in the CFT, for the CFT to fulfill the MDT requirement. Refer to CFS P&P [Commercial Sexual Exploitation of Children \(M-0110\)](#) for further guidance on MDT requirements.

Attorney Participation:

Per ACL 18-23, CFTMs are intended to be a collaborative, non-adversarial, team-based approach to ensuring children, NMDs, and families achieve positive outcomes. There may be occasions where a child/NMD or family member identifies an important support person who is an attorney (by profession) and requests that individual's participation as a support person in the CFT.

Per CFS policy, attorneys of record (which, for the purposes of this policy, include attorneys that provide or will provide legal representation to any party) may not participate in the CFT in order to maintain the non-adversarial nature of the CFT process.

Staff may inform parties requesting the participation of their attorney in the CFT that per WIC § 16501, any party to the child's case may consult with their attorney regarding the CFT process.

Identifying CFT Participants

For a child/NMD without an existing CFT, team membership will be identified as soon as possible after a decision has been made to place the child/NMD in out-of-home care. Both formal and informal supports currently involved with and identified by the family should be considered for CFT participation.

In order to identify and maintain appropriate CFT membership, the Emergency Response (ER) SSW and assigned SSW will, as referral/case circumstances dictate:

- Inform the child/NMD and parent(s) of the CFT process
 - CFT Youth and Parents Brochures are available to provide further information to the child/NMD and parent
- Ask the child/NMD and available family members to identify supportive individuals for participation in the CFT
- Identify service providers, treating professionals, and others

- appropriate for CFT participation
- Make reasonable efforts to obtain contact information for identified CFT participants
- Document efforts to identify CFT participants and the contact information of each identified participant in the permanent record (refer to “Documentation” policy section for further guidance)

Role of the CFT

Per WIC § 16501 and ACL16-84, the role of the CFT is to identify the strengths and needs of the child/NMD and the family, and to help achieve positive outcomes for safety, permanency, and well-being through shared decision-making which is family-centered, strengths-based, and culturally sensitive.

The CFT will provide input into each of the following:

- Development of a child and family plan (i.e., case plan) that is strengths-based, needs-driven, and culturally relevant
- Placement decisions on behalf of the child/NMD, including placement into a STRTP (refer to [STRTPs and Interagency Placement Committee Desk Guide](#) contained on the [CFS Desk Guides and Protocols](#) page of the CFS Intranet for requirements to place a child in a STRTP)
- Permanency planning
- Informing Level of Care (LOC) rate determinations, per ACL 18-06 (refer to the [LOC Desk Guide](#) contained on the [CFS Desk Guides and Protocols](#) page of the CFS Intranet for further guidance)
- Services to be provided to support the child/NMD/family, including but not limited to:
 - Least restrictive protective interventions which preserve child safety/well-being and minimize disruption to the family unit (**Note:** Referrals for voluntary family services [VFS] and/or WIC § 301 services will be discussed in a CFTMs before a final determination on the appropriateness of these services is made)
 - Placement preservation efforts
 - Services to achieve established case plan goals
- Educational needs and continued enrollment in school of origin
- Decisions regarding the Presumptive Transfer of Specialty Mental Health Services (SMHS) for eligible children/NMDs placed out-of-county, per ACL 17-77 (refer to the [Presumptive Transfer Desk Guide](#) contained on the [CFS Desk Guides and Protocols](#) page of the CFS Intranet for

- further guidance)
- Informing the Child and Adolescent Needs and Strengths Assessment (CANS), per ACL 18-09 (refer to CFS Dispatch, [Child Adolescent Strengths and Needs \(D-0315-D\)](#) for further guidance)

Confidentiality/ Release of Information

A. **Guidelines on Exchanging Information:**

In order to meet the objectives of the CFT, it may be necessary to exchange confidential information regarding the child/NMD and family, among the team. This may include medical, mental health, social service, and/or educational information.

Per WIC § 832, a CFT member may receive and/or disclose relevant confidential information and records necessary for the development of a plan to address the needs of the child/NMD and family, if the individual whose information will be disclosed provides appropriate authorization.

Information exchanged among the team will be received in confidence and will not be disclosed except to the Juvenile Court with jurisdiction over the child/NMD, or as otherwise required by law. Civil and criminal penalties may apply to the inappropriate disclosure of information held by the team.

Note: Per WIC § 5328.03, mental health information on behalf of a child in out-of-home care may not be shared with the child's parent without a court order. Refer to the "Obtaining Court Authorization to Exchange Information" section below for further guidance.

B. **Obtaining Consent to Exchange Information:**

Prior to the exchange of confidential information among the CFT, the CFT facilitator will:

1. Obtain authorization to release information **regarding** each of the following participants, as applicable:
 - a. Child: Request the child's parent sign a *Child and Family Team (CFT) Consent to Release Information (F063-25-805)* on behalf of the child.

Note: If a parent is unavailable to provide consent, request the assigned SSW obtain a court order

authorizing exchange of the child's confidential information with CFT members at the next scheduled hearing (or via Ex Parte).

Additionally, request the child sign a *Child and Family Team (CFT) Child's Limited Consent to Share Information (F063-25-804)* in the following circumstances:

- The child is 12 years of age or older
 - The child is under 12 years of age and information regarding reproductive health will be exchanged
- b. NMD: Request the NMD sign a *Child and Family Team (CFT) Consent to Release Information (F063-25-805)*.

Note: Per ACL 18-23, NMDs have the right to choose whether to participate in the CFT process. Should the NMD refuse to participate, the assigned SSW will make efforts to encourage participation by explaining the benefits of the teaming process to the NMD and document those efforts in a CWS/CMS contact narrative.

- c. Family Member: If a family member's (such as parent's or guardian's) confidential information will be shared with the team, request the family member sign the *Child and Family Team (CFT) Consent to Release Information (F063-25-805)*.
- d. Caregiver: Per CFS policy, in cases where Family Reunification (FR) is terminated, and a plan of Permanent Placement (PP) has been ordered on behalf of the child/NMD, and the child's caregiver (e.g. resource parent, relative/NREFM, etc.) will be assessed using the *CANS Assessment Tool (CA IP-CANS)*, request the caregiver sign the *Child and Family Team (CFT) Consent to Release Information (F063-25-805)*.

2. Inform CFT members of the following per WIC § 832:

- a. Information shared is confidential and is not to be disclosed outside of the CFT, except to Court or as

required by law.

- b. Civil and criminal penalties may be imposed for inappropriate disclosure of information.
3. Verify appropriate court authorization has been received to exchange information among the CFT.
4. Attach completed *Child and Family Team (CFT) Plan (F063-25-806)* **or** *Wraparound Plan of Care (POC)*, as applicable, to each completed *Child and Family Team (CFT) Consent to Release Information (F063-25-805)* to incorporate by reference, the list of CFT members authorized to receive confidential information.

C. **Obtaining Court Authorization to Exchange Information:**

The assigned SSW will be responsible for requesting Court authorization to exchange the child's information among the CFT in the following circumstances:

- The child's mental health information will be disclosed during CFT discussions, the child is in out-of-home placement, and a parent will be present
 - Refer to the [Disclosure of Mental Health Information Recommendation Desk Guide](#) for specific instruction on how to obtain court authorization via a court report or Ex Parte request
- There is no parent available to sign a *Child and Family Team (CFT) Consent to Release Information (F063-25-805)* on behalf of the child
 - Autotext code **CFTREC1** is available to include the summary recommendation for a court report
 - Autotext code **CFTREC1L** is available to include the long recommendation in a court report
 - Attachment 2— [Ex Parte Template for Child and Family Team \(CFT\) Authorization for Release of the Child's Information](#) is available to provide instructions on obtaining court authorization via Ex Parte request

CFT Meetings (CFTMs)

Per WIC § 16501 and ACL16-84, CFTMs will be convened for all children/NMDs placed in out-of-home care.

It is important to note a CFTM does not represent the entire CFT process, but it is one part of a larger strategy to involve

children/NMDs and their families in all aspects of care planning, evaluation, monitoring and adapting, to help them successfully reach their goals. Although it is preferable to conduct CFTMs with all participants present, it is acceptable for members to participate via conference or video call.

CFTMs will include the involvement of the child/NMD and family when making decisions about goals and strategies to achieve those goals. However, per ACL 18-23, in instances where a CFT member such as the child/NMD and/or parent does not attend, the meeting may still meet the requirements of a CFTM and be documented as such. If a child/NMD and/or parent does not attend a CFTM:

- The CFT facilitator will apprise CFT members present at the meeting of the circumstances of the absence and include this information in the CFTM contact narrative
- The assigned SSW will provide a summary of the meeting to the absent CFT member as soon as possible

Note: For children who are Pathways to Well-Being (Katie A.) eligible, refer to CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#) for additional guidance on CFTMs.

A. **Frequency:**

Per ACL 16-84, for children/NMDs in out-of-home care, a CFTM will be convened as follows:

- Within the first 60 days of entering foster care (e.g., time of removal)
 - Per CFS policy, the initial CFTM will occur after the Detention hearing and before preparing the initial case plan to be submitted at the Jurisdictional/Dispositional hearing
- A minimum of once every six months
- A minimum of once every 90 days for children/NMDs eligible to Pathways to Well-Being (Katie A.), including those receiving Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Foster Care (TFC), and Specialty Mental Health Services (SMHS)
 - Refer to CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#) for eligibility criteria
- As deemed necessary by CFT members, to address emerging issues, provide integrated and coordinated interventions, and to refine the case plan

Note: A CFTM *may* be convened by an ER SSW when safety factors rise to the level of removal/possible removal, to discuss/address whether to initiate child dependency proceedings, placement, and services to support the family. A CFTM *must* occur in circumstances where the child has been removed, and there is no placement available. In these situations, a subsequent CFTM will be scheduled by the Investigations SSW to inform development of the initial case plan.

Refer to [Attachment 1—Child and Family Team Meeting \(CFTM\) Types](#), for further guidelines as to timeframes and case circumstances that necessitate a CFTM.

The assigned SSW will be responsible for scheduling ongoing CFTMs in accordance with the circumstances and timeframes noted above.

Per best practice, CFTMs convened for a child/NMD returned home under Family Maintenance (FM) may occur at a frequency and duration deemed appropriate by the assigned SSW, in consideration of input provided by the CFT members.

Refer to the “Scheduling” section below for further guidance.

B. Time and Location:

Per ACL 16-84, CFTMs will be scheduled at times and locations convenient for family member participation.

Staff will obtain input from CFT members, with consideration given to the preferences and needs of the child/NMD and family, to determine the most appropriate time and location to hold a CFTM. When selecting a location, staff will take into consideration safety issues such as any known history of violent behavior of a participant or restraining/protective orders prohibiting contact between participants.

The following locations may be considered, as appropriate:

- CFS Office
- Treatment provider office
- Child/NMD's placement
- Family Resource Center (FRC)
- Family member home
- School
- Juvenile Hall

- Other community location

C. **Facilitation:**

Per ACL 16-84, the role of the CFT facilitator includes, but is not limited to:

- Helping to identify needed contacts
- Building consensus within the team around collaborative plans
- Actively develop and support meeting agendas
- Ensuring family voice and choice is heard

Note: The CFT facilitator will obtain/verify that appropriate consents are obtained prior to conducting each meeting. Refer to the “Confidentiality/Release of Information” policy section for further guidance.

Per CFS policy, CFTMs will be conducted by CFS CFT facilitators, with the following exceptions:

- The child/NMD and family already have an established team through another agency/program, such as Behavioral Health, Wraparound, or STRTP
- A 90-Day Transition Planning Conference (TPC) and Pregnant & Parenting Planning Conference (PPPC) CFTM will be facilitated by the Transitional Planning Services Program (TPSP)
- In rare circumstances as deemed appropriate in consultation with the assigned SSSS, the assigned SSW may facilitate CFTMs with PM approval provided a CFS CFT facilitator is not available.
- **Note:** If the assigned SSW facilitates a CFTM, refer to the “Documentation” policy section for further guidance.

In situations where a CFTM is conducted by someone other than a CFS CFT facilitator, the assigned SSW will make efforts to ensure the existing team process is expanded to include the needs and services relevant to the child welfare case, that proper forms are used, and documentation is entered into CWS/CMS. Refer to the “Documentation” Policy section for further guidance.

D. **Scheduling:**

The assigned SSW will contact the CFT Scheduler, who will attempt to schedule a CFTM to accommodate the family’s

preference regarding time and location.

E. **CFTM Process:**

Per ACL 16-84, CFTMs should be conducted in a way that establishes a safe environment that engenders trust and reflects the child/NMD and family's cultural preferences and norms. Meeting agendas are to be developed with the team and reflect the voice of the child/NMD and family. To facilitate effective communication, CFTMs should:

- Begin with a clearly articulated purpose
 - Follow a structured format
 - Include an interpreter as needed
1. Preparation: It is important to the CFTM process that the child/NMD, family, and professionals be prepared to participate. At the beginning of the meeting, a preparatory discussion should occur which includes the following:
 - Meeting purpose
 - Introductions of people involved
 - Confidentiality expectations
 - Meeting structure
 - An opportunity for team members to ask questions and share concerns
 2. During the Meeting: A discussion regarding each of the following should occur with an opportunity for each participant to provide input as to:
 - Desired outcomes
 - Strengths/Supports
 - Services
 - Action Steps
 - Recommendations

Outcomes to be expected as a result of CFTMs may include, but are not limited to, shared decision-making in identification of the following:

- Supports and services
- Strategies to reach case plan goals
- Suitable placement options
- Appropriate visitation arrangements

- Educational goals and school of origin options
- Potential important persons to serve as life-long connections for the child/NMD

Refer to [Attachment 1—Child and Family Team Meeting \(CFTM\) Types](#), for further guidelines as to suggested discussion topics of a CFTM.

3. Closing: Prior to the end of the meeting, each participant should be provided:
 - An opportunity to provide feedback regarding the meeting process, as time permits
 - Information regarding the next meeting date/time, if known

Relative Notification

Pursuant to WIC § 309(e), within 30 days of a child being placed into protective custody, CFS will attempt to identify and locate all adult relatives of the child for notification purposes (see CFS P&P [Jurisdictional/Dispositional Hearing Report \[G-0310\]](#)).

To assist in the identification of all known relatives, at each Emergency Response Imminent Risk CFTM (and subsequent CFTMs, as appropriate), the CFT facilitator will:

- Request contact information (name, address, phone number) regarding all relatives who may serve as placement resources and/or permanent connections for the child.
- Document known relatives in a contact entered into CWS/CMS.
- Refer to [Suggested Guidelines for Relative Notification Desk Guide](#) contained on the [CFS Desk Guides and Protocols](#) page of the CFS Intranet for further guidance.

Documentation

A. CFT Plan:

The CFT facilitator will complete a *Child and Family Team (CFT) Plan (F063-25-806)* at each CFTM.

Upon conclusion of the meeting, the CFT facilitator will provide a copy of the completed form, to each of the following:

- Assigned SSW
- CFT members present

Note: For Wraparound cases, a *Child and Family Team (CFT) Plan (F063-25-806)* does not need to be completed if a Wraparound Plan of Care (POC) has been completed.

B. **CWS/CMS:**

1. **Contact Narratives:** The assigned SSW will document the following information in a CWS/CMS Contact Narrative, as applicable:

- Efforts to identify appropriate CFT participants
- Contact information for each proposed CFT participant
- Changes to CFT participant composition

Note: If the assigned SSW facilitates a CFTM, the following information will be documented in a CWS/CMS contact narrative:

- Circumstances requiring assigned SSW facilitation
- Efforts to determine availability of a CFS CFT facilitator
- SSSS consultation
- PM approval

2. **Meetings:** The CFT facilitator will prepare a written document summarizing each CFTM, and enter the summary into CWS/CMS.

The CFT facilitator will provide a copy of the summary document to the assigned SSW.

Refer to [CWS/CMS Data Entry Standards—Entering Child and Family Team \(CFT\) Meeting Contacts](#) for further guidance.

3. **Case Plan:** The assigned SSW will add CFT as a “Case Management Service” and as a “Planned Client Service” in the CWS/CMS Case Plan Notebook.

Refer to [CWS/CMS Data Entry Standards—Case Plan: Child and Family Team Meetings](#) for further guidance.

C. **Court Reports:**

The assigned SSW will provide information to the Court regarding the CFTM(s) that occurred during the current period

of supervision. The court report prepared for the next scheduled hearing will include a “Child and Family Team (CFT)” section, to address:

- Date meeting was convened
- Individuals invited to the meeting
- Brief summary of significant issues addressed and key decisions
- For a child/NMD placed in an STRTP, a description of efforts by the CFT to identify services and supports necessary to achieve permanency and place in the least restrictive level of care
- Whether the recommendations of the CFT were considered when developing the case plan
- If the proposed case plan differs from the CFT recommendations, the reason for that deviation

Note: Autotext code **CFT** is available to insert a “Child and Family Team (CFT)” section into the court report, if one is not already included.

D. **Forms:**

The CFT facilitator (or designee) will upload the following completed forms into CWS/CMS:

- *Child and Family Team (CFT) Plan (F063-25-806) or Wraparound Plan of Care (POC) for Wraparound cases*
- *Child and Family Team (CFT) Child’s Limited Consent to Share Information (F063-25-804)*
- *Child and Family Team (CFT) Consent to Release Information (F063-25-805)*

For CFTMs facilitated by someone other than CFS CFT facilitators, the assigned SSW (or designee) is responsible for verifying completion of and uploading the above forms to CWS/CMS.

Refer to [CWS/CMS Data Entry Standards—Import a Document into CWS/CMS](#) for further guidance.

REFERENCES

Attachments Hyperlinks are provided below to access attachments to this P&P

and CWS/CMS Data Entry Standards

and any CWS/CMS Data Entry Standards that are referenced.

- [Attachment 1—Child and Family Team Meeting \(CFTM\) Types](#)
 - [Attachment 2—Ex Parte Template for Child and Family Team \(CFT\) Authorization for Release of the Child’s Information](#)
 - [CWS/CMS Data Entry Standards—Entering Child and Family Team \(CFT\) Meeting Contacts](#)
 - [CWS/CMS Data Entry Standards—Case Plan: Child and Family Team Meetings](#)
 - [CWS/CMS Data Entry Standards—Import a Document into CWS/CMS](#)
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Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on them.

- CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#)
 - CFS P&P [Commercial Sexual Exploitation of Children \(M-0110\)](#)
 - CFS Dispatch [Child Adolescent Strengths and Needs \(D-0315-D\)](#)
 - [CFS Presumptive Transfer Desk Guide](#)
 - [CFS Level of Care \(LOC\) Desk Guide](#)
 - [CFS STRTPs and Interagency Placement Committee \(IPC\) Desk Guide](#)
 - [CFS Suggested Guidelines for Relative Notification Desk Guide](#)
 - CFS P&P [Jurisdictional/Dispositional Hearing Report \(G-0310\)](#)
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Other Sources

Other printed references include the following:

- Memorandum of Understanding (MOU) For the Provision of the County of Orange Commercially Sexually Exploited Children (CSEC) Interagency Protocol
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FORMS

Online Forms

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
Child and Family Team (CFT) Plan	F063-25-806
Child and Family Team (CFT) Consent to Release Information	F063-25-805
Child and Family Team (CFT) Child's Limited Consent to Share Information	F063-25-804
Child and Family Team (CFT) Meeting Survey	F063-25-655
Child and Family Team (CFT) Meeting Survey (Spanish)	F063-25-655Sp
Child and Family Team (CFT) Meeting Survey (Vietnamese)	F063-25-655VN
CANS Assessment Tool	CA IP-CANS

Hard Copy Forms

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
None.	

CWS/CMS Forms

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

Brochures

Brochures to distribute in conjunction with this policy may include the following.

Brochure Name	Brochure Number
CFT Parents Brochure	CDSS brochure
CFT Youth Brochure	CDSS brochure
CFT Professional Brochure	CDSS brochure

LEGAL MANDATES

[Welfare and Institutions Code \(WIC\) \(§\) 309\(e\)](#) mandates a social worker to conduct an investigation within 30 days of a child's removal to identify and locate relatives and to provide notification to located relatives.

[Welfare and Institutions Code \(WIC\) \(§\) 832](#) provides a person designated as a member of a CFT may receive and disclose relevant information and records, subject to the child or youth and/ or their parent or guardian signing a release of information.

[Welfare and Institutions Code \(WIC\) \(§\) 5328.03](#) provides that a psychotherapist who knows that a child has been removed from the physical custody of a parent, shall not release or disclose the child's mental health records/information to the parent without prior authorization of the Juvenile Court.

[Welfare and Institutions Code \(WIC\) \(§\) 16501\(a\)](#) defines a Child and Family Team, outlines the activities/roles of a CFT and lists suggested CFT participants.

[Welfare and Institutions Code \(WIC\) \(§\) 16501.1](#) provides the case plan shall consider the input and recommendations of the CFT, and that if out-of-home placement is used to attain case plan goals, the recommendations of the CFT shall be considered.

[Welfare and Institutions Code \(WIC\) \(§\) 16524.6](#) mandates child welfare counties to utilize a multidisciplinary team approach to case management, service planning and provision of services to victims of, or at risk of, commercial sexual exploitation.

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

[All County Letter \(ACL\) 16-84](#) provides information and guidance regarding the use of child and family teaming to deliver child welfare services required by Assembly Bill (AB) 403 Continuum of Care Reform (CCR).

[All County Letter \(ACL\) 16-85](#) provides policy and procedures to comply with preventing child sex trafficking provisions enacted in legislation, including CFT requirements for children identified as victims of or at risk of commercial sexual exploitation (CSE).

[All County Letter \(ACL\) 17-77](#) establishes policy guidance regarding presumptive transfer of Specialty Mental Health Services (SMHS) for foster children and youth, including the role of the CFT in presumptive transfer decision-making.

[All County Letter \(ACL\) 17-104](#) provides guidance and instructions on documenting CFTs, including CFTMs in CWS/CMS.

[All County Letter \(ACL\) 18-06](#) and [Errata](#) provides guidance for Home-Based Family Care (HBFC) Level of Care (LOC) rate determinations.

[All County Letter \(ACL\) 18-09](#) provides requirements for implementing the Child and Adolescent Needs and Strengths (CANS) Assessment within a CFT.

[All County Letter \(ACL\) 18-23](#) provides answers to frequently asked questions regarding the CFT process.

[All County Information Notice \(ACIN\) I-14-18](#) provides counties with information about the CFT brochures designed as a resource for use with children, NMDs, parents, and professionals, available on CDSS's CCR website.

[All County Information Notice \(ACIN\) I-21-18](#) provides the California Integrated Core Practice Model (ICPM) which outlines the most current best practices for the delivery of timely, effective, and collaborative services to children/NMDs and families, which includes a framework for Child and Family Teams (CFT).

REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

March 25, 2019