

# Child and Family Team Meetings

(Revised 09/19/25)

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<b>Related Policies</b>	<p>Additional information can be found in the following policies:</p> <ul style="list-style-type: none"><li>• CANS (Child and Adolescent Needs and Strengths)</li><li>• Change of Placement (COP) Requirements When Notice is Given to Move Child/Youth</li><li>• Contacts- SW and Child</li><li>• Commercial Sexual Exploitation of Children (CSEC) Interagency Protocol</li><li>• Family Violence Protocol</li><li>• Interagency Placement Committee (IPC) Meeting</li><li>• Language Appropriate Services</li><li>• Protocol for Working with Indian Families, Children, and Tribes</li><li>• Sexual Abuse Protocol</li><li>• Developmental Screening and Enhancement Program (DSEP)</li></ul>
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<b>Forms</b>	<p>The following forms are referenced in this policy:</p> <ul style="list-style-type: none"><li>• 04-29cft Child and Family Team Release of Information</li><li>• 04-29cftsp Child and Family Team Release of Information (Spanish)</li></ul>
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**Forms (cont.)**

- 04-444 CFT Referral Form (CWS/CMS Template)
  - 04-445 CFT Meeting Summary and Action Plan
  - 04-445sp CFT Meeting Summary and Action Plan (Spanish)
  - 04-446 CFT Confidentiality Agreement
  - 04-446sp CFT Confidentiality Agreement (Spanish)
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**Resources**

The following resources are referenced in this policy:

- [Tribal Engagement Guide](#)
  - [Child and Family Team \(CFT\) Engagement Guide](#)
  - [Child and Family Team Brochures](#)
  - [Child and Family Team Survey](#)
  - Safety Mapping
  - Child/Youth Attendance in CFTM CWS/CMS Desk Guide
  - Child and Family Team Meeting CWS/CMS Desk Guide
  - Electronic Signatures Children's Legal Services Desk Guide
  - [CFT Videos](#)
  - CFTM Narrative Guidance Resource
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**Introduction**

The [Integrated Core Practice Model \(ICPM\)](#) guide describes how child welfare staff, behavioral health staff, probation staff and service providers should work together to address the needs of children/youth and families in the child welfare system. All Child and Family Well-Being (CFWB) and Probation youth will have a Child and Family Team (CFT) that includes the youth, family, and their natural (informal) and formal support network invested in the youth and family's success.

The CFT creates one unified teaming and meeting process for a family, who may be involved with multiple systems, to meet CFWB requirements. Teaming gives the youth, family, and supports an opportunity to provide input to the Court and serving agencies about placement, services, the youth's mental health and well-being needs at critical decision points in the case. Teaming can be an important process for youth who are in-home, out-of-home, or who have identified mental health needs to facilitate coordinated plans that help the families meet their goals. Teaming will be done through formal CFT meetings (CFTM) and informally via regular team member communication.

A core principle of teaming and the foundation of the CFTM is honoring the youth and family as experts in their lives. It is important to ensure the CFTM process values and leverages a youth's, family's and community's cultural diversity, strengths, capacities, traditions, and practices while incorporating them into the CFT Summary and Action plan.

The CFTM will engage in shared decision-making regarding safety, placement, transitions and case plan decisions for the youth and family. Shared decision making is a collaborative, client-centered, group decision-making process that empowers youth, families, and their support network, together with CFWB to set goals and priorities to support individualized plans, that meet the needs and is in the best interest of the youth and family.

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**Introduction  
(cont.)**

In addition, CFTMs play an integral role in delivering specialized permanency services. CFTMs must be convened for all open cases, (including Family Maintenance and Voluntary, per All County Letter (ACL) [25-08](#)), within the required timeframes outlined in this policy to comply with state guidelines, per [ACL 25-10](#).

CFT practice is a critical component of an integrated approach to supporting youth and families. The California Department of Social Services (CDSS) provides guidance, resources and oversight to support fidelity of the CFT process. CDSS created the CFT Meeting Observation Tool, to evaluate quality and adherence to expected practice. CDSS will select a sample of cases that will need to be observed.

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**Child and  
Family Team  
(CFT)**

The CFT is a group of individuals that includes the youth, parents, family members, caregivers, tribal representatives, professionals, natural supports, community supports and CFWB staff. CFTMs engage and enable a collaborative discussion of the strengths and needs of the child/youth and the family by using a teaming process.

The table below provides guidance on CFT members and participation requirements:

Team Member	Participation
Youth	<p>Required- There is no minimum age for children/youth to attend CFTMs.</p> <ul style="list-style-type: none"><li>• The child/youth's presence and participation in the meeting are expected unless it is assessed their presence in the meeting would be detrimental or harmful to the youth.</li><li>• If the youth does not wish to be present or the team has determined that it is in the best interest of the youth not to attend, then their preference, involvement in their service planning and their voice must still be included in the process.</li><li>• It is expected that the team will make all reasonable efforts to mitigate the potential harm/detriment for a youth attending the meeting before determining that they cannot safely attend.</li><li>• There may be times when a youth would participate at the beginning of a CFTM but excused for the remainder.</li></ul> <p>See <a href="#">Engagement and Preparation for CFTM</a></p>

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**Child and  
Family Team  
(CFT) (cont.)**

Team Member	Participation
Parent Guardians	Required until Termination of Parental Rights (TPR) or Extended Foster Care (EFC)  <b>NOTE:</b> A biological parent can be invited to a CFTM after TPR if the team determines that their attendance and participation is in the best interests of the child/youth.
Assigned Social Worker (SW)	Required  <b>NOTE:</b> Referrals active to Open Case Investigations (OCI), both investigating SW and case carrying SW are required to attend.
Protective Services Supervisor (PSS)	Required (see <a href="#">CFTM Attendance for PSS</a> section for additional details)
Substitute Care Provider	Required
Tribal Representative	Required when applicable  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. <a href="#">Protocol for Working with Indian Families, Children and Tribes</a> .  See resource- <a href="#">Tribal Engagement Guide</a> .
Court Appointed Special Advocate (CASA)	Required if CASA is assigned.  <b>NOTE:</b> Youth can request that the CASA not participate. The CASA will be informed by the SW and will work together to address the youth's concerns of the CASA attending the CFTM.
Educational Rights Holder	Required for school of origin discussions, change of placement or placement preservation to determine if it's in the child/youth's best interest to change schools.  Best practice is to have Educational Rights Holder at all CFTMs.

**Child and  
Family Team  
(CFT) (cont.)**

Team Member	Participation
FFA (Foster Family Agency)/Group Home/Short Term Residential Therapeutic Program (STRTP) staff	Required when child/youth is placed in FFA/STRTP.
Polinsky Children's Center (PCC) staff	Required when child/youth is placed at PCC
Mental Health service provider	<p>Required when applicable</p> <p><b>NOTE:</b> If a TERM provider participates in a CFT meeting in person or via virtual platform call, they will be paid for their time via the original 04-176A authorizing the therapy.</p>
Natural Supports	<p>Natural supports that have been identified by the family will be invited to CFTMs unless the team has determined that there are reasons for them not to attend.</p> <p>Natural Supports may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Family Members</li> <li>• Friends</li> <li>• Neighbors</li> </ul>
Community Supports	<p>Community Supports are not required to attend but will be invited when requested by the family, unless the team has determined that there are reasons for them not to attend.</p> <p>Prior to CFWB inviting Community Supports the SW will inform the family of the participant's role on the team and ask if they would like them to attend.</p> <p>Community Supports may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Parent Partner</li> <li>• Family Support Partner</li> <li>• Family Support Liaison</li> <li>• Developmental Screening and Enhancement Program DSEP</li> <li>• Victim Advocates</li> <li>• Cultural Supports</li> <li>• Educational Partners</li> </ul>
Educational Liaison	Required for CFTMs when school of origin or other school related topics are in the CFTM agenda.

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**Child and Family Team (CFT) (cont.)**

Team Member	Participation
Public Health Nurse	Best practice to support medical care, medication or care coordination in CFTM agenda topics, PHNs are not a required participant.
Other Professionals	Other professionals are encouraged to participate but are not required.

A release of information is required for Community Supports and Professionals to disclose Protected Health Information (PHI) during the CFTM. See [Confidentiality](#) section in this policy.

If a required team member initially declines to attend the meeting, the CFT Facilitator and SW will work with them to address any barriers or worries expressed and encourage them to attend. If team member declines to attend after engagement efforts, the SW will speak with them prior to the CFTM to gather their input and ask whom they would like to have share their information with the team. The CFT Facilitator will document their decline by their name on the CFT Confidentiality Agreement (04-446) and will include their information throughout the meeting.

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**Notification of CFTM**

A CFTM is the convening of all or some of the CFT members. It is imperative to work collaboratively with the CFT members before scheduling the CFTMs. SW and CFT Facilitators will work together to ensure that:

- All required members are informed of the CFTM and invited.
- CFTMs are scheduled at a date, time, and preferred modality (in-person, virtual) of the family.
- The youth and parents drive the composition of the CFT and CFTM participation. All members other than those who are required should be approved or recommended by the youth and family.
- If the family requests an in-person meeting, the SW and involved service providers must accommodate the request. The family determines the location of the CFTM.

Upon identifying the need for a CFTM and before scheduling, SW will notify and provide detailed information on the purpose of the CFTM to the below required members as guided by [ACL 22-73](#). To allow the members to properly prepare for the CFTM, it is best practice to provide notification no less than 72 hours before the meeting is scheduled unless the CFTM is about safety concerns or emergency needs. The following are the required members:

- Youth
  - Parents/Guardians
  - Tribal Representative
  - Caregiver
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**Notification of CFTM (cont.)**

Before scheduling the Initial CFTM for Child and Adolescent Needs and Strengths tool (CANS) and creation of initial Case Plan, SW will:

- Inform the youth and the parents on the reason for the CFTM.
- Provide youth and family with the CFT Brochures in their preferred language.
- Document in a CWS/CMS contact that the CFT Brochure was provided to the youth and parents in their preferred language. See Engaging Youth and Engaging Parents/Guardians sections for additional guidance.

To support youth, parents, and professionals in understanding the purpose of the CFTM, their role and responsibilities, CDSS has created brochures for parents, professionals, and child/youth in 10 languages. As stated above, SWs are required to document in a CWS/CMS contact that the CFT Brochures were provided to the youth and parent/guardian before the CFTM. The CFT Brochures can be downloaded and printed, below are the brochures in the available languages:

CFT Brochures:

CFT Brochure- Parents	<a href="#">Arabic</a> , <a href="#">Armenian</a> , <a href="#">Cambodian</a> , <a href="#">Chinese</a> , <a href="#">English</a> , <a href="#">Farsi</a> , <a href="#">Hmong</a> , <a href="#">Korean</a> , <a href="#">Russian</a> , <a href="#">Spanish</a> , <a href="#">Vietnamese</a>
CFT Brochure- Professionals	<a href="#">Arabic</a> , <a href="#">Armenian</a> , <a href="#">Cambodian</a> , <a href="#">Chinese</a> , <a href="#">English</a> , <a href="#">Farsi</a> , <a href="#">Hmong</a> , <a href="#">Korean</a> , <a href="#">Russian</a> , <a href="#">Spanish</a> , <a href="#">Vietnamese</a>
CFT Brochure- Youth	<a href="#">Arabic</a> , <a href="#">Armenian</a> , <a href="#">Cambodian</a> , <a href="#">Chinese</a> , <a href="#">English</a> , <a href="#">Farsi</a> , <a href="#">Hmong</a> , <a href="#">Korean</a> , <a href="#">Russian</a> , <a href="#">Spanish</a> , <a href="#">Vietnamese</a>

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**Engagement and Preparation for CFTM**

It is important that the SW and CFT Facilitator work together to prepare the youth and parent/guardian for participation in the CFTM. Adequate preparation can minimize anxiety for the family, help identify people who may be able to attend that can provide emotional and instrumental support to the child and family, address any concerns or worries they have, and set the stage for a positive and productive meeting where the family feels respected and genuinely included in the discussion and decision-making.

When preparing the youth for the CFTM, SW will:

- Assess the appropriateness of having the youth present in the meeting including their age, developmental level, and emotional/physical safety.
- Determine who will invite the youth.
- Document in a CWS/CMS contact the engagement efforts if a youth declines to attend.
- Document in a CWS/CMS contact that the CFT Brochure was provided in their preferred language.
- Explain the use of the Release of Information forms, 04-29cft and obtain signature. See [Confidentiality](#) section in this policy.

CFTM preparation for youth should ideally be in person and include the following in a way that meets their developmental stage:

- Explanation of CFT and CFTM
  - Explanation of the purpose for the upcoming meeting
  - Gathering what agenda items the youth wants discussed at the meeting
  - Asking who they would like to be in the meeting
  - Asking if there are any people they don't want in the meeting and why
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**Engagement  
and  
Preparation for  
CFTM (cont.)**

- Asking the youth if they want to be present in the meeting and if there are parts they want to be there for and parts they don't want to be in the meeting for
- Creating a plan that includes a way for the youth to let the facilitator know that they need a break or would like to leave the meeting
- If the youth does not want to be in the meeting, or it has been assessed and documented that being present would be detrimental to them, going through the meeting structure to get their input for each section and asking who they would like to share that information for them (e.g. SW, parent, CASA, etc.)

Youth should always be encouraged to participate in the CFTM. If the youth does not want to participate, the SW will:

- Explore areas of reluctance to see if they can resolve the concerns.
- Offer strategies to engage the youth including the inclusion of people specifically requested by the youth, moving the location of the meeting to a place the youth prefers and offering a virtual option for attendance.
- Advise the youth of the positive impact that collaborative meetings and case planning can have for the youth.
- Ensure that the youth's voice is included in the CFTM by asking the youth about their needs, services or discussing topic items.

The CFT Facilitator will:

- Confirm the youth's information provided by SW during preparation and address any new worries or safety issues identified.
- Include youth's input and voice in all parts of the meeting if they decline to attend.

To prepare the parent/guardian for a CFTM, the SW will:

- Provide verbal and written information about the CFT process before the CFTM is scheduled.
  - Document in a CWS/CMS contact that the CFT Brochure was provided in their preferred language.
  - Answer any questions, the parent/guardian might have to ensure they understand the CFT process and have an understanding on what to expect on the day of the CFTM.
  - Assist with identifying natural supports and explain the importance of having a safety/support network.
  - Provide orientation and education to the parent/guardian to help them understand what the CANS is, what the action levels mean, and how the CANS will be used as part of the teaming and planning process.
  - Provide the parents/guardians with a blank CANS rating sheet and review the items and definitions with them. Families should have an awareness that the SW will be filling out a draft assessment in advance of the CFT meeting, but ratings will be finalized by consensus among the team. See [CANS \(Child and Adolescent Needs and Strengths\)](#) policy.
  - Explain the use of the Release of Information forms, 04-29cft and obtain signature. See [Confidentiality](#) section in this policy.
  - Document in a CWS/CMS engagement effort if the parent/guardian declines to attend.
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**Engagement  
and  
Preparation for  
CFTM (cont.)**

To prepare the parent/guardian for a CFTM, CFT Facilitator will:

- Inform the parent/guardian of all invited participants.
- Assist the parent/guardian with identifying natural supports.
- Review the agenda items and ask the parent/guardian if there are any additional agenda items to add.
- Ask the parent/guardian if they have any concerns.
- Consult with SW on any concerns the parent/guardian might have.

See resource: [Child and Family Team \(CFT\) Engagement Guide](#).

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**CFTM Timelines  
and Frequency**

The table below outlines the timelines for initial CFTMs that are held during the investigation or court intervention status:

CFTM	Timeline Requirement
At Risk/Potential Removal	If a SW has assessed that removal may be necessary to ensure the youth's safety, a CFTM should be considered prior to removing a child (due to exigency this is at times not possible) to identify the best placement for the youth. Having a meeting prior to removal is best for the child and family, as with the input/support of the team to address the safety factors there may be no need to file a petition.
Placement after Removal	Within 5 working days, if CFTM did not occur prior to removal
Initial CFTM	Within 30 days from opening a case or no later than the disposition hearing date, if applicable, whichever is the earliest.  <b>NOTE:</b> The Initial CFTM will include the <a href="#">CANS (Child and Adolescent Needs and Strengths)</a> conversation for completion and Case Plan development.
Initial CFTM for Indian Children	Within 30 days of case opening, or within 30 days of the child entering care and before the disposition hearing date.  <b>NOTE:</b> The Initial CFTM will include the <a href="#">CANS (Child and Adolescent Needs and Strengths)</a> conversation for completion and Case Plan development.

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**CFTM Timelines and Frequency (cont.)**

The table below outlines the frequency of CFTMs ongoing until case closure:

CFTM Ongoing	Frequency
All open cases, with no other circumstances	Whichever is the earliest: <ul style="list-style-type: none"><li>• At least every 6 months</li><li>• Within 30 days of case plan update and CANS update</li></ul>
All closing cases	No more than 60 days prior to closing
Foster youth receiving Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Specialty Mental Health Services (SMHS).	At least every 90 days
Foster youth in STRTP	At least every 90 days
Triggering Conditions CANS	Within 30 days of determining that condition. See <a href="#">CANS (Child and Adolescent Needs and Strengths)</a>
Change of Placement	Before the change of placement. See <a href="#">Change of Placement (COP) Requirements When Notice is Given to Move Child/Youth</a>

**Any team member can request a CFTM when they want the team to come together to discuss placement, services or changes to the previous goals or actions plans.**

Additional CFTM topics may include but are not limited to:

- Assessment and action plan for youth's placement in the least restrictive setting.
  - Service and support planning to address the youth's mental health and well-being needs.
  - Assessment of caregiver's supports to meet the needs of the youth including the necessity for respite care.
  - To develop a placement preservation strategy as a result of a request for a child/youth to be moved either by the caregiver or the agency.
  - Assessment of placement at STRTP as applicable.
    - If at any time the team's placement recommendation is for STRTP, SW will present the team's recommendation to the Interagency Placement Committee (IPC) and follow the [Interagency Placement Committee \(IPC\) Meeting](#) policy.
    - Discuss presumptive transfer exceptions when a youth is placed in an Out of County STRTP/Community Treatment Facility (CFT). The discussion should focus on the transfer of SMHS from the County of Jurisdiction to the County of Residence per ACL [24-43](#). See Presumptive Transfer policy for further details.
  - Assessment and action plan for establishing permanency for the youth in a timely manner.
  - Planning for sibling and family visitation.
  - Discussion of psychotropic medication recommendations.
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**CFTM Timelines and Frequency (cont.)**

- For youth 10 and over, including Non-Minor Dependents (NMD), in middle school, junior high, or high school the CFTM will identify whether or not the youth received sexual health education as required in their school. If not, the team will identify how the youth will access the required curriculum.
  - For youth 16 and over, a discussion and plan for accessing Independent Living Skills (ILS).
  - [Commercial Sexual Exploitation of Children \(CSEC\)](#) concerns/safety planning.
  - A new safety concern arises that may cause a change in placement or case plan.
  - Considering a change in visitation (unsupervised, overnights) to gather the team's input about safety and supports.
  - Goals or action steps need to be reevaluated due to a change in circumstances or a change in progress.
  - Team members change –adding or removing support members.
  - Creating a transition plan.
  - DSEP Screening results and Individual Care Plan
  - To discuss the [Foster Youth Mental Health Bill of Rights](#).
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**Placement Preservation CFTM**

Per [ACL 19-26](#) , prior to making a placement change a CFTM must be convened to:

- develop,
- implement, and
- document a placement preservation strategy to preserve the placement.

A placement preservation strategy is a youth-centered process to support, equip and wrap a family with resources to support the stability, placement and well-being of a child/youth placed in out of home care.

To support in permanency for youth, caregivers will be provided with [CDSS PUB511](#), Finding a Competent Therapist (Tips for Adoptive and Guardianship Families) at any CFTM where a permanent plan of Adoption/Guardianship is being discussed.

CFT's may implement placement preservation strategies which include, but are not limited to:

- Initiating a strength-based youth and family-centered CFTM to collaboratively develop and implement an individual plan designed to meet the youth and family's needs.
  - Applying conflict resolution practices to address conflict and concerns and discuss solutions.
  - Reviewing the CANS assessment tool to identify and discuss strengths and unmet needs to guide case planning.
  - Reviewing previous CFTM notes to identify any delays or barriers to implementing recommendations agreed to by the previous CFT that may impact placement stability or a child/youth meeting their goals.
  - Actively engaging or recruiting CFT members, which may include:
    - Educational and natural community supports,
    - Family members,
    - Professionals,
    - Other individuals identified by the child/youth or family
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**Placement  
Preservation  
CFTM (cont.)**

- Supporting placement stability by initiating the timely provisions of the following support services:
  - Respite
  - Specialty mental health
  - Wraparound

**NOTE:** When a placement change may impact a child's/youth's continued attendance at their school of origin (SOO), the court appointed education rights holder will be included in the CFTM to discuss the child's/youth's SOO and transportation needs, form 04-95 will be completed.

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**PSS Attendance  
in CFTMs**

SW and PSS will consult ahead of a CFTM to determine if PSS presence is required based on the type of CFTM requested or the agenda topics created by the youth, family, and other team members. Best practice is for PSS to attend all CFTMs to participate in shared decision-making and support plans that are made with the family. The SW may request the supervisor to attend even when it is not required.

Supervisors are required to attend CFTs when:

- The assigned SW has less than one year experience.
- The case is designated as a "Highly Vulnerable Child" (HVC) case.
- CFWB is considering removal or a new safety threat has been identified.
- Discussing initial case planning (including out of home voluntary, pre-Disposition, first permanency case plan, first EFC case plan).
- Safety concerns are present for an EFC youth including domestic violence, pregnant/parenting concerns, CSEC, criminal activity, etc.
- The caregiver/placement agency (FFA/GH/STRTP) has given notice to have the child/youth moved - applies if this will be the second change of placement in one year.
- Discussing a change in level of care including: higher level of care or return home.
- Creating an exit plan (including transition to adulthood for EFC youth, finalization for adoption, terminating jurisdiction).

If the PSS does not attend the CFTM:

- PSS and SW will consult about resources, worries, ideas, and plans around those topics so that the SW can make decisions with the family in the meeting.
- Decisions made by the team should be supported by the PSS unless the plan does not provide safety for the youth or is not in compliance with policies or court orders.
- If the PSS does not support the plan created, a follow-up meeting must be scheduled within 5 working days and the PSS must attend to help the team create a new plan.

**NOTE:** The PSS can designate a Senior Protective Services Worker (SPSW) or another PSS to attend in their absence.

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## Attorneys in CFTMs

Parents and children should be encouraged to consult with their attorneys throughout the CFT process. CFTMs are not legal proceedings therefore a child or youth's attorney does not typically attend CFTMs. A parent or child can invite their attorney or their attorney's investigators to CFTMs. Changes to team membership are always discussed with the entire team including the child/youth and nonminor dependent. The preferences of the CFT members should drive team membership decisions unless there is a safety concern.

The attorney will be reminded of the purpose of CFTM and made aware CFTMs are not for the purpose of gaining judicial advantage or asking questions for purposes of fact-finding related to the court process. When attending, attorneys and investigators need to sign the CFT Confidentiality Agreement and follow the team's Group Agreements.

Additionally, California Rules of Professional Conduct, Rule 2-100, prohibits an attorney from directly or indirectly communicating about the court case with any other party who has an attorney, unless the attorney has the consent of the other lawyer(s). Children's Legal Services (CLS) and Dependency Legal Group (DLG) have an agreement that they will notify each other of CFT attendance. If the attorney is a retained attorney who has been invited to the CFT meeting, please advise other assigned attorneys in advance.

**NOTE:** CFT facilitators will notice Minor's Counsel via email of all CFTMs but this will not constitute an invitation to the meeting. The email will include child/youth's name, date of the CFTM, and the participants invited.

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## Safety Mappings

Safety mappings are assessment meetings facilitated by the SW. Safety mappings are encouraged to engage team members:

- During the initial investigation to help everyone understand the harm and danger.
- When making decisions about progressing in visitation.
- To discuss the family's progress in the case plan.
- Any other time it will be helpful to bring the family and their network together to gain clarity around the harm, danger, and safety goals.
- When assessing for prevention services.

The following table describes types of mappings and their purpose:

Type	Purpose
In-Home/Informal Safety Mapping	ER/CI Investigations: <ul style="list-style-type: none"><li>• Gathering preliminary information for investigation</li><li>• If a Safety Threat has been identified, to discuss effectiveness of safety plan or ways to enhance safety when there is no longer imminent risk of removal</li><li>• If there is no identified Safety Threat, to discuss concerns and complicating factors in order to enhance safety</li></ul>

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## Safety Mappings (cont.)

Type	Purpose
In-Home/Informal Safety Mapping (continued)	Ongoing Case: <ul style="list-style-type: none"><li>Gathering information around progress, concerns, or other general information</li><li>If a referral is received and a Safety Threat has been identified, to discuss effectiveness of a safety plan or ways to enhance safety when there is no longer imminent risk of removal</li><li>If a referral is received and no Safety Threat is present, discuss concerns and complicating factors in order to enhance safety.</li></ul>
Consultation Safety Mapping	Consultation to assist in decision making amongst CFWB staff (i.e., SW and PSS).

**NOTE:** Information obtained during the mapping processes can be brought to the CFTMs as input from the participant who provided it; CFTMs are still required per timelines above even if a Safety Mapping was completed.

## CFTM Facilitators

CFTMs will be facilitated by different facilitators depending on the circumstances of the youth and family. It is the SW's responsibility to track when CFTMs need to occur to meet timelines and submit referrals giving the CFT Facilitator time to engage the team members and schedule a meeting.

The table below outlines different CFT facilitation agencies and departments:

Agency	Will Facilitate CFTMs for...
CFT Facilitation Contractor (Fred Finch)	Out of Home youth and youth transitioning from FR to FM active to CFWB/Probation
CFWB CFT Facilitators	In-Home youth active to CFWB

## Submitting a CFTM Referral

To schedule a CFTM, SW will submit a referral to the following email inboxes:

For...	Then...
Out of Home Youth and Youth Transitioning from FR to FM	Complete and submit the 04-444 CFTM Referral Form to Fred Finch CFTM Facilitation Program via email.
In Home Youth	Complete and submit the 04-444 CFTM Referral Form via email.

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**Out of  
County/Out of  
State Youth**

Together, the SW and Facilitator will identify the number of local team members and out of county/state team members to assess how a meeting can occur with the most members present utilizing virtual platforms or hybrid modalities.

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**Language /  
Interpreter  
Needs**

Spanish-speaking CFT facilitators are available and will be scheduled as appropriate. For all other language/interpreter needs the facilitator will explore Agency staff who can act as an interpreter. If no agency staff can be identified to provide interpretation, see [Language Appropriate Services](#) policy.

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**Confidentiality**

Per ACLs [25-08](#) and [22-73](#), confidentiality and information-sharing practices are key elements throughout the CFT process and must be designed to protect youth's and families' rights to privacy without creating barriers or impeding the timely delivery of services. CFTMs are to be distinguished from investigations and should not be experienced by the family as an investigatory procedure. Information shared at the meeting will be utilized for the creation of case plans, CANS assessment, and/or for the development of recommendations for court proceedings.

For the purposes of addressing the needs of the youth and family, a person designated as a member of a child and family team may receive and disclose relevant information and records after the youth and/or their parent or guardian sign a release of information.

The tables below describe the different confidentiality and release forms that will be used to authorize the disclosure of Protected Health Information (PHI) and receiving information and provides guidance on who is responsible to complete the forms, and how often they need to be completed.

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**Confidentiality  
(cont.)**

<b>Form</b>	<b>04-446 Child and Family Team Confidentiality Agreements</b>
<b>Purpose</b>	<p>All team members sign or provide verbal consent if CFTM is being facilitated virtually to indicate they understand they are sharing and receiving information and the limits and possible consequences of sharing that information outside of the teaming framework.</p> <p>This document:</p> <ul style="list-style-type: none"><li>• Serves as the running team member composition.</li><li>• Provides confidentiality agreements for teaming that occurs in the CFTM.</li><li>• It is used to note who is no longer part of the team.</li><li>• It is imported with the other meeting documents into CWS/CMS.</li></ul>
<b>Person Responsible</b>	CFT Facilitator will provide a copy of the 04-446 Child and Family Team Confidentiality Agreements to all team members along with the meeting summary after each meeting.
<b>Who Signs</b>	<ul style="list-style-type: none"><li>• All team members present.</li><li>• CFT Facilitator will write “Verbal Agreement” on the signature line for team members who are participating by phone or virtual platform.</li><li>• Youth 12 years and older can sign for themselves or provide verbal agreement.</li></ul>
<b>When Form is Signed</b>	At the start of each meeting after reviewing the confidentiality statements.

SW and CFT Facilitators must ensure that a valid Release of Information form 04-29cft is completed before the CFTM, to allow PHI to be shared effectively and without violating state and federal confidentiality laws. When requesting signature of the 04-29cft, the SW will inform the parent, youth, or authorized party on who will receive the information and provide names/roles of the CFT members. Parents and youth have the right to decline to sign or revoke an authorization at any time. Parents and youth can consult with their attorneys before providing their signature on the 04-29cft. If the parents or youth decline to sign the 04-29cft, SW will make the following engagement efforts:

- Have a conversation with the parent or youth in order to understand their concerns.
- Explain to the parent or youth how sharing information can help the team achieve the identified goals.

See [Child and Family Team Engagement Guide](#) for additional guidance for engaging families.  
See [Minor Consent](#) section for additional guidance.

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**Confidentiality  
(cont.)**

If there is no signed 04-29cft, then no PHI can be shared during the CFTM. If the 04-29cft is not signed at the time of the CFTM, the team will need to:

- Discuss if CFTM can move forward without sharing PHI.
- Discuss if the meeting can be segmented so that individuals who do not have permission to discuss specific topics in the CFTM are only present for part of the meeting.
- Discuss if the CFTM needs to be rescheduled.

After releases are signed, relevant information and records may be shared with members of the team during the team meetings. If any team member determines that the disclosure of information would present a reasonable risk of a significant adverse or detrimental effect on the child's or youth's psychological or physical safety, the information will not be released.

Additionally, not all participants are required to receive all information. A client may request that their information is not shared with specified members of the team.

Form	04-29cft Child and Family Team Release of Information
Purpose	<ul style="list-style-type: none"><li>• Signed by the parent/guardian/youth who is the client of the identified service provider to allow that provider to share privileged information to the team during CFTMs.</li><li>• Only needs to be signed once per provider and lasts throughout their time on the team or expires after one year, whichever comes first. 04-29cft forms should be imported into CWS/CMS for future reference.</li></ul>
Person Responsible	<ul style="list-style-type: none"><li>• SW is responsible for obtaining signatures and provide each service provider and client with a copy of the release after it is signed.</li><li>• For forms that require Minor's Counsel signature (dependent youth under age 12), SW will obtain Minor's Counsel signature.</li></ul> <p><b>Note:</b> Minor's Counsel signature can be obtained electronically using the approved <a href="#">Electronic Signature Children's Legal Services Desk Guide</a>. Only forms that follow the steps in the Desk Guide will be accepted.</p>
Who Signs	<ul style="list-style-type: none"><li>• Parent/guardian/youth (age 12 and older) sign their own form to allow their own service provider to share information.</li><li>• Youth 12 years and older sign for themselves for Medical/Mental Health/AOD providers. See <a href="#">Minor Consent</a> section.</li><li>• For Mental Health and Behavioral Health providers, if the youth is under 12 and represented by counsel in a Juvenile Dependency proceeding, the form must be signed by Minor's Counsel.</li><li>• For educational providers, if the youth is under 18, the form must be signed by the Educational Rights Holder.</li></ul>

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**Confidentiality  
(cont.)**

Form	04-29cft Child and Family Team Release of Information
Who Signs	<ul style="list-style-type: none"><li>• For Developmental Screening and Enhancement Program (DSEP) providers, the form must be signed by the parents/legal guardian. If Parental Rights have been terminated or whereabouts are unknown and reasonable efforts were made to locate them and obtain their authorization, the Special Matter Order to exchange information with DSEP will apply.</li><li>• For all other providers, if the youth is under 12, the form must be signed by the parents/legal guardian. If Parental Rights have been terminated or whereabouts are unknown, consult with CFT Policy Analyst.</li><li>• If the youth is under 12 years old and in a voluntary case, the parent/ legal guardian must sign.</li></ul>
When Form is Signed	<ul style="list-style-type: none"><li>• When the service is initiated in anticipation of the provider becoming part of the Child and Family Team.</li><li>• For youth who require Minor's Counsel signature, the form must be signed before the first CFTM the associated provider shares information.</li><li>• Facilitator will make sure there is a 04-29CFT on file for every provider prior to the start of each meeting to be able to share PHI. If no form can be obtained the provider will not share PHI</li></ul>

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**Minor Consent**

Minors 12 years of age and older are able to sign for the release of their information regarding drug/alcohol abuse treatment, outpatient mental health services and communicable reportable disease medical records, as long as they have sufficient maturity and capacity to understand what they are signing (WIC 317(f)). If you have any questions about whether a minor has sufficient maturity or capacity to consent, please consult County Counsel. Youth who consent to the release of information sign the 04-29 which allows the SW to obtain information from designated service providers or the 04-29cft which allows the sharing of PHI by a provider at the CFTM.

The disclosed information would be used for the coordination of services for the youth. Prior to having the youth sign any version of 04-29, the SW will review the form with the youth and inform the youth in an age-appropriate manner:

- What information will be requested and why.
- With whom it could be shared (including the CFT, court, etc.).
- How the information will be used – for assessment, placement, service planning, and recommendations.
- Their right to revoke the release.
- Their right to consult with an attorney before signing.

If a youth has questions about any of the 04-29 forms or the consequences of signing them, you may also refer them to their attorney.

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**Minor Consent  
(cont.)**

Should a youth consent to the release of their private information (medical, mental, drug and alcohol) by signing the 04-29cft the information can be summarized and shared with the Child and Family Team for the purpose of coordinating placement and case plan services. Only information relevant to the CFT should be discussed. The child has the right to refuse sharing information with the CFT by verbally notifying the SW. See [Confidentiality](#) section for additional information on the 04-29cft

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**Security Concerns/  
Arrangements**

Staff will consider the following special arrangements to address security concerns:

Who	What
Referring SW	<ul style="list-style-type: none"><li>• Alert CFT Facilitator of any security or safety concerns as soon as the concerns become known.</li><li>• Request the CFTM be held at a secure location which could include the CFWB office building.</li></ul>
CFT Facilitator	<ul style="list-style-type: none"><li>• Alert the office Security Guard of any security concerns.</li><li>• Arrange seating to provide quick access to the door.</li><li>• If necessary, consider arranging for the person with an identified security concern to participate from another location through a conference call.</li></ul>

[Family Violence Protocol](#) , [Sexual Abuse Protocol](#) , and [Restraining Orders](#):

When there is current or historical Intimate Partner Violence (IPV) or sexual abuse (SA) within a family scheduled for a CFTM, the following procedures will be observed:

- Assigned SW must alert the CFT Facilitator of the IPV or SA risk/history.
- If CFTM is in person, CFT staff to alert the Security Guard of possible increased security needs.
- Consider security for the meeting, and for participants when walking out to their cars.
- Arrange for a support person or advocate to attend the meeting, if the victim agrees and if advocate is available.
- The best way to protect a child exposed to IPV is by helping the abused parent stay safe by forming a safety plan for that parent.
- Careful consideration must be given to having youth in attendance when the allegation or history involves sexual abuse. Current risk, therapeutic progress, and dynamics of sexual abuse must be explored and understood for including and creating safety for the youth in the meeting.

Separate CFTMs will be scheduled when there is a No Contact Order or Restraining Order in place restricting contact between individuals. A restrained person is not to attend a CFTM with a protected person. In cases where there is intimate partner violence by one parent against the other, there should be separate meetings to get both parent's input while maintaining the safety of the survivor and parameters of the restraining order. SW should assess if the child/youth should attend the CFTM with the survivor and portion of the meeting may also need to be segmented for the participation of the child/youth, depending on issues discussed and potential trauma impact.

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**CFTM Process –  
Facilitator  
Responsibilities**

When inviting team members, the CFT facilitator will explain teaming, the purpose for the meeting, and gather agenda items from all participants to be addressed during the meeting. SW will provide agenda items from CFWB and family members to the CFT facilitator who will create the final agenda.

Preparing all team members to understand their role and participation in the meeting is essential for a successful team meeting. While inviting participants and preparing them for the meeting, the CFT Facilitator will call each team member to:

Step	Description
1	<p>Gather input on the meeting date, time, and location. Review previous CFTM notes to address follow-up to action plan and changes to the team members.</p> <p><b>NOTE:</b> The family should decide if the CFTM will be in person, virtual or hybrid.</p>
2	<p>Explain teaming practice in general to include defining the teaming process, the purpose and structure of the meeting and how often meetings will occur.</p>
3	<ul style="list-style-type: none"><li>• If the team member is the parent or youth, inform them of the current meeting participants (required / recommended) and get their input on other formal and informal supports they would like to request to attend. Ensure possible additional participants include Tribal Representatives, Cultural/Spiritual Leaders, Sponsors, or other requested supports related to the family's culture. For youth ages 0-11, explain the role of DSEP to the parents. If they consent to a DSEP representative being present, send an email inviting DSEP to attend. CFT facilitator will inform SW of the required 04-29cft forms.</li><li>• Discuss safety concerns or court orders preventing others from attending.</li><li>• Discuss with the SW how members' voices who cannot attend will be integrated into the meeting.</li><li>• <b>NOTE:</b> If parents or youth do not want the attendance of a required team member, consult with SW and PSS to identify which team members need to be present to reach meeting goals considering the best interest of team members regarding safety and well-being.</li></ul>
4	<p>Obtain the team members' input on agenda items they would like to discuss during the meeting. Items should be focused on the meeting purpose and related to safety, permanency, and well-being.</p>
5	<p>Discuss cultural components with team members including:</p> <ul style="list-style-type: none"><li>• Confirming any cultural practices/traditions they would like to hold during the meeting (e.g. invocation/prayer/blessing).</li><li>• Ensure room is created in the agenda for the above and who will lead.</li><li>• Add any ongoing practices/needs to the CFT Action and Summary Plan for follow up.</li></ul>

**CFTM Process –  
Facilitator  
Responsibilities  
(cont.)**

Step	Description
6	Reinforce the team member’s role in the meeting, their role in shared decision making, and their ability to participate throughout the meeting.
7	Assess if new Child and Family Team Release of Information (04-29cft) will be required, review new forms to ensure they are completed accurately and review all existing 04-29cft to ensure they are still valid. See <a href="#">Confidentiality</a> in this policy.

**CFTM Structure**

The CFTMs are structured as follows:

Step	Description
1	The facilitator greets parents, has the team members introduce themselves, and reviews confidentiality, including updating the team members list if needed and has the team sign the Confidentiality Agreement Form (04-446).
2	The facilitator begins the meeting by explaining teaming and the meeting’s purpose, including reviewing the agenda created with input from all team members. The facilitator will inform the team that cameras should be turned on. CFWB staff is required to have a camera on during a virtual CFTM.
3	<ul style="list-style-type: none"> <li>• The facilitator helps the group come up with group agreements for the meeting and ongoing teaming. The facilitator reviews and updates previous group agreements if the team has met before.</li> <li>• The facilitator will refer to the group agreements at any time needed during the meeting.</li> <li>• If the family requested a cultural component to the open/closing, ensure this occurs.</li> </ul>
4	<p>The facilitator briefly completes a network-building activity (inquiry to participants, Ecomap, Genogram, or Circles of Safety and Support) to ensure all possible participants are at the meeting. Additional participants can be invited or called if identified.</p> <p><b>NOTE:</b> SW should bring any completed network activities to the meeting to build on, including Genograms, Ecomaps, and Circles of Safety and Support.</p>
5	<p>The facilitator walks the team through the Safety Organized Practice (SOP) Three Questions starting with:</p> <ul style="list-style-type: none"> <li>• What is working well? <ul style="list-style-type: none"> <li>○ Team identifies strengths of the youth and/or family</li> <li>○ Team identifies acts of protection taken by the family or youth to ensure safety</li> </ul> </li> <li>• What are we worried about? <ul style="list-style-type: none"> <li>○ Team identifies worries that impact the youth’s safety and well-being</li> </ul> </li> </ul>

**CFTM Structure  
(cont.)**

Step	Description
5 (cont.)	<ul style="list-style-type: none"> <li>What needs to happen next (including brainstorming ideas for placement and services to meet identified goals.)</li> </ul> <p>All team members are encouraged to provide their input with an emphasis on the family and support network. The facilitator will share their screen if the CFTM is facilitated virtually.</p> <p>The CANS conversation will be integrated into the CFTM, and the structure of the meeting will vary by family. Most commonly, as the CFTM progresses, the CANS items will be discussed during the teams discussion of what's working well and worries. The CANS scores will be finalized with the team, followed by creation of the CFT action plan and case plan items. For more information, please reference the <a href="#">CANS (Child and Adolescent Needs and Strengths)</a> policy. In addition to integrating conversations about CANS, integrating conversations about Structured Decision Making (SDM) assessments can help guide and engage the CFT in next steps needed to achieve family goals.</p>
6	All ideas from team members will be listed and considered. Cultural practices will be discussed for incorporation into the action plan. The SW and PSS will provide CFWB's input regarding safety, court orders, and policies the team needs to address all identified needs.
7	<ul style="list-style-type: none"> <li>The facilitator will help the team create an Action Plan by having team members assess all ideas and create actions steps needed to get to the identified goals. The plan will include the team's recommendations for placement and services.</li> <li>All team members should have action steps and share responsibility for helping the youth and family meet their goals. Identified natural supports will move into a more significant role as professionals work towards transitioning out of the team.</li> <li>The facilitator will ensure that all agenda items were addressed by the Action Plan.</li> </ul>
8	The facilitator will gauge the team's support of the plan by using the Gradients of Agreement.
9	The facilitator records meeting information and decisions on the CFTM Summary and Action Plan (04-445).
10	The facilitator will provide links to the <a href="#">CFT Survey</a> created by California Department of Social Services (CDSS) to all CFTM participants that attended.
11	The timeline for the next CFTM will be discussed based on policies for when the next meeting needs to occur. CFT members will be reminded they can request a meeting before that time if needed.

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## Documentation in the CFT Process and CFTMs

Per CDSS guidance (ACL [17-104](#), [21-105](#), [22-73](#)), to ensure fidelity of the CFT process the following is required to be documented for CFTMs:

- Document in a CWS/CMS contact that the CFT Brochure was provided to the youth and parents in their preferred language. See [Engaging Youth and Engaging Parents/Guardians](#) sections for additional guidance.
- Document in a CWS/CMS contact that all participants in the CFTM received the [CFT Survey](#).
- Document in the Case Plan Notebook, the Agency Responsibilities and Client Responsibilities for CFTs and the required frequency of the CFTMs.
- Document in a CWS/CMS contact all CFTMs to ensure compliance.
- Document the CFTM in the court report and attach the Child and Family Team Summary and Action Plan.

The tables below provide guidance on how to ensure proper documentation of the above requirements.

CFT Brochure documentation:

Who	Action
SW	Document in a CWS/CMS contact the CFT brochures were provided to the parents and youth. Best practice is to document in the same contact any engagement efforts.

The following table describes documentation requirements for CFTM forms for team members:

Who	What
All CFT Facilitators	<p>After a CFTM the facilitator will provide the CFTM forms and survey below to every team member that attended the CFTM within 3 business days:</p> <ul style="list-style-type: none"><li>○ Child and Family Team Confidentiality Agreement (04-446)</li><li>○ Child and Family Team Meeting Summary and Action Plan (04-445).</li><li>○ Child and Family Team Meeting Survey link</li></ul> <p><b>NOTE:</b> Forms provided for the family should be translated in their preferred language.</p>

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**Documentation in  
the CFT Process and  
CFTMs (cont.)**

The table below provides guidance on the required documentation after a CFTM is facilitated:

Who	Action
<p>SW If Fred Finch Facilitated</p> <p>CFWB Facilitators</p>	<ul style="list-style-type: none"> <li>• Import the following documents into CWS/CMS within 10 days of the meeting: <ul style="list-style-type: none"> <li>○ Meeting agenda</li> <li>○ Child and Family Team Confidentiality Agreement (04-446)</li> <li>○ Child and Family Team Meeting Summary and Action Plan (04-445)</li> </ul> </li> <li>• Document the CFTM in a CWS/CMS contact following all the steps outlined in the Child and Family Team Meeting Desk Guide, contact should include: <ul style="list-style-type: none"> <li>○ Meeting date</li> <li>○ Meeting participants – document why a required team member was not present</li> <li>○ Summary of meeting discussion</li> <li>○ Identified strengths and needs as determined by the most recent CANS</li> <li>○ Action steps identified</li> <li>○ CFT Survey was provided</li> </ul> </li> </ul> <p>(See <a href="#">Documenting a CFTM in a CWS/CMS Contact</a> for additional guidance and CFTM Narrative Guidance Resource)</p>
<p>SW</p>	<ul style="list-style-type: none"> <li>• Document the CFTM in the court report with the following: <ul style="list-style-type: none"> <li>○ Meeting date</li> <li>○ Meeting participants – document why a required team member was not present</li> <li>○ Summary of meeting discussion</li> <li>○ Identified strengths and needs as determined by the most recent CANS</li> <li>○ Action steps identified</li> <li>○ Reason as to why a CFT recommendation will not be followed</li> <li>○ Explanation of inconsistencies between the case plan and CFT recommendation</li> </ul> </li> </ul> <p>Attach the CFT Summary and Action Plan to the court report. Redactions should be made of privileged information. Privilege information (protected health information, reproductive and sexual health, minor drug treatment). SW can consult with county counsel to determine if information is subject to privilege.</p> <p>See <a href="#">CFTM Narrative Guidance</a> Resource.</p>

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**Documentation in the CFT Process and CFTMs (cont.)**

Who	Action
SW (cont.)	<b>NOTE:</b> 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.

**NOTE:** To meet compliance requirements for SW monthly contact with youth, SW will meet with the youth individually before or after the meeting to address the youth's safety and well-being as outlined in the [Contacts - SW and Child](#) policy; a separate contact in CWS/CMS is required.

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**Documenting CFTMs in the Case Plan**

The required documentation of the CFT in the Case Plan will inform on the responsibility of the agency to ensure the CFTM takes place within the timelines and the responsibility of the parent/caregiver to participate.

To document the CFT in the case plan follow the steps below in the Case Plan Notebook: Under Case Management Services in the Agency Responsibilities tab **AND** Planned Client Services Responsibilities follow the steps below:

Step	Description
1	Agency Responsibilities: In the Case Management Services tab, select "Child and Family Team."
2	Select participants from the drop-down list (who is on the team)
3	Select "Staff Person" in Provider box.
4	Select "OK"
5	Select the frequency of CFTMs in the Service tab: <ul style="list-style-type: none"><li>• Every six months unless youth are placed in a GH/STRTP or are eligible for Enhanced Services mark every 3 months.</li></ul>
6	Client Responsibilities: In the Planned Client Services, select Case Management Services and select type, Child and Family Team.  Then follow steps 2-5 above.

See [Child and Family Team Meeting CWS/CMS Desk Guide](#).

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**Documenting a  
CFTM in a CWS/CMS  
Contact**

Within 10 working days all CFTMs are required to be documented in a CWS/CMS contact to ensure that CFTMs are being held timely and include the required participants.

See [Child/Youth Attendance in CFT CWS/CMS Desk Guide](#) and [Child and Family Team Meeting CWS/CMS Desk Guide](#).

CFTMs that are facilitated by contracted CFT Facilitator (Fred Finch) will be entered in CWS/CMS by the SW. SWs and internal CFWB CFT Facilitators will complete steps below when entering the contact into CWS/CMS:

Step	Description
1	In the Contact Notebook, create a new contact with the following information: <ul style="list-style-type: none"><li>• Staff Person</li><li>• Start Date, Time of CFTM</li><li>• End Date, Time of CFTM</li><li>• Contact Purpose: Deliver Services to Client</li><li>• Method</li><li>• Location</li><li>• Participants</li></ul>
2	In Contact tab select under Case Management Services/Referrals: <ul style="list-style-type: none"><li>• CM – Child and Family Team</li></ul>
3	In Associated Services tab, check to insure that “Case Management” and “Child and Family Team” populated from the previous screen.
4	In Associated Services tab under “Child and Family Team Key Roles,” select all team member roles that were present at the meeting (i.e., Child, Parent/Mother, Therapist, etc.). If a member attended whose role is not in the list, type in their role in the “Other Participants” box next to the Key Roles drop down.
5	In Associated Services tab under “Lead Agency,” select which agency has lead, Child Welfare or Probation.
6	In the Facilitator tab select CFWB CFT Facilitator or select Fred Finch.
7	Enter summary of the meeting and action plan in the “Narrative” section of the Associated Services tab.
8	Answer question: Were all the children present at the CFT meeting? If there were no children present, follow step 9
9	If no children present at the CFTM, complete the Child(ren) Not Present at CFT Section: <ul style="list-style-type: none"><li>• Select absent child</li><li>• Add how was the child/youth voice elicited</li><li>• Select reason for absence</li><li>• If Other is selected add reason</li></ul>

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**Alignment with SET**

This policy promotes the following SET values:

- SET [Value 1](#) by building shared understanding and agreement through family engagement, collaborating with the whole family to create well-being, and honoring and incorporating the voices of children and youth.
  - SET [Value 2](#) by providing opportunities for biological, kinship, and resource families to communicate and work together for the youth's best interests and utilizing shared decision making with the child/youth's voice and well-being at the forefront.
  - SET [Value 3](#) by having a continual focus on children's well-being while they are in the care of CFWB.
  - SET [Value 4](#) by maintaining open communication and transparency with families and community partners as well as ensuring that staff and community partners have a shared vision for safety, permanency, and well-being.
-