

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 12: Staffing, MDITs, Icebreakers, TDMs

Item 006: Child and Family Team Meetings

Suggested changes send to: [DSS PSOA](#) Mailbox

Issued: January 8, 2021

References: [ACL 18-23](#), [ACL 18-09](#), [ACL 17-104](#),
[ACL 16-84](#), [ACL 16-49](#)

Replaces Issue: November 14, 2014

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Preamble

Child Welfare Policy and Procedure Guides are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

Families will be engaged in case planning throughout the life of the case. The primary method for engaging families in ongoing case planning discussions will be Child and Family Teams (CFT). The initial CFT meeting will occur within 60 days of removal as directed by All County Letter (ACL) 16-049 and ACL 16-84 and quarterly thereafter.

Purpose

To have an informed discussion with the child and family team to collaboratively develop a case plan that outlines the current situation with clear expectations and agreements regarding the youth and family.

The CFT approach consists of a series of engagement strategies involving individual, joint, and large team meetings. Child and Family Teaming is a process of engagement rather than an event. The purpose of these interactions is respectful and honest communication with birth parents, caregivers, youth, and other involved parties about safety, permanency, and well-being of the youth and family.

Definitions

Individual Meeting

An individual meeting is any formal or informal meeting that occurs between the Social Worker (SW) and another person involved with the case. An individual discussion is needed with each

potential participant prior to a CFT meeting. Individual meetings are required as part of the preparation for the CFT meeting.

By discussing strengths and concerns ahead of time, as well as case plan needs, the SW is demonstrating respectful communication and inclusion. This allows individuals a chance to process information and provide feedback to the SW in a safe and confidential setting. All discussions should occur individually prior to being shared in a joint or CFT meeting. By having discussions individually, the SW is better able to understand the individual's perspective and work together to determine what information will be shared with others.

Examples of people to have individual meetings with include (but are not limited to):

- Birth/Adoptive Parents or Guardians
- Placement Care provider
- Child/Youth (if age/developmentally appropriate)
- Relatives
- Non-Relative Extended Family Member (NREFM - Friends, Teachers, Caring community members, etc.)
- Court Appointed Special Advocates (CASA)
- Mental Health Clinician
- Cultural Broker
- Foster Family Agency (FFA) SW

Joint Meeting

A joint meeting is any formal or informal meeting which involves the SW and two or more people. One or more joint meeting may occur prior to a CFT meeting.

Joint discussions may be needed with a smaller group of participants. By having discussions jointly, the SW may be able to mediate potential barriers for case planning and allow small groups to brainstorm together about possible solutions to the barriers.

Examples of Joint meetings include (but are not limited to):

- Ice Breaker Meeting (parent , caregiver, and SW), refer to [PPG 03-12-004 Ice Breaker Meetings](#)
- Discussions with:
 - Youth and care provider
 - Parent and potential care provider
 - Parent and/or youth and service provider
- Staffing
- Case Consultation Meeting
- Discussions with Job Specialist (JS) and/or Eligibility Worker (EW)

Note: The parents need to be in agreement with having any participants present who are not Department of Social Services (DSS) staff when discussing their case.

CFT Meeting

A meeting which includes a team of individuals identified for each family to periodically discuss the needs of the youth and family in the three key areas of safety, permanency and well-being in order to collaboratively create the case plan and address the child and family's needs. The CFT meeting will address both strengths and concerns in the key areas of safety, permanency and well-being by exploring:

- What's working well (Strengths)
- What are we worried about (Concerns)
- Next Steps (Brainstorming)

It is only a CFT meeting if decisions about goals and strategies to achieve safety, permanency and well-being are made with involvement of the child, youth and family members. The child, youth and family voice, choice and preferences are an integral part of the CFT process.

CFT Procedures

Preparation for CFT

The CFT should always include the child or youth, family members, the current caregiver, a representative from the placing agency, identified service providers and other individuals identified by the family as being important.

Examples of other participants to include but not limited to:

- Representative of the child or youth's tribe or Indian custodian
- Behavioral health staff
- Foster Family Agency SW
- Short-Term Residential Program (STRTP) representative
- Other professionals such as CASA and school personnel

The family should be encouraged to invite participation of individuals who are a part of their own network of informal support (i.e. extended family, friends, neighbors, coaches, clergy, co-workers, etc.)

In preparation for the meeting, the SW will have an individual discussion with team members to explain the purpose of the CFT meeting. SW will collaborate with team members to set the best date and time for the CFT meeting to be scheduled. SW will discuss address any concerns the individual may have. The SW should document in CWS the date that these discussions occurred. SW will need to complete the [Family Teaming Meeting Preparation Checklist \(CWS 0092\)](#) and submit to the SWS prior to the meeting along with the [Team Meeting Authorization & Release of Information \(CWS 0093\)](#), Child and Adolescent Needs and Strengths (CANS), Structured Decision Making

(SDM) assessments and any other supporting documents. The SW will use the Child and Family Team Meeting form (CWS 0029) that is generated from out of the green section in the Child Welfare Services/Case Management System (CWS/CMS), to document the summary of goals. Prior to the CFT meeting the SW shall complete all sections prior to the summary of goals section. SW should provide a clear purpose for the meeting, address all safety concerns, ensure everyone's voice is heard and develop clear goals prior to leaving the meeting.

Assigned SW will review with parent and child over the age of 12 the Confidentiality and Release of Information forms. The SW will explain the importance to the parent/child of discussing all identified needs in the CFT to better develop individualized intervention plans. It is recommended that these forms be signed by the parent/child prior to the meeting. Signed copies will be provided to the parent/child.

Scheduling

CFT shall be scheduled for the following reasons listed below:

- Prior to removal in non-emergency situations
- Initial Case Plan
- Case Plan Review a minimum of every six months
- Prior to Reunification
- Developing a Visitation Plan
- Placement of child
- For higher level of care placements (every 90 days to review treatment)
- Developing Transitional youth plans for youth age 15 and above
- Crisis stabilization.

The initial CFT is scheduled at the completion of the Team Decision Meeting if the decision is made for a child to remain in out of home care. TDM facilitator will schedule the initial CFT within 60 days from the TDM date. In situations where a parent was not available for the TDM, a parent meets possible bypass under Welfare and Institutions Code (W&IC) 361.5, or minor is placed in an STRTP, the initial CFT Meeting will be scheduled within 30 days. Notification is sent through the case transfer process.

Scheduling for ongoing CFT is the responsibility of the assigned SW. The SW will coordinate with all team members to ensure CFT is scheduled at a time when all parties can be available. Options for phone and/or video conference shall be made available whenever possible. The SW/Facilitator should make all efforts to get all team members to participate. However, if time does not permit and critical decision must be made, the CFT may take place without all members attending. Ongoing CFT shall occur every 90 days. For ongoing CFT meetings, a request can be made for a facilitator to facilitate the meetings. If a facilitator is needed then the SW would submit a CFT/TDM Request form to the CWS TDM email inbox.

The first CFT meeting is initiated and scheduled by the placing agency. Subsequent CFT meetings can be initiated by the child, youth, family, or other team member.

Procedure to Request a Facilitator

When a SW needs to schedule a CFT meeting with a facilitator, they shall complete the CFT/TDM Referral/Request, which is located in the green section of CWS/CMS. The SW will need to identify the purpose of the CFT meeting and provide as much information as possible regarding the meeting and participants to be invited.

- For Placement Change, Permanency, or Reunification CFT meetings, the SW shall provide a choice of three different dates and/or times.
- CFT and TDM meetings are usually scheduled at 9:00 a.m., 11:00 a.m., 1:30 p.m. and 3:30 p.m., however, can be scheduled at different times in emergency cases. Priority is given to the Emergency Removal TDM meetings due to the time constriction of the protective hold.

The SW shall email the completed CFT/TDM Referral/Request to the “[CWS TDM](#)” Inbox and cc their SWS.

The CFT/TDM Scheduler, CFT/TDM SWS, and CFT/TDM Facilitators shall monitor the CWS TDM Inbox throughout the work day for CFT/TDM Referrals, and schedule CFT/TDM meetings as requested. The CFT/TDM SWS and CFT/TDM Facilitators will schedule CFT/TDM meetings when the CFT/TDM Scheduler is not available.

Facilitators (fulltime and back-up) shall be contacted by the CFT/TDM Scheduler when a CFT/TDM meeting is assigned to them. Requests may be made via email or telephone.

Once coverage by a Facilitator has been confirmed, the CFT/TDM Scheduler shall send a confirmation email to the requesting SW and their SWS advising them of the CFT/TDM meeting date, time, and location, as well as all other DSS staff and community partners who need to know the meeting information.

- Confirmations for fulltime Facilitators shall be emailed to the CWS TDM Inbox.
- Confirmations for back-up Facilitators shall be emailed directly to the back-up Facilitator.

The SW assigned to the family shall narrate the discussion and decisions made in the CFT/TDM meeting in CWS/CMS in accordance with [PPG 03-01-001](#), Mandatory Face-to-Face Contacts/Documentation Timeframes.

If the family circumstances warrant further individual and joint meetings, the CFT meeting should be postponed to allow for engagement efforts. This requires supervisor approval. A possible reason to postpone the CFT meeting may be if there are safety issues amongst the participants that cannot be immediately resolved. For example, if the youth does not want to be in the same room as a parent and additional time could benefit all parties in being able to come together, a postponement of the meeting may be in everyone’s best interest. Reason for delay of CFT meeting must be documented in CWS/CMS in a narrative listing out in detail the reasons for the delay.

If a team member is unable to attend the CFT meeting in person (due to proximity or other conflicts), it is encouraged that they 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.

Although it is encouraged for everyone on the team to participate, 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 one of the participants to provide updates to the absent team member.

For CFT meetings for Non Minor Dependents (NMD), the meeting will be driven by the NMD and team membership will be guided by the NMD. The team meetings may have more focus on one or more of the following: housing, employment, education, support networks, and if the NMD has a child or children, parent support services.

Frequency of CFT Meetings

Initial CFT will occur within 60 days of the child(ren) coming into foster care. For children and youth receiving Specialty Mental Health Services (SMHS) such as, Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and services provided through the Therapeutic Foster Care (TFC) services model, that require a CFT, the meeting should address the needs of the child or youth, and adapt the plan to address changing needs in a timely manner, but not less than every 90 days. A minimum of every 90 days a CFT will be held for children in placement who are receiving Intensive Care Coordination, Intensive Services Foster Care (ISFC), or are placed in a Short Term Residential Therapeutic Placement (STRTP). Additionally, a teaming meeting shall occur as frequently as needed to address emerging issues in an effort to prevent any disruptions or misunderstandings. Urgent issues, such as safety concerns, risk of placement disruption, and/or ineffective support services should be addressed immediately. Per Fresno County Practice, CFT meetings shall occur every 90 days for all children in placement.

CFT Meeting Process

SW/Facilitator will have team member's present introductions. SW/Facilitator will verify with the parent/child over age 12 that Confidentiality and Release of Information forms have been signed. SW/Facilitator will verify with the parent/child over age 12 they are still willing to share protective health and private information with team members for the purpose of case planning. The team will review team agreements/ground rules and add additional agreements created by the team, using form [Child and Family Team Meeting Ground Rules and Purpose \(CWS 0091\)](#). SW/Facilitator will inform all team members of the purpose of the meeting and lead the team in discussion about strengths and needs of the family. During the discussion process, the team will brainstorm ideas to address the needs and build on identified strengths to develop action plans for case planning. The SW/Facilitator will document action plan on the CFT form. All team members will receive a copy of the CFT form. It is recommended that the SW/Facilitator will work with the team to schedule the next meeting date prior to closing out the meeting.

Documentation

Every CFT shall be documented into CWS/CMS.

Required Documentation

Documentation of CFT meetings is required in both the Case Plan Notebook and the Contact Notebook of CWS/CMS. Step-by-step instructions are attached. These instructions are the minimum documentation requirements counties must complete for all CFT meetings convened on and after January 1, 2018. Counties that wish to document additional information may do so, provided the required documentation as described in the instructions is complete.

County child welfare and probation agencies are expected to document CFTs in the Case Plan Notebook. Since parents will sign and receive a copy of the case plan, documenting the agency's plan to convene a CFT in the Case Plan Notebook will help parents understand the agency's responsibility to provide services and the family's responsibility to participate in those services.

When documented in the Case Management Services tab, CFTs appear on the final Case Plan in the "Agency Responsibilities" section. This documents the agency's responsibility to provide a CFT. In the Case Plan Notebook, on the Case Management Services tab, Child and Family Team has been added as a new Case Management Services Category that must be selected.

When documented in the Planned Client Services tab, CFTs appear on the final Case Plan in the "Client Responsibilities" section. This documents the family's responsibility to participate in the CFT process.

Individual CFT meetings must be documented in the Contact Notebook with an Associated Service.

Attachment A

1. Staff will create a new or update an existing contact with the following information:
 - a. Staff Person
 - b. Start Date, Time of CFT meeting
 - c. End Date, Time of CFT meeting

2. The CWS/CMS fields below should be completed as shown:
 - a. Contact Purpose: Deliver Service to Client
 - b. Method: In Person
 - c. Location: In Placement or Home or In office (select the actual location)
CFT meetings should take place in a convenient setting that maximizes family member participation.
 - d. Status: Completed (*required*)

3. Open “Select Participants” dialog box by clicking “+.”
 - a. Select all of the individuals who participated in the CFT meeting and click “OK.”
(All County Letter 17-104)

4. Complete the Case Management Service/Referrals Frame
 - a. Click on “+” to open the case management services list.

 - b. Select “CM-Child and Family Team” and click “OK.”

Individual CFT meetings must be added to a Contact as an Associated Service to document the Lead Agency involved and the Key Roles attending and participating in each meeting:

1. Click on the “Associated Services” tab. Most fields will be pre-populated

2. Complete the Child and Family Team frame, Key Roles and Lead Agency information.
 - a. Click on the “+” to open the “Key Roles” dialog box.
(All County Letter 17-104)

3. From list of available roles, select all of the Key Roles in attendance at the individual CFT meeting being documented.
 - a. Multiple roles may be selected, however, each role can be selected only once for each documented CFT meeting.
 - b. Key Roles are not assigned to particular individuals involved in the case. Each Key Role selected is recorded as attending the specific CFT meeting being documented.