August 25, 2022

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 22-73

The purpose of this All County Letter (ACL) is to communicate and support counties and Tribes (if required by the tribe's IV-E agreement) on the changes to the Child and Family Team (CFT) process made as a result of Assembly Bill (AB) 1068 (Statutes of 2019). This ACL provides guidance regarding CFTs and the Juvenile Court Report documentation; CFT action plans; the inclusion of the educational rights holder within the CFT; and confidentiality and sharing of information within the CFT.

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

AUGUST 25, 2022

ALL COUNTY LETTER NO. 22-73

TO:
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
ALL COUNTY WELFARE DIRECTORS
ALL COUNTY BEHAVIORAL HEALTH DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL ADOPTION REGIONAL AND FIELD OFFICES
ALL FOSTER FAMILY AGENCIES
ALL GROUP HOME DIRECTORS
ALL SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM DIRECTORS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL LOCAL EDUCATION AGENCIES
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA

SUBJECT:
ASSEMBLY BILL (AB) 1068 AND PRACTICE GUIDANCE FOR THE CHILD AND FAMILY TEAM (CFT) PROCESS

REFERENCE:
AB 403 and AB 1997 (CHAPTER 773, STATUTES OF 2015 AND CHAPTER 612, STATUTES OF 2016); AB 1006 (CHAPTER 714, STATUTES OF 2017); AB 1068 (CHAPTER 780, STATUTES OF 2019), WELFARE AND INSTITUTIONS CODE SECTIONS 358.2, 366.2, 832, 16010.7, 16501, AND 16501.1; ACL NO. 16-84/MHSUDS IN 16-049; ACL NO. 18-23; ACIN I-71-18; ACIN I-21-18/MHSUDS IN 18-022; ACL 18-85/MHSUDS IN 18-029; ACL NO. 18-81; ACL18-09/MHSUDS IN 18-007; ACL 20-38; ACL 21-114

The purpose of this All County Letter (ACL) is to communicate changes to the Child and Family Team (CFT) process that were codified into law via Assembly Bill (AB) 1068 and clarify expectations regarding the CFT process, as follows:

1. Requires the placing agency to provide notification to the child, youth, or, as applicable, nonminor dependent (herein referred to as youth), their parent or guardian, and the caregiver upon the scheduling of a CFT meeting.
    a. Additionally, notifying the tribal representative and/or Indian Custodian.

2. Requires Child Welfare Social Workers and Juvenile Probation Officers to document the occurrence of CFT meetings within court reports. Additionally, if a county has produced a CFT summary report or action plan, they may attach a copy of that report or plan with any necessary redactions to the court report. Redactions may be necessary because the information exchanged among team members is subject to the privileges and confidentiality requirements of state and federal law.

3. Requires that a youth's court-appointed educational rights holder, if someone other than the parent, guardian, Indian Custodian, or caregiver, must also be invited to the CFT meeting as follows:
    a. When the CFT will develop and implement a placement preservation strategy.
    b. When the CFT will discuss a placement change.
        i. The tribal representative must also be consulted about any decision to change a placement.

4. Requires the California Department of Social Services (CDSS) to issue written instructions to counties concerning the legal protections provided by statute regarding mental health, reproductive and sexual health, and drug treatment information concerning minors and nonminor dependents for whom a CFT meeting is held. Any request made of a foster youth to allow the release of protected information to the CFT must include notice of all statutory confidentiality protections, including but not limited to the right of the youth to consult with an attorney before signing the release of information (ROI).

BACKGROUND

A CFT is a group of individuals that includes the youth, family members, the caregiver, tribal representative in the case of an Indian child, professionals, natural community supports, the county placing agency caseworker, and other individuals identified by the family who are invested in the youth and family's success. In addition to participation of required agency and tribal representatives, the composition of the team is driven by youth and by family members' preferences. The CFT meetings and process are to be inclusive and respectful of youth and their families, including their privacy.

Consistent with California's adoption of the Integrated Core Practice Model (ICPM) and CFT process, CFT meetings are the primary engagement process to enable a collaborative discussion of the strengths and needs of the youth and family by using an effective teaming process. This process includes:

- Identifying and engaging team members, including but not limited to the youth, family, tribal service providers and tribal representatives in the case of an Indian child, caregiver, and natural supports, and also including the educational rights holder in specified circumstances related to placement.
- Ensuring the inclusion of, and collaboration with, the child' s Tribe in the case of an Indian child, even if the Tribe has not intervened in the matter.
- Documenting the outcome of the CFT meeting to support accountability and team progress.
- Providing relevant information to the courts as appropriate.

CFTs help the family by:

- Respecting that the youth and the family know themselves best, including knowing their strengths and what would work for them.
- Recognizing that the youth and family deserve to be treated with dignity and respect.
- Respecting the family's culture.

SCHEDULING AND NOTIFICATION OF THE CFT MEETING

A CFT meeting is a convening of all or some members of the CFT, depending on their role in the team. Any member of the CFT, including the youth, may request a CFT meeting. It is imperative to work collaboratively with the youth, family, and the child's Tribe in the case of an Indian child, to schedule the CFT meetings at times and in locations preferred by the youth, their family, and their Tribe, if applicable, in order to support continued engagement. Federal law and AB 153 specifically require when a youth is placed in a short-term residential therapeutic program (STRTP), the youth's case plan must include evidence that the CFT meetings are held at a time and place convenient for the family. See Welfare and Institutions Code (WIC) section 16501.1(d)(2)(C)(iii). Inclusion of the Indian child's Tribe is an Indian Child Welfare Act (ICWA) requirement and is essential to making informed care and placement decisions, complying with ICWA placement preferences, and ensuring placement preservation strategies are employed appropriately. Best practice includes collaborating with the Tribe to determine a time, date, and location of the CFT meeting to allow tribal participation. If a tribal representative is unavailable but would like to participate, the CFT meeting should be rescheduled, or alternative modes for meeting participation should be explored, so that the Tribe can participate.

For counties that contract out facilitation of CFT meetings and/or services, placing agencies are responsible for the overall training, oversight, and guidance of these facilitators, including ICWA compliance. Examples of ICWA compliance include coordinating with the Tribe for the date, time, and location of the CFT meeting; making sure Tribes are given the opportunity to provide input and concerns at the CFT meeting; and ensuring Tribes are provided a copy of the CFT meeting summary and action plan.

Upon the scheduling of a CFT meeting by the placing agency, counties must notify the youth, their parent or guardian, the youth's Tribe in the case of an Indian child, and the caregiver by phone, email, text, in person, or another method agreed to by the CFT members. The notification advises the youth or parent that they can invite others who are part of their support system to the CFT meeting. To allow participants to properly prepare for the CFT meeting, it is best practice to provide notification no less than 72 hours before the CFT meeting, unless safety concerns or urgent or emergency needs arise, and to provide the proposed agenda with topics for discussion. The youth and family should have the opportunity to discuss and add topics to the agenda, as needed, prior to the CFT meeting. In addition, it is best practice to have someone trusted by the youth and family (such as a community-based advocate, peer partner, youth's attorney, or caseworker) connect with the youth and family to explain the purpose of the meeting, answer any questions, and support the youth and family in preparing for the meeting. For more information on preparation and engagement for the CFT meeting, please see the CFT Meeting: A Child, Youth, and Family Engagement Guide.

Furthermore, this is an opportunity to engage the youth in a discussion about their rights as a foster youth in general and specifically as it relates to their CFT. All of the persons listed above are encouraged to use the FYBOR materials produced by the Office of the Foster Care Ombudsperson to facilitate discussions with the youth. Placing Agency caseworkers are required to use these materials and provide a copy of the youth's rights to the youth at least once every six months and other times as specified in WIC section 16501.1 (g)(4).

In addition to those mentioned above, the educational rights holder, other tribal supports, Court Appointed Special Advocates (if one has been appointed and the youth does not object), representatives from Foster Family Agencies (FFA) or STRTP, County Behavioral Health representatives (includes both Mental Health and Substance Use Disorder [SUD] Divisions) representatives, Regional Center Service Coordinators, and developmental rights holder must also be included. Specifically:

- According to the FYBOR, WIC section 16001.9(a)(39)(D), youth have the right to have both informal and formal support people participate in CFT meetings, consistent with state law.
- A youth's court-appointed educational rights holder, if someone other than the parent, guardian, Indian Custodian, or caregiver, must also be notified and invited to the CFT meeting in circumstances described in this letter.

- In the case of an Indian child, tribal representatives must also be notified and invited to the CFT meeting.
- To promote CFT meeting attendance, allowances should be made for participants to attend virtually, via phone, or in-person.

EDUCATIONAL RIGHTS HOLDER

Stability in a youth's education impacts many aspects of their life, including but not limited to foster care placement stability, extracurricular activities, relationships, and lifelong connections, and even in their overall health and wellness. Therefore, it is important to include the educational rights holder and school supports, such as a teacher or counselor, if a CFT meeting will involve any discussions that could impact the youth's education. School stability is a shared system responsibility. The CFT process offers an opportunity to find needed support for the continuity of education and to help alleviate some of the intense stress caused by a placement change or other challenges.

Participating in CFT meetings will provide opportunities for sharing information that will help educational providers be better prepared and informed to meet the needs of the youth, and for county staff, and system partners to be informed of how a youth's educational progress and needs impact other parts of the continuum of care within a county Children and Youth System of Care. It may be possible to hold a CFT meeting at the school site to accommodate the attendance of school supports. For further information regarding education and the CFT process, please refer to All County Information Notice (ACIN) I-71-18.

Counties must invite a youth's court-appointed educational rights holder, if they are someone other than the parent, guardian, Indian Custodian, or caregiver, to the CFT meeting in cases during which the team will:

- develop and implement a placement preservation strategy.
- discuss the possibility of a placement change

A foster youth's placement change may affect the youth's school placement and school stability. When the team will discuss a placement preservation strategy or a possible placement change, the CFT meeting must also include the court-appointed educational rights holder for a discussion of whether remaining in their school of origin is in the youth's best interests. By law, the youth must be maintained at their school of origin even when a placement change occurs unless the educational rights holder determines that it is in the youth's best interest to change schools. The educational rights holder is the person legally responsible for determining school placement and their presence at CFT meetings is required and critical when making decisions about placement changes. Often, educational rights holders are the parents, guardians, Indian Custodian, or caregivers of the youth, who may already be attending the CFT meetings.

For more information on school placement decisions please see the joint guidance on the Best Interest Determination process.

If the youth's educational rights holder determines that remaining in the youth's school of origin is in their best interest, the CFT, in consultation with the Local Education Agency's foster youth educational liaison and the youth's Tribe in the case of an Indian child, shall determine an appropriate transportation plan for the youth to attend their school of origin and any available extracurricular activities. For a resource on providing transportation to the school of origin, please see School of Origin Transportation for Youth in Foster Care Practices and Tips from the California Foster Youth Education Task Force. In addition to ensuring the educational rights holder is invited to the CFT meeting, it is also important to invite a representative from the youth's school of origin to provide additional observations and information that may be helpful in this decision-making process.

PUBLIC HEALTH NURSE

The Health Care Program for Children in Foster Care (HCPCFC), as outlined in Welfare and Institutions Code, section 16501.3, is a public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse expertise in meeting the medical, dental, mental, and developmental needs of youth in foster care. Due to the interlocking nature of childhood trauma and medical, developmental, and behavioral health, it is highly recommended that a foster care Public Health Nurse (PHN) be included in the CFT process and meetings. While not required, including a PHN from HCPCFC in the CFT process and meetings is a best practice that can result in a well-rounded team and provide added benefits to the youth, family, Tribe, and caseworker. In addition, the youth's Tribe, in the case of an Indian child, may have its own PHN that may be included. The PHN can support medical care coordination to meet the needs of foster youth, including complex medical needs, psychotropic medications, etc. In addition, the PHN can provide recommendations to the team regarding supports or services for placement stability as well as information regarding school Individualized Education Plans and 504 plans. The PHN can also identify additional referrals during the CFT meeting based on the information shared, such as regional services and other resources in the community. The PHN can also assist the team in needed follow-up on action items determined by the team and provide updates in the youth's Health and Education Passport as well as provide valuable information for the court reports.

Please note that the CFT facilitator must ensure informed consent is obtained before sharing protected health and education information in a CFT meeting, and health and education information exchanged among team members is subject to the privileges and confidentiality requirements of state and federal law. Confidentiality and information sharing are discussed in more detail below.

JUVENILE COURT REPORT DOCUMENTATION

Pursuant to existing law, the child welfare and juvenile probation departments must consider and document the recommendations of the CFT and must also document the rationale for any inconsistencies between the case plan and the CFT recommendations. Child Welfare Social Workers and Juvenile Probation Officers must document the occurrence of CFT meetings within court reports. Additionally, if a county has produced a summary report or an action plan of the CFT meeting for use by the team members, counties may attach a copy of that report or plan with any necessary redactions to the court report. Redactions may be necessary because the information exchanged among team members during CFT meetings is subject to the privileges and confidentiality requirements of state and federal law.

Doctor-patient and therapist-patient privileges give patients the assurance that what is communicated in a medical office or in therapy generally is not admissible in court without their permission. Without privilege, patients may be less trusting, and because medical care and therapy depend on trust, these services may be considerably less effective. Privilege may also offer other protections. Evidence Code section 1015 requires therapists and other mental health practitioners who made or received a communication subject to privilege to claim the privilege on behalf of their client if they receive a request to disclose it. Agency staff should work with counsel if there are questions regarding privilege and to prevent disclosure of information that may be subject to that protection.

It is important for the discussion during CFT meetings to be relevant to the purpose of the meeting. Team members should try to navigate around topics that are or are likely to be the subject of contested court hearings, as this may create privilege issues. Even then, in some cases, therapists may decline to disclose confidential information or opinions, especially about topics that are being addressed in court, to avoid being subpoenaed and questioned about privileged information in court.

Should questions arise regarding whether information to be included in court reports is subject to privilege, caseworkers should consult with their counsel to determine how to proceed, including discussion with minor's counsel, to ensure that no information subject to privilege is included in reports to the court unless there has been a waiver of privilege as to that information by the holder. The holder of privilege may not be the same person who signs the ROI.

Effective documentation of the CFT process reinforces transparency between CFT members and the Juvenile Court and can increase accountability for CFT members. This assists in ensuring the youth, family, and CFT members' voices are authentically represented and considered in decision making. Documenting the discussion of, or recommended changes to, the case plan and the interventions or supports provided will ensure a more complete and accurate representation of the youth's wellbeing that the CFT will use to determine appropriate and effective services and supports in the future.

While AB 1068 mandates the occurrence of the CFT meeting be documented within the court report, best practice dictates also including the following information:

- Date of the CFT meeting;
- Team members in attendance (and why required attendees may not have been present).
- Identified strengths and actionable items determined by the most recent Child and Adolescent Needs and Strengths (CANS) (include date of CANS completion).
- Recommendations of the CFT.
- Preferences of youth and family on all decisions discussed in CFT.
- Action items agreed upon by the CFT.

CFT MEETING SUMMARY AND ACTION PLAN

The Federal Family First Prevention Services Act (FFPSA), P.L. 115-123, includes new requirements regarding documentation to be included in the child welfare or probation case plan for each child placed into a Qualified Residential Treatment Program (QRTP). To achieve full compliance with the federal law by October 1, 2021, California enacted AB 153. AB 153 amends WIC section 16501.1 and WIC section 706.6 to require that within 30 days of the placement of a youth into an STRTP, the case plan must document specific information with regards to CFT efforts and process.

The CDSS has created the CFT Meeting Summary & Action Plan template as one option to fulfill these requirements. This document can be found attached to this ACL. The information may be completed by the caseworker and/or CFT facilitator. Information contained in this action plan can be attached to the referral for the Qualified Individual assessment and/or a referral for Interagency Placement Committee review, to reduce duplication of information. The action plan is recommended for use in all cases. For additional information on FFPSA case plan requirements, please review ACL 21-114.

If a county has produced an action plan or meeting summary during the CFT meeting for use by the team members, a copy of that action plan with any necessary redactions made may be attached to the court report. It is best practice to provide youth, families, and the youth's Tribe in the case of an Indian child with the opportunity to review the report and provide input on whether their perspectives are accurately represented, and to make edits as necessary prior to submission to the court. The CDSS encourages the use of the standardized CFT Meeting Summary and Action Plan template. Attaching the action plan to a court report, if it is available, could provide crucial details regarding actions and efforts taken to ensure that the youth and family is connected to appropriate supports and services. Attaching the action plan to the court report furthers the intent of the CFT to inform all involved in the care of the youth, including the Court, of the efforts, services, and supports that meet the safety, permanency, and wellbeing of the youth.

CONFIDENTIALITY AND THE SHARING OF INFORMATION

AB 1068 requires CDSS to issue written instructions to counties concerning youth for whom a CFT meeting is held regarding all legal protections provided by statute for foster youth regarding:

- Mental Health;
- Reproductive and Sexual Health; and
- Minor Drug Treatment Information.

WIC section 16001.9(a)(26) provides that youth, including youth in foster care, have the right to confidentiality of medical and mental health records, including, but not limited to, human immunodeficiency virus (HIV) status, SUD history and treatment, and sexual and reproductive health care, consistent with existing law. In circumstances when a caseworker obtains protected health information from a medical provider, that information cannot be shared with others except as allowed by applicable confidentiality and privilege laws.

The sharing of critical health, education, and related information between CFT members, and by and between local System of Care agency partners, is a long-understood hallmark of all service delivery approaches and ensures the timely delivery of appropriate services and supports as identified by the youth and family. A recent review of implementation efforts across the state uncovered a need for clarification as to conflicting understanding of information sharing requirements, which can hinder active and open engagement and participation in the decision-making process by team members. Open communication and transparency also provide for the Juvenile Court system to confidently consider CFT recommendations when making orders regarding placement, services, compliance with the ICWA, and other youth and family centered decisions.

Confidentiality and information sharing practices are key elements throughout the CFT process, and they must be designed to protect youth and families' rights to privacy without creating barriers to or impeding the timely delivery of services. Section 832 of the WIC was added to promote sharing of information between CFT members relevant to case planning and providing necessary services and supports to the youth and family. Specifically, subdivision (a) says:

1) To promote more effective communication needed for the development of a plan to address the needs of the child or youth and family, a person designated as a member of a child and family team as defined in paragraph (4) of subdivision (a) of WIC section 16501 may receive and disclose relevant information and records, subject to the confidentiality provisions of state and federal law.

2) Information exchanged among the team shall be received in confidence for the limited purpose of providing necessary services and supports to the child or youth and family and shall not be further disclosed except to the Juvenile Court with jurisdiction over the child, subject to the privileges and confidentiality requirements of state and federal law, or as otherwise required by law. Civil and criminal penalties may apply to the inappropriate disclosure of information held by the team.

Obtaining the knowing and informed consent of the parent and the youth or authorized representative to share information with the CFT or during CFT meetings ensures compliance with state and federal law, encourages, and promotes transparent communication within the CFT, and allows for informed decision making and case planning. Informed consent means having sufficient information about with whom the information will be shared, as well as the purpose, benefits, risks, and consequences of sharing information before executing an authorization to share information.

The signing of the authorization must also be voluntary where the individual has the ability to not share information without being denied access to services, and having the right to revoke the consent at any time [Health Insurance Portability and Accountability Act (HIPAA) 45 CFR 164.508(b)(5)].

Please note that information exchanged within the CFT that may be disclosed to the Juvenile Court *is* subject to privilege and confidentiality requirements. Confidential information, including mental health, SUD, and reproductive and sexual health information, should only be disclosed to the Juvenile Court if it is for the limited purpose of providing necessary services and supports to the youth or family and the disclosure complies with all applicable state and federal law confidentiality protections.

It is best practice for a person with whom the youth has a strong trusting relationship to discuss any related issues with the youth – in a private, confidential space – prior to the CFT meeting so that they can agree upon an approach for addressing the topic (or not) within the meeting.

MENTAL HEALTH

A therapist's presence at the CFT meeting and throughout the CFT process further supports the youth, as they can be strong advocates for what is in the youth's best interest while maintaining appropriate boundaries of disclosure. The CFTs should appreciate the vital role therapy plays in healing trauma, and support therapy progress by respecting patient's privacy rights.

When asking therapists to disclose information, it is important to be mindful that they have a duty not to disclose confidential information in a CFT without a completed and valid ROI. A minor who is age 12 or older may be mature enough, as determined by the therapist, to "participate intelligently in treatment," which thus gives the minor the

authority to consent to mental health outpatient treatment, consistent with Family Code section 6924(b) and Health and Safety Code (HSC) section 124260. When the minor is mature enough to consent to treatment, regardless of whether they signed consent to treatment forms, they also decide whether their confidential mental health information should be disclosed, and if so, what and to whom. Caseworkers should speak to the minor's mental health service providers as to whether the provider has determined if the minor is mature enough to participate intelligently in treatment and thus has authority to decide on disclosures of information.

Even when there is what might otherwise be a valid authorization to release confidential information, caseworkers need to be aware of statutory limitations on what information therapists can disclose and to whom in order to ensure a youth's privacy rights are maintained.

- Pursuant to HSC section 123115, a therapist treating a minor may choose not to disclose certain information to a parent or guardian if doing so would be detrimental to the therapeutic relationship or to the safety or wellbeing of the minor. This layer of protection is in addition to the discretion of the CFT professionals, described in WIC section 832(c), not to release information that poses a risk of detriment to the minor.
- Pursuant to HSC section 123116 and WIC section 5328.03, a therapist who knows that a minor has been removed by the Juvenile Court from the physical custody of their parent or guardian shall not allow the parent or guardian to inspect or obtain copies of mental health records of the minor patient unless the Juvenile Court has issued an order allowing the parent or guardian to inspect or obtain copies of such records after finding that such an order would not be detrimental to the minor. Absent such an order, a minor with the authority to decide whether and to whom their confidential mental health information should be disclosed cannot override this protection by signing an authorization to disclose to their parents, whether directly or in a CFT meeting. This limitation applies to mental health records from both outpatient and inpatient settings. If the court issues an order allowing parents or guardians access to mental health records, disclosure of the confidential information of a minor may still require a valid authorization signed by whomever has that authority.
- Pursuant to Civil Code section 56.106 and WIC section 5328.03, a therapist who knows that a minor has been removed by the Juvenile Court from the physical custody of their parent or guardian shall not disclose mental health records of a minor patient based on the parent or guardian's authorization unless the Juvenile Court has issued an order allowing the parent or guardian to sign an authorization for the release of the mental health records of the minor, assuming the parent would otherwise have such authority. The Court may issue such an order after finding that this order would not be detrimental to the minor.

REPRODUCTIVE AND SEXUAL HEALTH

In accordance with WIC section 369 and Family Code sections 6925, 6926, 6928, foster youth have a right to consent to or decline medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer, court, or authorized representative) for:

- The prevention or treatment of pregnancy, including contraception, at any age (except sterilization).
- An abortion, at any age.
- Diagnosis and treatment of sexual assault, at any age.
- The prevention, diagnosis, and treatment of Sexually Transmitted Infections (STIs), at age 12 or older.

If the foster youth has the right to personally consent to medical services, such services shall be provided confidentially and maintained as confidential between the provider and foster youth to the extent required by the HIPAA (Public Law 104-191) and the California Confidentiality of Medical Information Act (CMIA)(Civil Code 56, et. seq.) unless disclosed through written consent of the foster youth or through a court order. When a youth has the right to consent, there shall be privacy for examination or treatment by a medical provider, unless the youth specifically requests otherwise. More information on reproductive and sexual health care and related rights that foster youth have and are entitled to have respected can be found in ACL 16-82.

- Other sensitive information related to sexual health, such as a youth's experience with commercial sexual exploitation or trafficking, may be relevant to the discussion at a CFT meeting (for example, with respect to needed services, a housing situation, or a safety issue).

For additional information and resources for caseworkers for documenting, protecting, and sharing personal health information for youth in foster care as it relates to sexual and reproductive health, please refer to ACIN I-06-20.

MINOR DRUG TREATMENT

In accordance with Family Code section 6929, foster youth who are 12 or older have the right to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem.

Consistent with Part 2 of Title 42 of the Code of Federal Regulations (42 CFR Part 2), the youth must give written consent for the release of any information that would identify them as having or having had a SUD. If the youth is too young to consent to treatment, both the youth and their parent must give written consent for the release of information (42 CFR § 2.14).

Information related to SUD may be relevant to the discussion in a CFT meeting and may be present in information from a CANS or from a SUD treatment provider. ACL 18-85/MHSUDS IN 18-029 states that counties must be cognizant of the fact that questions, responses, and ratings on the CANS, specifically the rating of a youth's problems with substance use (i.e., SUD specific questions) are subject to 42 CFR Part 2 and cannot be released, including during a CFT meeting, without a completed and signed ROI/authorization.

ACL 18-85/MHSUDS IN 18-029 further clarifies that Mental Health Plans (MHP) and child placing agencies are expected to obtain the necessary authorization/ROI before sharing SUD information in a CANS with each other. Youth should be engaged in discussions about the benefits of working as part of a team, information that needs to be shared, the purpose of sharing information, and with whom the information will be shared before signing an ROI. Regardless of which county agency completes the CANS, an ROI that complies with 42 CFR Part 2 must be obtained prior to sharing the CANS with entities other than the county placing agency or MHP during a CFT meeting.

Disclosure of additional SUD related information, such as information from a SUD treatment entity or provider, during a CFT meeting also requires an ROI that meets the requirements of the applicable confidentiality law.

In order to be subject to 42 CFR Part 2, a SUD treatment entity or provider must be both federally assisted and meet the definition of a 'program'. The provider is a 'program' if it promotes itself as offering SUD services and provides or makes referrals for SUD services. For-profit programs and private practitioners who only accept private insurance or self-pay patients are not subject to 42 CFR Part 2 regulations except when licensed by the State of California as described in the next paragraph.

In California, under Title 9 of the California Code of Regulations, all information and records obtained from or regarding residents in Residential or Drug Abuse Recovery and Treatment facilities licensed by the California Department of Health Care Services (DHCS) shall be confidential and maintained in compliance with 42 CFR Part 2. Federally Qualified Health Centers (FQHC) licensed by the DHCS as an Alcoholism or Drug Abuse Recovery or Treatment Facility are also subject to 42 CFR Part 2.

State of California HSC Section 11845.5 protects information and records maintained by entities that are licensed by the DHCS in connection with SUD diagnosis and treatment, whether inpatient or outpatient. If 42 CFR Part 2 does not apply, information and records maintained by such entities may be disclosed only as provided in this code section. The CMIA may regulate SUD information and records not subject to HSC 11845.5 or 42 CFR Part 2. Caseworkers should consult with their counsel if questions arise.

SHARING INFORMATION WITHIN THE CFT

When the CFT convenes, members will discuss and address any concerns related to sharing information openly and transparently. Working together as a team to discuss necessary information such as strengths and challenges will help the youth, family, and the Tribe or tribal representative in the case of an Indian child, to determine specific goals and implement a plan to meet those goals. Sharing relevant information allows youth, families, professionals, and the Tribe or tribal representative in the case of an Indian child to build trust in each other and in themselves. This strengths-based, collaborative engagement with youth, families, and the Tribe or tribal representative in the case of an Indian child is fundamental to the CFT process. This ACL further explains the sharing of information included in ACL 18-85/MHSUDS IN 18-029.

In order to share information with CFT members and within CFT meetings, each participant in the CFT with legal power to do so, shall sign an authorization to release the information they want to share. Information may only be shared if there is such an authorization. However, no one is required to release their information. In the event that a youth who is a dependent or ward of the Juvenile Court does not have the legal power to consent to the ROI, the youth's attorney or other authorized individual may consent or limit what is disclosed on behalf of the youth [WIC § 832(b)(1)]. Please keep in mind that it is the youth or family member's choice to provide consent to release information, or to limit what is disclosed, and this must be discussed with them prior to the disclosure of protected information. The discussion with the youth or family member should include with whom the information will be shared, as well as the purpose, benefits, risks, and consequences of sharing information. They should also be informed that they have the right to revoke the authorization and to consult with an attorney before signing an ROI. All protections for the confidentiality of the information must be followed.

Any authorization to release information pertaining to the CFT must include all statutory confidentiality protections, including, but not limited to, the right of the youth to consult with their court-appointed attorney. This serves to ensure foster youth are reminded of their privacy rights regarding personal health information.

CFT PRIVACY BROCHURES AND OTHER RESOURCES

The CDSS worked closely with internal and external partners to develop CFT Privacy Brochures. These brochures are included as attachments to this ACL. Each brochure's front panel includes a description of the brochure and the audience to which each brochure is intended, including youth, parents, and professionals. These brochures provide CFT privacy guidelines and guidance specific to the needs of each audience. For additional information and resources, the brochures also include QR codes to the CDSS CFT website, CANS website, and CFT survey. In addition to the CFT Privacy Brochures and the CFT Meeting Summary and Action Plan, CDSS also worked with stakeholders to develop a CFT Confidentiality Agreement and Sign-In. The purpose of

the Sign-In is to inform all CFT members of confidentiality and information sharing practices within the CFT.

A variety of resources and information can be found on both the CFT website and CANS website managed by CDSS. Resources include, but are not limited to, model guides, brochures, state issued guidance, and videos. As of the date of this ACL, there are newly released best practice CFT videos tailored to specific audiences (youth, teens, and adults) in both English and Spanish found on the website. There are also videos for additional audiences and from varying perspectives, including Behavioral Health, Child Welfare, and Juvenile Probation found on the website.

The Regional Training Academies offer specialized training and coaching on CFT facilitation, integration of the CANS into the CFT, and many other course topics to support engagement of family and natural supports and care coordination essential to quality CFT practice. Child Welfare Agencies can access the training course catalog via the California Child Welfare Training statewide learning management system, known as CACWT to identify local course offerings delivered using an integrated cross-system training approach.

For information on how professionals working with foster youth may use CFT meetings to increase collaboration and to improve coordination of services for foster children, youth, and their families please see ACIN I-71-18.

SHARING MINORS AND FOSTER YOUTH HEALTH INFORMATION IN CALIFORNIA

The California Office of Health Information Integrity published the State Health Information Guidance (SHIG) 5.0 – Sharing Minors and Foster Youth Health Information in California in September 2021. Although it does not address CFTs directly, the SHIG is a resource for service providers regarding the sharing of minors' and foster youth's health information to support coordinated and integrated care and services. The SHIG explains federal and state laws into non-legal and non-technical language for a general audience. This allows for secure and appropriate data sharing among health providers, ultimately promoting better care integration and health outcomes while protecting privacy.

INTERAGENCY MEMORANDUM OF UNDERSTANDING

The development of a Memorandum of Understanding (MOU) that includes local information sharing agreements, and implementation and practice of a Children and Youth System of Care, as required by AB 2083 (statutes of 2018) and AB 153 (Chapter 86, Statutes of 2021), supports local county systems with establishing processes and practices for cross system teaming, collaborative and coordinated assessment and service delivery as well as information and data sharing across system partners to facilitate the broader purpose of the MOUs. This is to ensure that children and youth in foster care receive coordinated, timely, and trauma-informed services. County public

agencies and education and regional centers are required to develop and implement an Interagency MOU that effectively identifies the processes and tools to be used when serving youth in multiple systems. The AB 153 also requires counties to consult with Tribes in the implementation of the MOU. The MOU contains a required provision addressing how the local system of care will share information and data, which should be referenced for local guidance. Professionals should take care to ensure members understand how sharing information can be beneficial to achieving goals, while also recognizing and addressing concerns.

It is important to understand that an MOU cannot override federal or state privilege or confidentiality laws; however, it can help establish processes and tools to facilitate obtaining appropriate releases when they are necessary. For additional information on interagency MOUs, please refer to ACL 19-116.

INQUIRIES

If you have any questions or need additional guidance regarding the information in this letter, contact the Integrated Practices and Resources Development Bureau at (916) 651-6600 or at CWScoordination@dss.ca.gov.

Sincerely,

Original Document Signed By

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division

Attachments

Child and Family Team (CFT) Confidentiality Agreement and Sign-In

Child welfare services are most effective when delivered in the context of a family-centered Child and Family Team (CFT) that shares responsibility to assess, plan, intervene, monitor, and refine interventions over time. Sharing relevant information allows families and other team members to build trust in each other and in themselves, hold difficult discussions, and build solution focused strategies and plans together.

Confidentiality in California is established under Sections 827, 832, and 10850 of the Welfare and Institutions Code and is designed to protect privacy rights, while promoting the sharing of information between CFT members relevant to case planning and providing necessary services and supports to the child, youth, and family.

By signing below, I have been advised and understand that information provided at this CFT meeting is confidential under law, and I understand and agree that I will maintain the confidentiality of the information shared. To allow for virtual participation, verbal acknowledgment may also be permitted.

- I will not discuss or repeat information from this meeting with other individuals outside of other team members unless authorized by law or the information is deemed necessary by the court to make appropriate orders in this case.
- Information discussed shall be used for the purpose of developing and implementing interventions that will reduce risk to the children being discussed.

All participants need to be aware that any information such as new allegations of child abuse and neglect, threats of death or harm to oneself or another, or new allegations of elder abuse will be reported to the appropriate authority.

Meeting Date:	**Family Name:**

Name (Print)	Relationship to Youth/Family	Phone or Email	In Person Signature or Check Box for Virtual Attendance
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

I, as the facilitator, have reviewed these confidentiality requirements with all virtual participants during the meeting and each virtual participant has provided verbal agreement to maintain confidentiality of the information shared.

_____

Facilitator Signature

What rights do I have regarding my private information and services?

When you're 12 years old or older, and it's been determined that you are mature enough, you have the right to:

- Decide for yourself who receives information about your services and other private information,
- Talk to your attorney before giving permission to release the information, and
- Seek and/or agree to treatment and services on your own.

If you are under 12 years of age, your parent, attorney, or other authorized individual must give permission on your behalf, but you have a right to share your thoughts on your treatment.

However, some exceptions exist in regards to your reproductive and sexual health.

When can I ask for information not to be shared?

The information may be important in assisting some people trying to do their best to help you, and certain information about risks to safety must be shared with those who are required to assist, but you have a choice on sharing information with other members of the team.

You have rights, and you can discuss who on your team you'd like to know the information with your caseworker, attorney, and/or a trusted individual. Your caseworker is here to support you and ensure you and your family have what you need to be successful.

For more CFT information visit: https://cdss.ca.gov/inforesources/foster-care/child-and-family-teams or email CWSCoordination@dss.ca.gov

CFT Website

CFT Survey

CANS Website

If you have any questions about privacy, please talk with your caseworker.

Caseworker Name:

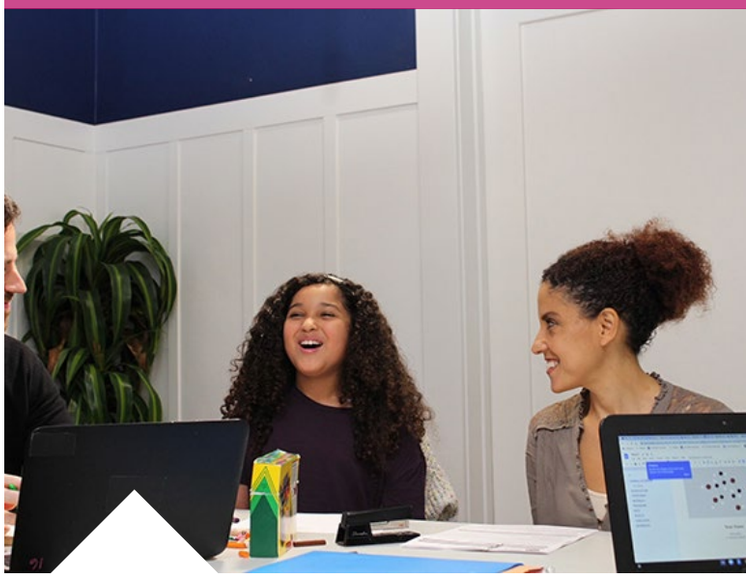
Phone:

Email:

TEMP #### (07/22)

Child and Family Teams (CFT) for Youth

Privacy and Sharing Information with your CFT



CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The CFT is a team of people who know and care about you and your family.

If you or your family have questions or worries, the team is there to listen and to help. Your opinions, thoughts, concerns, and ideas are important and need to be heard!

Who do you count on as a support person? A friend? A neighbor? Invite them to be part of the Team!

What is a Child and Family Team (CFT)?

A group of people that includes you, your family members, and others of your choosing who work together to provide support and encouragement to achieve your goals and your family's goals.

Who may attend CFT Meetings?

- You;
- Your family members;
- Your current caregiver;
- Your caseworker;
- Your service providers;
- Your Tribal representative; and
- Others you and your family invite for support and encouragement.

How can a CFT help my Family?

- By respecting you and your family as the ones who know yourselves best including your strengths and what would work for you;
- By recognizing you and your family deserve to be treated with dignity and respect;
- By respecting your family culture;
- By supporting you and your family to develop a plan that fits your strengths, needs, and goals using a tool that reflects the team's input, known as the Child and Adolescent Needs and Strengths (CANS); and
- By having meetings be a safe place to discuss thoughts, opinions, ideas, and concerns.

What is talked about with the CFT?

The CFT is a team of people who are there to help you. With your permission, the following information about your health and well-being may be discussed:

- Physical/Developmental health,
- Mental health,
- Reproductive health, and
- Substance use and abuse.

This information is used to complete the CANS and help with case planning, services, and supports for you and your family. By law, certain information about risks to your safety must be shared with those who are required to assist you. For example: the possibility of child abuse or neglect, and feelings of hurting yourself or others.

What are the benefits of having these discussions with my CFT?

Your CFT is sensitive to the things in your life that have been challenging and that have been going well. Discussing these topics will help the team support and encourage you and your family by:

- Making sure those who care for you have the best information to meet your needs;
- Supporting you and your family in developing a culturally appropriate plan that works for you;
- Coordinating services; and
- Updating assessments, including CANS, and case planning documents as things change.

What happens with my private information?

Being able to share information between you, your team members, and the support people who care for you is among the most important parts of the CFT process.

All discussions your CFT members have regarding you and your family are private unless sharing that information with others is required by law. There are state and federal laws that protect the information you and your family share.

You and your team will work together to reach an agreement about the specific information to be shared and with whom. When involved, the Juvenile Court has a special role because they are making decisions about your well-being and future. Therefore, the Juvenile Court Judge and attorneys for your case may be provided certain information to support these decisions.

You're encouraged to consult with those that you trust to make the decision about sharing information. Your caseworker is a great resource to help you and your family make this decision. If you have questions about your rights or the effects of sharing your information, your caseworker and/or attorney can help you.

If you have any questions about privacy, please talk with your caseworker.

What rights do I have regarding my private information and services?

You have the right to:

- Decide for yourself who receives information about your services and other private information,
- Consult with your attorney before giving permission to release the information, and
- Seek and/or agree to treatment and services.

When can I ask for information not to be shared?

The information may be important in assisting some people trying to do their best to help you and your family, but you have a choice on sharing information with other members of the team. You have rights, and you can discuss who on your team you'd like to know the information with your caseworker and attorney. They are here to support you and ensure you and your family have what you need to be successful.

For more information visit: https://cdss.ca.gov/inforesources/foster-care/child-and-family-teams or email CWSCoordination@dss.ca.gov

CFT Website

CFT Survey

CANS Website

If you have any questions about privacy, please talk with your caseworker.

Caseworker Name: _____

Phone: _____

Email: _____

TEMP #### (07/22)

Child and Family Teams (CFT) for Parents

Privacy and Sharing Information with your CFT

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The CFT is a team of people who know and care about you and your family.

If you or your family have questions or worries, the team is there to listen and to help. Your opinions, thoughts, concerns, and ideas are important and need to be heard!

Who do you count on as a support person? A friend? A neighbor? Invite them to be part of the Team!

What is a Child and Family Team (CFT)?

A group of people that includes you, your family members, and others of your choosing who work together to provide support and encouragement to achieve your goals and your family's goals.

Who may attend CFT Meetings?

- You;
- Your child;
- •Your family members;
- •Your child's current caregiver;
- •Your caseworker;
- •Your service providers;
- •Your Tribal representative; and
- •Others you and your family invite for support and encouragement.

How can a CFT help my family?

- By respecting you and your family as the ones who know yourselves best including your strengths and what would work for you;
- By recognizing you and your family deserve to be treated with dignity and respect;
- By respecting your family culture;
- By supporting you and your family to develop a plan that fits your strengths, needs, and goals using a tool that reflects the team's input, known as the Child and Adolescent;
- Needs and Strengths (CANS); and
- By having meetings be a safe place to discuss thoughts, opinions, ideas, and concerns.

What is talked about with the CFT?

The CFT is a team of people who are there to help you. With permission, the following information about you or your child's health and well-being may be discussed:

- Physical/Developmental health,
- Mental health,
- Reproductive health, and
- Substance use and abuse.

The information is used to complete the CANS and help with case planning, services, and supports for you and your family. By law, certain information about risks to your and your child's safety must be shared with those who are required to assist. For example: the possibility of child abuse or neglect, and feelings of hurting yourself or others.

What are the benefits of having these discussions with my CFT?

Your CFT is sensitive to the things in your life that have been challenging and that have been going well. Discussing these topics will help the team support and encourage you and your family by:

- Making sure those who care for you have the best information to meet your needs;
- Coordinating services;
- Supporting you and your family in developing a culturally appropriate plan that works for you; and
- Updating assessments and case planning documents as things change.

What happens with my private information?

Being able to share information between you, your team members, and the support people in your life is among the most important parts of the CFT process.

All discussions your CFT members have regarding you and your family are private unless sharing that information with others is required by law. There are state and federal laws that protect the information you and your family share.

You and your team will work together to reach an agreement about the specific information to be shared and with whom. When involved, the Juvenile Court has a special role because they are making decisions about you and your child's future. Therefore, the Juvenile Court Judge and attorneys for your case may be provided certain information to support these decisions. You're encouraged to consult with those that you trust to make the decision about sharing information. Your caseworker is a great resource to help you and your family make this decision. If you have questions about your rights or the effects of sharing your information, your caseworker and/or attorney can help you.

If you have any questions about privacy, please talk with your caseworker.

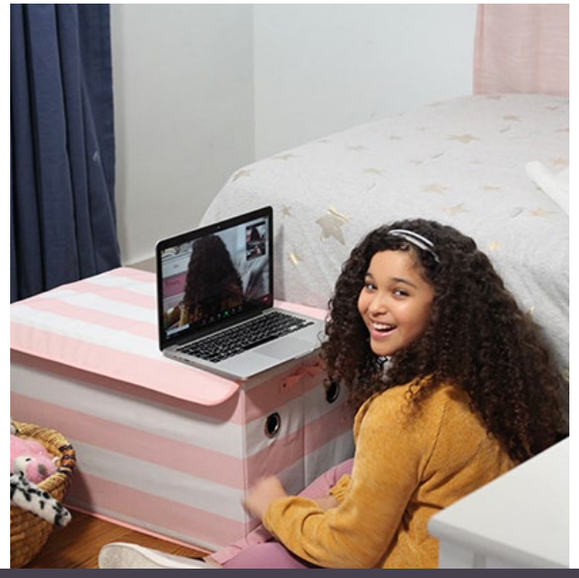
What rights do the youth and family have regarding their confidential information and services?

They have the right to:

- Decide for themselves who receives information about their services and other private information,
- Consult with their attorney before giving permission to release the information, and
- Seek and/or agree to treatment and services.

When can the youth and family ask for information not to be shared?

The information may be important in assisting some people trying to do their best to help the youth and family, but they have a choice on sharing information with other members of the team. The caseworker is there to support the youth and family and ensure they have what they need to be successful.



For more CFT information visit: https://cdss.ca.gov/inforesources/foster-care/child-and-family-teams or email CWSCoordination@dss.ca.gov

CFT Website

CFT Survey

CANS Website

If you have any questions about privacy, please talk with the family's caseworker.

Caseworker Name: _____

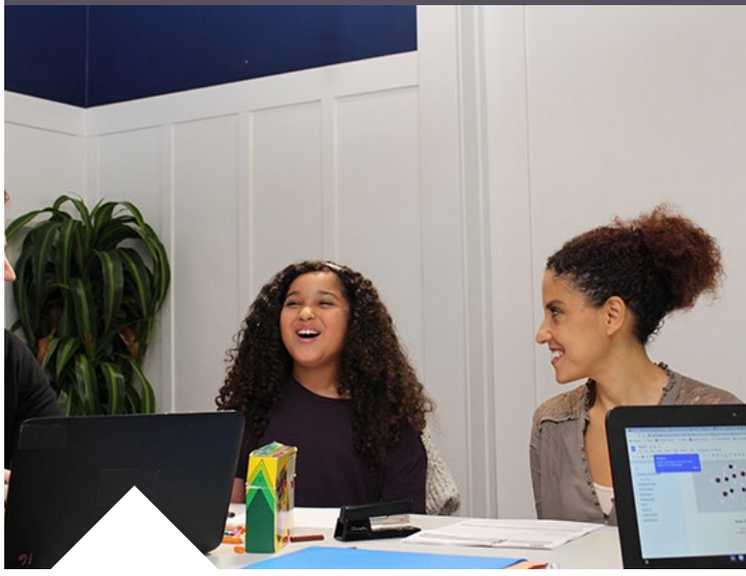
Phone: _____

Email: _____

TEMP #### (07/22)

Child and Family Teams (CFT) for Professionals

Privacy and Sharing Information with the CFT



CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

What is a Child and Family Team (CFT)?

A group of people that includes the child, youth, or Nonminor Dependent (NMD) (herein referred to as youth), parents, other family members, trusted adults of the child and family's choosing, caring professionals, and others who work together to provide support and encouragement to achieve the goals of the child and family.

Who may attend CFT Meetings?

- The youth;
- Their family members;
- The current caregiver;
- The caseworker;
- The family's service providers;
- The family's Tribal representative; and
- Others that the youth and family invite for support and encouragement.

How can a CFT help the family?

- By respecting the youth and family as the ones who know themselves best including their strengths and what would work for them;
- By recognizing the youth and family deserve to be treated with dignity and respect;
- By respecting the family's culture;
- By supporting the youth and family to develop a plan using the Child and Adolescent Needs and Strengths (CANS) tool, which reflects the team's input; and
- By having meetings be a safe place to discuss thoughts, opinions, ideas, and concerns.

What kind of information gets shared with the CFT?

The CFT is a team of people who are there to help the youth and family. With the permission of the youth and/or family, the following information about their health and well-being may be discussed with the CFT:

- Physical/Developmental health,
- Mental health,
- Reproductive health, and
- Substance use and abuse.

This information is used to complete the CANS and help with case planning, services, and supports for the youth and family. By law, certain information about risks to safety must be shared with those who are required to assist. For example: the possibility of child abuse or neglect, and feelings of hurting oneself or others.

If children, youth, or parents have questions about their rights or the effects of sharing their information, they should be encouraged to contact their caseworker and/or attorney for help.

What are the benefits of having these discussions with the CFT?

The CFT is sensitive to the things in the youth's and family's lives that have been challenging and that have been going well. Discussing these topics can help the team support and encourage the family by:

- Making sure those who care for the youth and family have the best information to meet their needs;
- Coordinating services;
- Supporting the youth and family in developing a plan that works for them; and
- Updating assessments and case planning documents as things change.

What happens with the confidential information that is shared with the CFT?

Being able to share information between team members is among the most important parts of the CFT process.

All discussions the CFT members have regarding the youth and family are private unless sharing that information with others is required by law. There are state and federal laws that protect the information that is shared by both the professionals and the family.

The youth, family, and all CFT members will work together to reach an agreement about the specific information to be shared and with whom. When involved, the Juvenile Court has a special role because they are making decisions about the youth and family's future. Therefore, the Juvenile Court Judge and attorneys assigned to the case may be provided certain information to support these decisions.

The caseworker and trusted individuals can help the youth and family to make the decision about sharing information. If you have questions about confidentiality, ask the caseworker and/or CFT facilitator.

If you have any questions about privacy, please talk with the family's caseworker.

Child and Family Team Meeting (CFTM) Summary and Action Plan

To be shared with all members of the CFT and attached to the case plan once complete.
Please use Attachment A of this document when additional space is needed.

Date:	Youth&Family Name(s):
Caseworker:	Meeting Facilitator:
ICWA: ☒ Yes ☐ No ☐ Inquiring	Child's Tribal Affiliation:

List All CFT Members (child/nonminor dependent, family members and supports, caregivers, tribal representative, educational rights holder, and others) - Check box if present at meeting:

Name	Relationship to Child/Family	Preferred Method of Contact (Phone or Email)	Present
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Interpreter: ☐ Yes ☐ No If yes, list person or provider: _____

Meeting Location (check all that apply): ☐ In Person ☐ Video/teleconference ☐

Purpose of Meeting:

☐ Initial CFTM ☐ Follow Up Meeting ☐ 3 Month Review ☐ 6 Month Review
☐ Other (placement preservation, safety planning, Qualified Individual (QI) Assessment, etc.):

_____

Group Agreements:

☐ We agree to keep the information shared in this meeting confidential.
☐ Recognize Tribal Sovereignty and ICWA (for Indian children).

- _____
- _____
- _____
- _____

Child and Adolescent Needs and Strengths (CANS): Date of Assessment: _____

- Identified Strengths: _____
- Actionable Needs: _____
- Did CFT members agree on ratings of the strengths and needs? ☐ Yes ☐ No
  Please describe any disagreements: _____
- If the CANS was not discussed, provide reason: _____

What is working well (additional strengths, existing supports, and action items completed)?

_____

_____

Did CFT make a placement recommendation? If yes, check box and include in action plan: ☐

☐ ICWA and the Tribe's placement preferences considered, as applicable.

☐ Impact to school and education? Identify which CFT member will notify and consult with the Foster Care Liaison regarding placement moves. Provide timeframe for completion and details, including transportation, the impact to education, and how this is being addressed.

_____

_____

☐ Out-of-County Placement? Please identify who will complete Presumptive Transfer documentation and the date by which this will be completed._____

☐ Placement Preservation Plan and/or Transition Plan (or see attached)? _____

_____

Permanency Plan Decisions, including Specialized Permanency and Tribal consultation:

_____

_____

Did the members of the CFT reach agreement on the plan? ☐ Yes ☐ No

If no, please identify what was not agreed upon:_____

_____

Action Plan:

If any previous Action Plan was developed, provide an update on outstanding action steps.

Who	Action Steps (include reason)	By When

Date of Next CFT Meeting:_____ **Location:**_____

Date of Next Court Hearing:_____

Complete items 1-8 of this section for children and NMDs placed in a Short-Term Residential Therapeutic Program (STRTP) (WELF. & INST. CODE, § 361.22, 727.12, 706.6, 16501.1):

1. Please explain how the social worker/ probation officer made reasonable and good faith efforts to identify and include all required members in the CFT.

2. If reunification is the permanency goal, provide information on how the parent(s) from whom the child was removed provided input on who should be members of the CFT.

3. Please describe how the location and time of the CFTM was determined. Was the meeting held at a time and place convenient for the family (please elaborate)?

4. Please describe how the determination by the QI was conducted in conjunction with the CFT.[1]

5. Please list the placement preferences of the child/nonminor dependent, the family and the CFT.

6. Are the placement preferences of the child/NMD, the family, and the CFT the same or different from the QI recommendations? If they differ, please summarize the rationale provided by the QI.[1]

AFTERCARE SERVICES (QI and CFT recommendations)

7. Prior to a child/NMD's discharge from an STRTP, please provide a description of the type of home and community-based services that will encourage the safety, stability, and appropriateness of the next placement. Include description of home-based services recommended by the QI and the CFT, when applicable.[2]

8. Please provide the plan for the provision of aftercare support services to the youth and family. (The placing agency should develop this plan in collaboration with the STRTP.)[2]

[1] Complete after the assessment by the Qualified Individual [applies to questions four (4) and six (6) above].
[2] Complete when planning for discharge and aftercare [applies to questions seven (7) and eight (8) above].

ATTACHMENT A – Child and Family Team Meeting (CFTM) Summary and Action Plan

Please use this attachment for additional space. Make copies as needed for additional space.

CHILD AND FAMILY TEAM MEETING (CFTM) SUMMARY AND ACTION PLAN Guidelines

Please refer to the guidelines below for information and best practices relevant to Child and Family Team Meetings.

CHILD AND FAMILY TEAM (CFT) DEFINITION AND PURPOSE

Over the past several decades, the definition of the CFT has evolved from the process of bringing together professionals to provide services to an identified child or NMD and family (i.e. multidisciplinary teams), to one that includes child and families as equal partners and decision makers within the team. Effective team-based practices encourage inclusion of children and families in participation at every level of program development, implementation, evaluation, and service delivery.

Team meetings should have a clearly defined purpose and goal for each meeting. This should be discussed with team members prior to the meeting to ensure participants are able to prepare, ask questions, and provide input ahead of the meeting as necessary. The meeting's purpose should also be discussed at the beginning of each meeting to make sure participants are familiar with the reason for the meeting and are able to share additional topics to discuss or goals they would like to accomplish during the meeting.

CFT GROUP AGREEMENTS

Group Agreements help the team develop basic, consensual ground rules for the meeting process. It is important to revisit the agreements over time to ensure they are working and assisting in productive meetings. One key agreement is for each member to agree to maintain confidentiality within the team. This must be discussed at the start of every meeting. The child welfare social officer or probation officer must complete a release of information with all CFT members, in order to share private information during the meeting. Another important agreement in the case of an Indian child is to recognize tribal sovereignty and the ICWA. Group agreements ensure that the meeting is being held in compliance with state and federal guidance. Other group agreements should be developed together as a team in order to promote the inclusion of others' voices.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

CDSS has selected the CANS as the tool to be used within the CFT process to guide case planning and placement decisions for child welfare. The CANS is a multi-purpose tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Please note, juvenile probation is not required to complete the CANS. However, the CANS should be shared with juvenile probation if a probation-involved child/NMD has a CANS completed by either behavioral health or child welfare, as this can be used to guide probation's decision making with the child as well. The CANS is utilized to identify prioritized views of the strengths and needs of the family, including the reconciliation of perspectives within the team when differences occur. This shared understanding can be used to guide development of an integrated service plan for the family.

The CFT members are actively involved in the CANS process and should have the opportunity to confirm that the information included in the CANS accurately reflects the child/ NMD, and families' experiences and perspectives.

INDIAN CHILD WELFARE ACT (ICWA) AND/OR TRIBE'S PLACEMENT PREFERENCES

The caseworker must include the child's tribe as a member of the CFT when a child/NMD has been identified as an Indian child in order to comply with the ICWA and maintain the connections between the child/NMD and their community, tribe, and culture. Additionally, provisions of the ICWA mandate that tribal preference in placement be followed unless the court finds good cause to deviate. WIC 4096 (g)(3)(D) requires the QI to consult with the Indian child's tribal representative when completing the required assessments. Similarly, the development of the short- and long-term goals of the child and the selection of the mental and behavioral health interventions and treatment must consider the prevailing social and cultural conditions and the Indian child's way of life. Therefore, the caseworker must consult the tribe/ICWA representative for input on the case plan prior to submission to the court.

IMPACT TO SCHOOL AND EDUCATION

A foster child's placement change may affect their school placement. By law, the child/NMD can be maintained at their school of origin even when a placement change occurs. The educational rights holder is the person legally responsible for determining school placement and their presence at CFT meetings is critical when making decisions about placement changes. Often, educational rights holders are the parents, guardians, or caregivers of the child/NMD, who may already be attending the CFT meetings. These individuals are integral to the discussion of educational placement.

If the placement decision will potentially impact school placement, the educational rights holder must be invited to discuss school stability, and whether they consent to a change of schools. The Foster Youth liaison for the child/NMD's school should also be consulted. If transportation will be needed to and from the school of origin, the CFT members should determine who will be responsible for providing or setting up that transportation plan. Please also include where the child/NMD will be attending school, what type of school placement the child/NMD will be in (full-time in person, independent study, continuation school, charter school, etc.), and why this type of school was chosen.

A child/NMD's court-appointed educational rights holder, if someone other than the parent, guardian, or caregiver, should be invited to the CFT meeting in cases during which the CFT will:

- Develop and implement a placement preservation strategy;
- Discuss the possibility of a placement change and/or;
- Discuss if remaining in the school of origin is in the child/NMD's best interest.

PLACEMENT PRESERVATION PLAN AND/OR TRANSITION PLAN

As progress for the child and family moves forward, plans include discussion of the resources needed for purposeful transition out of formal services. This may include a potential mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult systems). The focus on transition is continual during the CFT process, and the CFT must consider transition at each meeting, even during the initial engagement activities. The family should be able to manage a planning and intervention process on their own, should new challenges arise. Services are not closed until the transition plan has been implemented and all necessary connections for the future have been made.

PERMANENCY PLAN/DECISIONS, INCLUDING SPECIALIZED PERMANENCY

The team should develop a shared understanding about safety, permanency, and well-being issues to be addressed within the CFT.

As defined in ACL 18-100, specialized permanency services are "services to assist a child or nonminor dependent whose case plan is for permanent placement or supportive transition to adulthood in achieving a permanent family through reunification, adoption, legal guardianship, or other lifelong connection to caring adults, including at least one adult who will provide a permanent, parent-like relationship for the child or nonminor dependent." Specialized permanency services are to be designed for and with the child/NMD to address their unique histories of trauma, separation, and loss. Specialized permanency services may include, but are not limited to, all of the following:

- Medically necessary mental health services;
- Other services designed to address the dependent child/NMD's history of trauma, grief, loss, stigma, and rejection that reduce the likelihood of the child/NMD achieving a permanent family;
- Permanency support services, as appropriate to achieve, stabilize, and sustain the dependent child/NMD in a permanent family; and
- Services designed to prepare the identified permanent family to meet the child/NMD's needs, set appropriate expectations before and after permanency is achieved, and stabilize the placement.

CHILD AND FAMILY TEAM MEETING (CFTM) SUMMARY AND ACTION PLAN INSTRUCTIONS

Please refer to instructions below to complete each section in the CFT Meeting Summary and Action Plan. This form may be used ***for children/NMDs placed in a Short-Term Residential Therapeutic Program*** *to satisfy the case plan documentation requirements of Welfare and Institutions Code 706.6(d)(3)(B) and 16501.1 (d)(2)(C). Should additional space be needed, please utilize Attachment A on page five (5) of the form and make copies as needed for additional space. Depending on local county practice, this may be completed by the social worker, probation officer, CFTM facilitator, or another county case worker. If utilizing this form to satisfy the requirements of WIC 706.6(d)(3)(B) and 16501.1 (d)(2)(C), this document must be completed and uploaded and attached to the child welfare or probation case plan.*

LIST ALL CFT MEMBERS AND CONTACT INFORMATION:

Please list all the team members that are in attendance at the CFT Meeting (CFTM), including, but not limited to, the child/youth, nonminor dependent (NMD), family, nonrelative extended family members (NREFMs), caregivers, and tribal representatives.

Please list names and contact information (phone and email, if applicable) for members of the CFT. This shall include the caregiver(s), behavioral health staff, foster family agency social worker, caseworker, or short-term residential therapeutic program (STRTP) /another provider representative, educational rights holder when applicable. Other individuals that may be included are:

- Professionals: youth or parent partners; youth's attorney; public health providers; Court Appointed Special Advocates; school personnel
- Youth and family support network: extended family friends, neighbors, coaches, clergy, co-workers, or others who the family has identified as a potential source of support.

Additionally, please also list names and contact information for relatives and nonrelative extended family members not part of the child and family team, as required per WIC Sections 706.6 (d)(3)(B)(ii) and 16501.1(d)(2)(C)(ii). Please remind youth of their rights, as seen in the Foster Youth Rights Handbook, and WIC 16501.1 (g) and WIC 16001.9.

PURPOSE OF MEETING:

Please check the box that is most applicable to the purpose of the CFTM being held. Add additional description for the CFTM when the "Other" box is checked.

GROUP AGREEMENTS

Please check the box to agree to keep all information confidential, recognize tribal sovereignty and ICWA in the case of Indian children, and include any additional group agreements in the space provided below.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

After discussion with the CFT, please indicate the identified strengths of the child/NMD, parents, and caregiver(s), when applicable. Under "Actionable Needs", please include a description of any items rated a two or three by the. Please note any rating disagreements within the team. If the CANS was not discussed during the CFTM, please elaborate on the lack of discussion.

If information is included within other documents, such as the CANS form or meeting notes within county CFT Meeting Summary Form, please attach these documents to avoid duplication of information.

WHAT IS WORKING WELL? (STRENGTHS, EXISTING SUPPORTS, ACTION ITEMS)

Please use this section to discuss what is currently working well with the child, youth, NMD, and family. Examples include existing support systems, accomplishments, goals, improvements, and family strengths.

WAS A RECOMMENDATION ABOUT PLACEMENT MADE?

Please elaborate on the placement recommendation made by the CFT when applicable. Check the applicable boxes below, providing additional information as necessary.

OUT-OF-COUNTY PLACEMENT

If there will be an out-of-county placement that will result in presumptive transfer (as defined in Welfare and Institutions Code 14717.1 (c), please list who will complete the relevant documentation and the timeline for completion.

Indian Child Welfare Act (ICWA) and/or Tribe's Placement Preferences

Please check the box to indicate whether ICWA and tribal placement preferences apply.

Impact to School and Education

Please check the box if the placement will impact school and education. Also, in the space provided, identify which member of the CFT will be designated to notify and consult with the Foster Care Liaison/Educational Rights Holder regarding placement moves.

Placement Preservation Plan and/or Transition Plan

Please check the box if the child/NMD has a placement preservation plan and/or transition plan in place. If yes, use the space provided to provide additional information on the placement preservation and/or transition plan for the child.

PERMANENCY PLAN/DECISIONS, INCLUDING SPECIALIZED PERMANENCY

Explain court orders and placement decision requirements that include concurrent planning and the full range of specialized permanency service elements; do the same for child/NMD regarding community safety and accountability, including expectations from court orders and sanctions for children involved in juvenile probation. Please identify both the current permanency plan and the concurrent plan(s), how they were determined, and how the simultaneous permanency planning and concurrent planning efforts are being employed.

DID THE MEMBERS OF THE CFT REACH AGREEMENT ON THE PLAN?

Include information on whether or not the team was able to come to an agreement on the outcome of the meeting. This agreement can vary depending on the purpose of the meeting. Make note if there were disagreements among team members, and if there are any outstanding items to assist in reaching a consensus.

ACTION PLAN

Fill in the included chart with information regarding the next steps, tasks, and actions to be taken by various team members following the meeting. Please include information on who will be completing the task, which task they are completing, and when this task must be completed. This also includes tasks for the social worker or probation officer. If a previous Action Plan was developed, provide an update on outstanding action steps.

Who	Action Steps (include reason for having action step)	By When
Which team member(s) is/are required to complete this task?	What task, or action, is the team member completing? Be specific and include community-based organization information when applicable.	When does this task need to be completed by?

*Please complete the sections below **only for children/NMDs placed in a Short-Term Residential Therapeutic Program**, as required by Welfare and Institutions Code Sections 706.6 and 16501.1:*

REASONABLE AND GOOD FAITH EFFORTS

Explain reasonable and good faith efforts by the social worker or probation officer to identify and include all required individuals in the child and family team. This should include team members identified by the child/NMD.

Reasonable and good faith efforts, in the context of securing family participation in CFT meetings, will vary depending on the circumstances. Considerations that may play into what is reasonable include, but are not limited to, the amount of time permitted to plan the CFT meeting, the distance between various family members and the location of the CFT meeting, whether the family members have access to reliable transportation, whether the family members have disabilities that may need accommodation, whether virtual participation is available for the family members and, if so, whether the family has internet and/or telephone access, etc.

In the case of an Indian child, consistent with WIC 361.31 and 224.1, active efforts shall be provided in a manner consistent with the prevailing social and cultural standards and way of life of the Indian child's tribe and shall be conducted in partnership with the Indian child and the Indian child's parents, extended family members, Indian custodians, and tribe.

REUNIFICATION AS THE PERMANENCY CASE PLAN GOAL

If reunification is the permanency goal, provide evidence that the parent from whom the child was removed provided input on the members of the child and family team. This may include, but is not limited to the following activities:

- Support and encourage family members to invite the participation of individuals who are part of their own network of informal support, such as a teacher, pastor, or another member of the community part of the family's support network.
- Work with the family to identify other system partners to participate in the CFTM.
- Have ongoing dialogue and share all updates with the family regarding CFTMs.
- Inquire regularly whether the family wishes to add any other members to CFT. If the family declines to invite anyone for the initial CFTM, make sure to ask the family prior to each CFTM if they wish to provide any input on members.
- Identify and support community connections for the family who share the culture of the family.

CFT MEETINGS HELD AT A CONVENIENT TIME & PLACE FOR FAMILY

Provide evidence that meetings of the child and family team, including the meetings related to the QI determination, were held at a time and place convenient for the family. This may include, but is not limited to, the following activities:

- Conduct the CFT at a family home, a residential care facility such as an STRTP, or another convenient location in the community.
- Conduct the CFT meeting via video conferencing so all members can participate from their residence or another convenient location.
- Hold the CFT at the most convenient day and time for family members, for example on a non-working day for family members.
- Adjust the meeting frequency and duration to meet the individualized needs of the family.

- Provide the family with multiple time slots and/or options for CFTMs and ensure that the decided upon time works for the family.
- Confirm whether the family has adequate means of transportation to reach the CFTM. If they do not, make efforts to arrange appropriate public or private transportation for the family, schedule the CFT at a location within walking distance for the family, or reschedule the CFT until such a time that the family has transportation to attend the CFTM.

QUALIFIED INDIVIDUAL (QI) COLLABORATION WITH CFT*

Provide evidence that the determination conducted by the QI was conducted in conjunction with the CFT. This may include, but is not limited to, the following activities:

- The QI in collaboration with the CFT assesses the strengths and identifies the short- and long-term mental health and behavioral health goals and determines whether those needs can be met by family members or another home based-setting that have been identified by the placing agency or CFT.
- A CFT is held to review the QI's recommended treatment and referrals needed.
- The CFT and QI collaborate with the IPC and make necessary referrals.
- In the case of an Indian child, the QI consults with the Indian child's tribe in completing the assessment and determining the short- and long-term mental health and behavioral goals, and the recommended interventions consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.

*Please complete this section following the assessment and recommendation of a Qualified Individual. Further guidance pertaining to the Qualified Individual is forthcoming.

CHILD, FAMILY, AND CFT PLACEMENT PREFERENCES

List the placement preference of the child/NMD, family, and the CFT. This may include preference for joint sibling placement and visitation.

PLACEMENT PREFERENCES ALIGNMENT WITH QI RECOMMENDATION**

Please list whether the placement preferences of the child/NMD, the family, and CFT were the same or different from those recommended by the QI. If they are not the same, please include information as to why the preferences of the child/NMD and CFT were not recommended by the QI.

**Please complete this section following the assessment and recommendation of a Qualified Individual.

IN-HOME SERVICES AND AFTERCARE SUPPORT

Provide a description of the type of in-home or institution-based services to encourage the safety, stability, and appropriateness of the next placement, including the recommendations of the CFT. Additionally, provide a plan for the provision of discharge planning and family-based aftercare support, to be developed in collaboration with the STRTP. This is required per Welfare and Institutions Code 16501.1 (d)(2)(F)(i and ii) and 706.6 (d)(3)(E)(i and ii).

Include any associated aftercare tasks and/or actions to the Action Plan section of this form, discussed above.

Please complete these sections when planning for discharge and aftercare services with an STRTP.

Further guidance pertaining to aftercare is forthcoming.

COURT APPROVAL OR DISSAPROVAL

Following the court review, pursuant to WIC 361.22 and WIC 727.12, please document in Attachment A on page five (5) the court's approval or disapproval of placement.