

**UC DAVIS  
EXTENSION**

**CENTER FOR HUMAN SERVICES**

*Resource Center for Family-Focused Practice*

# Child and Family Team (CFT) Trainee's Guide 2018



## Curriculum Introduction

This course will serve as the broad community's foundation and introduction to the child and family team (CFT) process. The audience represents all persons who may interact and participate on a CFT or at a CFT meeting (e.g., Child Welfare Services, Juvenile Probation, Short Term Residential Therapeutic Programs, Resource Families, Education, Behavioral Health, Parent/Family/Youth Partners, Physical Health, Community Based Organizations). This course will deliver basic information on the reason for child-serving system change and the importance of ensuring all levels of services and supports provided to the child, youth, nonminor dependent (NMD), and/or family are delivered in a manner that is trauma-informed, culturally competent, and permanency focused. In addition, the course will provide the requirements and best practices of the CFT process. Topics covered in this class include:

- The historical context of team-based models and practices
- What is a CFT?
- Regulations & Requirements

### COUNTY VARIATIONS IN PRACTICE

All counties using the CFT Curriculum are required to follow the fidelity practice and trauma-informed values defined in [All County Letter \(ACL\) No. 16-84](#)<sup>1</sup> and [ACL No. 18-23](#)<sup>2</sup>. There are some variations in county practice regarding some aspects of implementation, policy, and use of supporting materials. Additionally, in further support of the CCR goals of safety,

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<sup>1</sup> ASSEMBLY BILL (AB) 403 and AB 1997 (CHAPTER 773, STATUTES OF 2015 and CHAPTER 612, STATUTES OF 2016) WELFARE AND INSTITUTIONS CODE 706.6, 832, 16501.1 PATHWAYS TO MENTAL HEALTH SERVICES – CORE PRACTICE MODEL GUIDE

<sup>2</sup> AB 403 and AB 1997 (CHAPTER 773, STATUTES OF 2015 and CHAPTER 612, STATUTES OF 2016) WELFARE AND INSTITUTIONS CODE 706.6, 832, 11400(f) 16501.1; [ACL NO. 16-84 MENTAL HEALTH SUBSTANCE USE DISORDER SERVICES INFORMATION NOTICE \(MHSUDS IN\) 16-049](#); [ACL NO. 16-85 STATEWIDE POLICIES AND PROCEDURES TO PREVENT CHILD SEX TRAFFICKING](#); [ACL NO. 17-28 TIMELY INVESTIGATIONS OF CHILD ABUSE AND NEGLECT, CONSISTENT SOCIAL WORKER VISITS; MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTIONS 31-002\(c\)\(3\), 31-002\(f\)\(8\)](#); [MPP 31-320.5](#); [PATHWAYS TO MENTAL HEALTH SERVICES – CORE PRACTICE MODEL GUIDE](#); [COUNTY FISCAL LETTER \(CFL\) NO. 16-17-22 CHILD AND FAMILY TEAM CLAIMING INSTRUCTIONS](#); [CFL NO. 17-18-09 CLAIMING INSTRUCTIONS TO COUNTY PROBATION DEPARTMENTS FOR NONFEDERAL CHILD AND FAMILY TEAMS FOR YOUTH IN DETENTION](#); [ACL 18-09/ MHSUDS IN 18-007 REQUIREMENTS FOR IMPLEMENTING THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT TOOL WITHIN A CHILD AND FAMILY TEAM](#)

permanency, and well-being, CFTs should strive to deliver services and supports within a trauma-informed environment.

#### USE OF CFT FOLLOWING THIS TRAINING

After completing the CFT Foundations and Skills Building trainings, trainees can begin using CFT practice and tools as part of trauma-informed, culturally relevant, and developmentally appropriate practice; however, please understand that this initial training does not make you an expert user of the CFT process, tools, and values. The classroom training that you receive with this module must be reinforced with field learning, regular supervision, trauma-focused awareness, and mentoring, all of which support trauma-informed approaches. We also strongly recommend that all attending the training participate in the relevant CFT advanced and CFT ancillary classes.

# Child and Family Team (CFT) Trainee's Guide



Training Version 1.0 | 2018

Use Test Version 1.0 for Evaluation

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## **Introduction**

### **GENERAL INFORMATION**

The child and family team (CFT) Model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For questions regarding the curriculum, contact the Integrated Services Unit at CDSS at [CWSCoordination@dss.ca.gov](mailto:CWSCoordination@dss.ca.gov) and the Resource Center for Family Focused Practice (RCFFP) [resourcecenter@ucde.ucdavis.edu](mailto:resourcecenter@ucde.ucdavis.edu) or call RCFFP at (530) 752-9726.

### **COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES**

#### **Training Standards and Learning Objectives**

The Training Standards and Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. The Training Standards and Learning Objectives for the curriculum are listed in a separate tab in both the Trainer's and Trainee's Guides.

#### **Agenda**

The Agenda is a simple, sequential outline indicating the order of topics that will be addressed in the training day.

#### **Evaluation Protocols**

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a specific curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

## **Supplemental Handouts**

Supplemental Handouts are clearly titled and appear in both the Trainer's and Trainee's Guides. Supplemental Handouts refer to additional handouts not included in the Training Content tab of the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

## **References and Bibliography**

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography tab indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental, and background content information, training tips, training activities, and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography tab is divided into three sections:

- All County Letters (ACLs) and All County Information Notices (ACINs) issued by the California Department of Social Services (CDSS)
- Legal References (as applicable)
- General References and Bibliography

In certain curriculum within the Common Core series, the References and Bibliography may be further divided by topic area.

## Agenda

### CFT FOUNDATIONS

Module Duration: 5.5 hours

#### Day 1

9:00 – 9:20 a.m.	Welcome and Introductions
9:20 – 9:30 a.m.	Purpose of Training and Agenda
9:30 – 10:30 a.m.	The Historical Context of Team-Based Practices
10:30 – 10:45 a.m.	Break
10:45 – 11:30 a.m.	The Historical Context of Child and Family Teams (CFTs)
11:30 – 12:00 p.m.	CFT Foundations
12:00 – 12:30 p.m.	Lunch
12:30 – 1:30 p.m.	Continue CFT Foundations
1:30 – 2:10 p.m.	Observe a CFT Meeting
2:10 – 2:25 p.m.	Break
2:25 – 3:25 p.m.	Role Play a CFT Meeting
3:25 – 4:00 p.m.	Post Test, Evaluation, and Closing



## CFT SKILLS BUILDING AND PRACTICE:

Module Duration: 11 hours

### Day 1

9:00 – 9:15 a.m.	Welcome and Introductions
9:15 – 9:20 a.m.	Purpose of Training and Agenda
9:20 – 10:20 a.m.	Practice Engagement
10:20 – 10:35 a.m.	Break
10:35 – 11:35 a.m.	Practice Fidelity to Child and Adolescent Needs and Strengths (CANS) Tool
11:35 – 12:35 p.m.	Practice Building Teams
12:35 – 1:35 p.m.	Lunch
1:35 – 2:35 p.m.	Practice Shared Development
2:35 – 2:50 p.m.	Break
2:50 – 3:35 p.m.	Practice Communication
3:35 – 4:00 p.m.	Post Test, Evaluation, and Closing

### Day 2

9:00 – 9:15 a.m.	Welcome and Introductions
9:15 – 9:30 a.m.	Purpose of Training and Agenda
9:30 – 10:30 a.m.	Practice Developing Culturally Relevant, Trauma-Informed, and Developmentally Appropriate Case Plans
10:30 – 10:45 a.m.	Break
10:45 – 12:00 a.m.	Role Play a CFT Meeting
12:00 – 1:00 p.m.	Lunch
1:00 – 2:00 p.m.	CFT Gone Right or Wrong Pictionary
2:05 – 3:05 p.m.	CFT Post Test
3:05 – 3:20 p.m.	Break
3:20 – 4:00 p.m.	Evaluation and Closing

## Learning Objectives

1. Participants will gain knowledge of the historical context of team-based practices in California and the fundamentals of the Continuum of Care Reform (CCR), which includes Pathways to Well-Being, California's Integrated Core Practice Model (ICPM) and Integrated Training Guide (ITG), and CFT requirements.
2. Participants will gain knowledge that trauma is treatable and there are many evidence-based models and promising practices designed for specific populations, types of traumas, and behavioral health manifestations.
3. Participants will gain knowledge of the historical context of the CANS as a single, functional assessment tool to support the goals of CCR, Pathways to Well-Being, and the ICPM and ITG.
4. Participants will be aware how a single assessment process informs the CFT in several key areas.

### **Key Elements:**

- a. Results are used by the CFT for placement decisions.
  - b. Results inform the Level of Care Protocol.
  - c. Results, with a trauma-informed lens, determine if the child or youth has unmet mental health needs.
  - d. Results, with a trauma-informed lens, determine educational needs.
  - e. Results assist in identifying immediate support needs of the family or care provider and which trauma-focused interventions can be effectively implemented.
  - f. A skilled and trained CFT facilitator is essential to ensure the CFT process is strengths-based, child/youth and family centered, individualized, collaborative, culturally reflective, trauma-informed, and outcomes-focused in the development of individual case plans. The facilitator impacts the CFT by keeping CFT members working together and the CFT process moving forward.
5. Participants will be able to describe the purpose of CCR, identify the target population, identify specific CFT and CANS process timelines. Participants will be able to illustrate specific CFT components, as well as be mindful of other elements identified in statute. Participants will be able to describe a CFT climate that supports trauma-sensitive approaches.

**Key Elements:**

- a. CFT meetings should occur at intervals as requested by the child, youth, non-minor dependent (NMD), family and/or any team member, along with timelines outlined in the [All County Letter \(ACL\) No. 16-84/Mental Health and Substance Use Disorders Services \(MHSUDS\) Information Notice \(IN\) 16-049](#) and [ACL No. 18-23](#).
  - b. A single assessment process should be administered at specific intervals with timelines as outlined in [ACL No. 18-09/MHSUDS IN No. 18-007](#).
  - c. A skilled and trained CFT facilitator is essential to ensure the CFT process is strengths-based, child/youth and family centered, individualized, collaborative, culturally reflective, trauma-informed, and outcomes-focused in the development of individual case plans. Additionally, the facilitator is responsible for ensuring the CFT process has fidelity to the [ICPM and ITG](#). Counties may contract with providers for facilitation, train non-case carrying social workers, or train its case carrying social workers to become skilled facilitators.
  - d. The CFT process and CFT meetings are different from one another, yet are intended to work together to assess, understand, and assist trauma-exposed children, families, and communities.
  - e. The CANS within the CFT process supports engagement, interagency collaboration, and uniform case planning.
  - f. Services delivered to children, youth, NMDs, families, and communities are most effective when delivered in a single, coordinated, and integrated CFT, which should include integration of all local community practices.
  - g. It is important to integrate a culturally relevant, trauma-informed, and developmentally appropriate case plan across systems, perspectives, and individual needs based on information shared by the CANS tool. Ultimately, it creates one case plan through which interventions, practices, services, and supports recognize and respond to the varying impacts of traumatic stress on children, youth, NMDs, and families.
  - h. CFTs, informed and guided by assessment results, will provide recommendations for all care and service planning for a child, youth, NMD, and family. Services and supports will be delivered in a manner that is developmentally appropriate, trauma-sensitive, culturally competent, and permanency-focused.
6. Participants will be able to describe the key values and principles of team-based practices and have comprehensive knowledge about the CFT model, including how the CANS informs case plans and is completed throughout the CFT process. Participants will be aware of how to balance rules, principles, and biases in relation to CFT practice. Participants will understand how a CFT joins together to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.

**Key Elements:**

- a. Understand the roles, individual strengths, and unique value of the CFT facilitator, child welfare social worker(s), juvenile probation worker(s), behavioral health worker(s), resource family, parent/youth partner(s), the court, the child, youth, NMD, the family and/or natural supports, and other team members in a CFT process, especially during CFT meetings and case plan development. Understand that the CFT recognizes that everyone has a role to play in a trauma-informed approach. Participants will practice skills for participating in a CFT.
  - b. Understand the use of the CANS as a shared resource within the CFT and as a continuous tool to inform case plans and placement decisions for the child, youth, NMD, and family.
  - c. Recognize conscious and unconscious bias and navigate situations in a respectful manner. This may include managing differences between support and professional participation at the request of a child, youth, NMD, and/or family member – thus, utilizing team members for their knowledge-based strengths. Communication in a CFT is strengths-based and trauma-informed.
  - d. Understand the CFT facilitator's integral role in the CFT process and, as a team, build appreciation of input from all team members and balance the importance of the child and family voice and choice as a priority.
  - e. Value the importance of the child, youth, NMD's, and family's voice, creating a place where their voice holds significant power and choice when specific strategies are being chosen. Children, youth, NMDs, and families feel supported in an environment with shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward.
  - f. Articulate and demonstrate how relevant care and service planning for a child, youth, NMD, and family will be informed by the CFT.
7. Participants will practice authentic, trauma-sensitive engagement skills, demonstrating strengths-based, needs-driven, and child and family-centered activities.
  8. Participants will practice fidelity to the CANS, as it measures effective engagement with the child and family through a team-based approach to complete the tool together, and further enhance interagency care coordination and service delivery.
  9. Participants will be able to engage and recruit team members to participate in the CFT process. Participants will value the paramount importance of engaging and utilizing natural/informal supports within a CFT process and meetings.
  10. Participants will demonstrate their understanding of the need to balance the intended, trauma-informed principles of the ICPM and ITG with the particular demands of their agency-assigned role.

- a. Public agency staff can meet their court or legally required duties while also practicing the values, activities, and principles of CFT.
  - b. Balance child, youth, NMD, and family voice and choice as a priority, along with agency mandates and safety parameters.
  - c. Use of, and adherence to, fidelity of the CANS within the CFT process.
11. Participants will understand and apply related interventions, services, supports, and practices for effective team-based practices, including the participation of trained CFT facilitators, the use of the CANS, CFT record keeping, sharing of plans, managing confidentiality and privacy, and other information.
  12. Participants will understand that the CFT informs and updates the CANS, supporting children, youth, NMDs, and families in the context of trauma-informed care.
  13. Participants will demonstrate the ability to build case plans, informed by the CFT, that utilize formal and informal team members, their strengths, assess their needs, and respond to families in an individualized manner. Participants will demonstrate ability to leverage culturally respectful, responsive, and reflective interventions that are responsive to the needs of individuals served within case plans.

# Training Standards

## Child and Family Team (CFT) Minimum Training Standards

### Purpose:

One of the Continuum of Care Reform's (CCR) fundamental principles is that child welfare services are most effective when delivered in the context of a child or youth and family-centered child and family team (CFT) that shares responsibility to assess, plan, intervene, monitor, and refine services over time. The CFT joins together to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.

To enhance care coordination and collaborative decision making across systems as recommended in the Integrated Core Practice Model (ICPM) and Integrated Training Guide (ITG), the Child and Adolescent Needs and Strengths (CANS) assessment tool has been approved by the California Department of Social Services (CDSS) to be implemented within the CFT process by a skilled and trained CFT facilitator. The CFT facilitator is essential to ensure the CFT process is strengths-based, child/youth and family centered, individualized, collaborative, culturally reflective, trauma-informed, and outcomes-focused in the development of individual case plans. Furthermore, a single assessment process allows for effective measurement of engagement within the CFT as all team members provide input in the completion of the CANS assessment tool, which informs a family's case plan. Welfare and Institutions Code Section 16501.1(c) and (d) require that county placing agencies convene a CFT meeting for all children and youth in foster care as defined in Section 16501 (see also ACL No. 16-84/Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) 16-049 and ACL No. 18-23).

The minimum standards in this guide are also intended to ensure that CFT training materials adhere to the fidelity of the CFT model, using a skilled and trained CFT facilitator and the CANS assessment tool to drive case planning, support effective engagement, and enhance care coordination efforts.

This guide is designed to meet the training standards described in California's Integrated Training Guide (ITG), which supports cross-system practice and service delivery, advancing collaboration among child and family service agencies, partnering organizations, tribes, and community-based organizations.

A skilled and trained facilitator, along with a broad array of other professionals such as paraprofessional services and community members, partner together to address the needs of the child, youth, NMD, family, and the placing agency. The services and supports provided to the child, youth, NMD, and family are delivered in a manner that is strengths-based, culturally

relevant, team-based, and permanency-focused. Therefore, initial training and orientation must be designed to be delivered to the broad group of stakeholders reflecting those who would participate on a team. Additionally, ongoing and continued training is also required for, but not limited to, team members participating in CFTs.

CFT Training must include the following key concepts:

1. CCR overview and historical context: [ACL No. 16-84/MHSUDS IN No. 16-049](#) and [ACL No. 18-23](#).
  - a. [Integrated Core Practice Model and Integrated Training Guide](#)
  - b. Safety Organized Practice
  - c. Wraparound
  - d. Team Decision Making
  - e. Cross-System Involved Youth
  - f. Restorative Justice
  - g. Interagency Placement Committee
  - h. Family Finding
  - i. Family to Family
  - j. Other Evidence-Based and Promising Practices
2. Structures and processes for effective CFTs:
  - a. ACL No. 18-23.

The CFT process, guided by a trained and skilled facilitator, will define a clear purpose for the team which will strive to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways, and that will include using the CANS assessment tool. The CANS tool is instrumental in guiding discussion with children, youth, or NMDs, and families as partners, and results in case plans that are developed collaboratively and in a shared decision-making process. The CFT process fosters understanding of people's experiences and behaviors in the context of coping strategies devised to survive adversity and overwhelming circumstances.

The use of a single assessment process has the capacity to capture the voice of children, youth, or NMDs, and families through a strengths-based and family-centered practice. A single assessment process also has the capacity for ensuring children or youth and families successfully achieve positive outcomes.

The CFT's defined purpose can be described in a team mission or team vision created by all members of the team. This purpose should reflect a climate and culture

that supports trauma-informed approaches and should guide all team planning and be upheld by all members of the team.

The child, youth, or NMD, and family will be given priority voice and choice in defining the team's purpose in line with the values of a CFT. The team mission or team vision ought to recognize that CFTs and the CFT process provide meaningful opportunities for children, youth, NMDs, and families to participate in the development and implementation of individual case or treatment plans, with the use of the CANS assessment tool, interventions, practices, services, and supports.

b. The team must define CFT agreements.

These team agreements will include both the rules for the team's relationship and the rules for the actual CFT meetings. These team agreements will be designed so that the team will be able to work together based on the unique situations and the unique culture of the family and systems involved.

Team members should help children, youth, or NMDs, and families recognize their strengths, and encourage them and support them to develop solutions that match their preferences. The team must respect and support the power of learning from mistakes when strategies do not work as intended so that the plan can be revised to improve outcomes.

c. The team must practice integrated and shared case planning.

With the implementation and use of the CANS assessment tool to foster cross-agency collaboration and team engagement, case plans must be comprehensive and include the results of the CANS assessment. The composition of the CFT may include Short Term Residential Therapeutic Program (STRTP) staff, behavioral health staff, the Interagency Placement Committee members, and others. The CFT, via the single assessment process, works together to identify the child, youth, or NMD's and family's strengths, as well as needs and concerns. The team strives to assess, understand, and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.

Through cross-agency collaboration and participation of all CFT members in completing the CANS, case plans are developed. Children, youth, NMD's, and families' needs are fully engaged, which leads to increased well-being and improved outcomes.



If the child, youth, NMD, and family already have an established team through another agency such as behavioral health or program such as Wraparound, the placing agency will support the existing team process to expand and evolve so that the needs and services indicated under the child welfare or juvenile probation cases are included. With the use of the CANS assessment tool, cross-system planning and coordination will ensure that there is only one team process for any single family in care.

- d. The team must practice shared responsibility, shared decision making, and shared accountability. Using the CANS, this multipurpose tool will assist in assessing child well-being, support care coordination and shared decision-making, and allows for the monitoring of outcomes of services.

Authentic implementation of family voice and choice must be a priority to assure that power is leveled for members, recognizing and understanding that everyone has a role to play in a trauma-informed approach. Case planning must be needs-based and not symptoms-based.

As families move through the CFT process, family members will often come to recognize their own strengths and experience the power of strengths-based support that comes without judgment.

- e. A CFT meeting is part of the CFT process, and it is a place for solution-focused planning and is not a forum to complete further investigation. CFT meetings are not intended for investigating initial child abuse or juvenile justice allegations, but rather an environment which strives to understand and assist trauma-exposed children, youth, NMDs, and families in trauma-informed ways.
- f. The team must adhere to the fidelity of the CFT model.
- g. The CANS tool must inform the case plan, and it must be completed prior to the completion of the case plan with input from all CFT members.
- h. The team must develop and focus on common goals.
- i. The team must consider multiple alternatives before making decisions.
- j. All team members must know that their input is valued.
- k. The team must build agreement despite differing views. With the goal of consensus, the CFT works together to identify their decision-making process.

- l. The team must build appreciation of strengths.
  - m. Case planning reflects cultural humility, curiosity, trauma-awareness, and age and developmental appropriateness.
  - n. Team members must honor expertise, show respect to, and use of, specific individuals to discuss and meet needs related to a specific team member's expertise. This includes the expertise that the youth and family bring to the team.
  - o. The CANS assessment tool may be completed outside of CFT meetings or during CFT meetings, depending on the preference of the child, youth, or NMD, and family.
3. Training must focus on the values of the CFT process:

a. Strengths-Based

Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology to a positive partnership focused on future opportunity, directed engagement, and case planning. The approach acknowledges each child, youth, or NMD, and family member, and team member's unique set of strengths, knowledge, and abilities, and engages team members to partner in developing and implementing case plans utilizing those strengths.

b. Child, Youth, NMD, and Family-Centered and Driven

The approach to the planning, delivery, and evaluation of care must be grounded in the voice and choice of the child, youth, or NMD, and family. Throughout the CFT process, listening to and respecting the child, youth, or NMD's and families' experiences, opinions, and insights are prioritized as all members partake in the CANS assessment and the results are continuously used to inform the case plan. Team members should intentionally elicit and prioritize the child, youth, NMD, and family voice and choice during all stages of the CFT's dynamic and evolving process. Interventions, practices, services, and supports should recognize and respond to the varying impacts of traumatic stress on children, youth, NMDs, and families. Case planning must be grounded in family members' perspectives, and the team strives to provide options and choices such that the case plan reflects family values and preferences, ultimately giving and allowing the family equal weight in the process. Doing so endorses the family as a leader of their team and in the planning of their service delivery. This family leadership role is separate from the CFT facilitator's responsibilities.

c. Individualized

For the team to best engage the child, youth, NMD, and family, and meet the unique needs of each participant, the team will create a customized set of engagement strategies, supports, and services through using the CANS, which should be seen as a shared resource and tool for team members throughout the CFT process.

d. Collaboration and Comprehensive Shared Planning

By using the CANS, team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating trauma-informed case planning related to the child, youth, or NMD's and family's care. The information gleaned from the assessment tool guides conversation and supports the process of learning more about the child, youth, or NMD's and family's needs, as well as patterns of behavior.

The trained CFT facilitator will help ensure that all case planning includes the diverse viewpoints of all team members. Case planning and actions will be a shared responsibility for all team members. This requires allowing all perspectives, mandates, and resources to be drawn from and utilized. This collaborative approach within the CFT process should lead to shared case planning that integrates all approaches, modalities, and practice models.

The implementation of the CANS tool promotes collaboration and cooperation among child-serving individuals and agencies. Additionally, the CDSS and DHCS have developed a universal release of information form for use by the CFT to keep the process moving forward and encourage open communication and cross-agency collaboration. Research is clear that by sharing decision-making and working together, professionals and children, youth, NMDs, and families can achieve positive and lasting outcomes.

e. Needs-Driven

Rather than focusing on behaviors, a specific intervention or strategy, the team will focus on the underlying needs of each child, youth, NMD, and family based on the CANS tool, which helps identify strengths and needs. It is important to recognize that the CFT process is part of a larger strategy, which involves children, youth, NMDs, and families in all aspects of case planning, evaluation, monitoring and adapting, to help them reach their goals. Team members will make a conscious effort to elicit information and assess needs and will then create plans to meet those unique

needs. Goals are based on identified, actionable items that address the need for permanency, safety, and well-being and will be culturally relevant, trauma-informed, and age and developmentally appropriate. Safety needs to remain a priority at all times.

f. Culturally Reflective, Respectful, and Responsive

In keeping with the ICPM and ITG, the team's approach to engagement, assessment, planning, monitoring, and transition will demonstrate respect for the values, preferences, beliefs, culture, and identity of the child, youth, NMD, family, their community, and all team members. This engagement approach will acknowledge self-identity, fairness, and equity and will be sensitive to culture and ethnic orientation. The team will build respect for the family's culture. The team will adapt case planning and engagement strategies based on cultural considerations throughout the CFT process.

g. Trauma-Informed

The team will continually assess and reassess their engagement practices, case planning ideas, and the ways in which team members communicate in order to create safe and trauma-informed spaces where the child, youth, NMD, family, and other team members feel safe and able to participate.

h. Outcomes-Focused

The team's communications and case planning will maintain focus on the idea that people don't fail, but rather that plans fail. The team will persist in developing a culturally relevant, trauma-informed, and developmentally appropriate case plan through the implementation of the CANS tool, which helps to create a common language across child welfare, juvenile probation, and mental health disciplines. The team will monitor progress and revise the plan accordingly while maintaining a solutions-focused perspective. While maintaining safety as a priority, the team will develop and monitor specific, defined outcomes.

i. Developmentally-Informed

A skilled and trained CFT facilitator will work with all the identified CFT members in order to gather the necessary information to complete the CANS. All case planning will make use of the single assessment process which considers the impact of trauma, age, developmental stages, and timely intervention strategies when engaging infants, children, youth, NMDs, and families.

4. Training must focus on the CFT meeting structure. These structure items must include:
  - a. A trained CFT facilitator who is responsible for the coordination, scheduling, and facilitation of the CFT and leading the completion of the CANS.
  - b. Meeting welcome and leveling of power.
  - c. Development of team agreements, which may include – but are not limited to – managing confidential information, sensitive information sharing, safety precautions, and comfort agreements.
  - d. Needs and goals identification, including safety and all life domains.
  - e. Continuous assessment of strengths on all active domains via a single assessment tool utilized by the CFT.
  - f. Individualized, culturally relevant, trauma-informed, and age and developmentally appropriate practices in meetings.
  - g. Develop individualized, needs-driven, and culturally relevant plans of action through the single and shared assessment process, brainstorming, and other methods.
  - h. Matching and assigning youth and family-driven actions items to team members based on their strengths.
  - i. Team meeting and CFT process feedback.
5. Training must address specialty items related to the CFT process:
  - a. To support neutrality and full participation of the child welfare and juvenile probation agencies, the team meeting will be led by a trained and dedicated CFT facilitator. The CFT facilitator ensures that the primary voice and choice on the team is that of the youth and family while upholding the needs of all team members. The facilitator further ensures the services and supports provided to the child, youth, NMDs, and family are delivered in a manner that is trauma-informed, culturally competent, developmentally appropriate, and permanency focused.
  - b. The CFT facilitator's responsibilities for team engagement include preparing the family prior to convening the CFT meeting to discuss placement decisions and case plan development. CFT facilitation services also include the coordination, scheduling, and facilitation of the CFT and leading completion of the CANS.

- c. How to manage team member input and participation during the CFT process to ensure a setting through which interventions can be effectively implemented, acceptance of all members' perspectives, maximize team cohesion, and minimize bias.
  - d. Team and engage with family, youth, and others.
  - e. Building effective comprehensive CFT membership that recognizes and understands the trauma the child, youth, NMD, and family has experienced and how individualized strategies reduce the risk of re-traumatization.
  - f. Keeping record during a CFT meeting, including a summary of CFT meetings that includes – but is not limited to – attendance, strengths, needs, goals, and action items.
  - g. Documentation of one integrated, trauma-informed, sustaining case plan. The case plan should be based on a single assessment process, the family's plan, court orders, Child Welfare case plan, mental/behavioral treatment plans, and any others for the team to use when building and implementing action items. The intent is to have one case plan that meets all partners' needs.
6. Training must address the dynamic and evolving nature of the CFT process and the changing needs and goals therein. Information provided, scenarios, and activities should be specific to the local community timelines, policies, procedures, and practices. Some of these key variations could include:
- a. Initial and ongoing safety assessments and planning throughout the CFT.
  - b. CFT process outside of the CFT meeting.
  - c. Short term CFT.
  - d. CFT at detention.
  - e. CFT at transition.
  - f. CFT for NMDs.
  - g. CFT during crisis.
  - h. CFT recommendations to the court throughout the court processes.
  - i. CFT during placement changes.

7. Training must be delivered through the following methods to accommodate the various learning styles of participants, to support the transfer of learning, and uphold fidelity.
  - a. Incorporating adult learning styles
    - i. Visual
    - ii. Auditory
    - iii. Kinesthetic
  - b. Cross the Three Domains of Learning:
    - i. Cognitive: mental skills (knowledge)
    - ii. Affective: growth in feelings or emotional areas (attitude or self)
    - iii. Psychomotor: manual or physical skills (skills)
  - c. Include orientation, basic foundations, field practice (in-vivo), and advanced skills opportunities.
  - d. Learners must have opportunities to practice team-based strategies.
  - e. Learners must have opportunities to develop, practice, and refine skills for developing a culturally relevant, trauma-informed, developmentally appropriate, integrated, needs-driven, and strengths-based plan.

8. Additional Recommendations:

Training should reflect the intent of the CCR and the ICPM and ITG. This includes representation from all the system supports and the continuum of services that are provided. Best practice dictates that the teams of trainers should be balanced between the differing professional disciplines, paraprofessionals, placement staff, and family/youth representation, ultimately creating space for cross-training collaborative audiences and shared collaborative training. Trainers should minimally include the county/agency perspective and representatives and parent/family/youth professionals that represent and support the consumers' (such as Parent Partners) perspective.

## APPENDIX A: GLOSSARY OF ACRONYMS AND TERMS

CANS – The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

CBO – A Community-Based Organization (CBO) is a provider within the community that offers concrete services to individuals and families to ameliorate issues and to provide support as needed. Services they offer may include mental health therapy, Wraparound, Therapeutic Behavioral Services, etc.

CCR – The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to our Child Welfare Services system. CCR is designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed, trauma-sensitive, nurturing family homes.

CDSS – The California Department of Social Services (CDSS) is the state agency charged with serving, aiding, and protecting needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.

CFT – The child and family team (CFT) is a group of individuals that participate in a trauma-informed team planning process that includes the child, youth, or NMD, family members, a skilled and trained facilitator, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, or NMD’s, and family’s success. In addition to mandated participation of involved public agency representatives, the composition of the team is driven by family members’ preferences. Successful CFTs include persons with natural supportive relationships with the family, so that the family’s support system will continue to exist after formal services are completed. The CFT’s role is to include family members in defining and reaching identified goals for the child, recognizing that trauma is treatable. The individuals on the team work together to identify each family member’s strengths and needs, based on relevant life domains, to develop a culturally relevant, trauma-informed, and developmentally appropriate child, youth, or NMD, and family-centered case plan. The plan articulates specific strategies for achieving the child, youth, NMD, and/or family goals based on addressing identified needs, public safety, including following



ACL No. 16-84/MHSUDS IN No. 16-049 and ACL No. 18-23, related court orders, and building on, or developing, functional strengths.

**CFT Meeting** – A child and family team (CFT) meeting is a functional structure and process of engaging the family and their service teams in thoughtful and effective planning of interventions, practices, services, and supports that recognize and respond to the varying impacts of traumatic stress on children, youth, NMDs, and families. The CFT meeting is the primary way in which the CFT typically conducts and coordinates its work.

**Dispo/Juris** – Disposition (Dispo) and Jurisdiction (Juris) Hearings are often held together; however, they have separate functions. Jurisdiction Hearings determine whether abuse and neglect allegations are true and if intervention is warranted under W&IC 300. At a Disposition Hearing, the court determines a child's placement and establishes a service plan.

**Facilitator** – A neutral party trained in facilitation whose focus is to ensure that the primary voice and choice on the team is that of the youth and family, while upholding the needs of all team members. Through team coordination and meeting facilitation, the goal of the facilitator is to create a safe and trauma-sensitive place for processing and planning around team needs.

**Foster Care Placement** – 24-hour substitute care for all children placed away from their parent(s) or guardian(s) and for whom the state agency has placement and care responsibility (Section 1355.20 Code of Federal Regulations).

**ICPM** – The Integrated Core Practice Model (ICPM) defines the values, principles, and expectations for team-based practice behaviors and activities for all child welfare, juvenile probation, and mental health agencies, service providers, and community/tribal partners working with children, youth, NMDs, and families who are being served by more than one public agency.

**Integrated Services Training Guide (ITG)** – The Integrated Training Guide supports cross-system practice and service delivery by providing guidance and recommendations about a series of trainings that advance collaboration among child and family service agencies, affiliated human service organizations, families, tribes, and related support networks.

**Juvenile Probation Placement Unit** – The Juvenile Probation Placement Unit incorporates the screening, assessment, and placement of all wards ordered into a residential treatment facility (RTF), foster home, or relative/non-relative extended family member home. This also includes the monthly monitoring of wards in placement by officers who make on-site visits to the

facilities and homes. Officers monitor the minor's progress, provide progress reports to the Court, and ensure the minor's safety while in placement.

Parent Partners/Advocates – Parent Partners/Advocates are key individuals who work with children and families within the public Child Welfare, Juvenile Probation, or Mental Health systems. Parent Partners/Advocates are past consumers or caregivers of past consumers and can convey information on how systems and programs can instill the family-centered and family-driven philosophy and principles necessary to engage children, youth, and families.

Standards of Practice – Standards of Practice are the guidelines that govern how the workers in an organization function and how they do their work. Integrated standards of practice are the guidelines that govern how systems, organizations, agencies, communities, and tribes work together.

TDM – Team Decision Making (TDM) is one of four core strategies articulated in the Annie E. Casey Family to Family Initiative. TDM is a process of decision making that involves child welfare workers, resource parents, birth families, and community and/or tribal members in all placement decisions to ensure a network of support for children and the adults who care for them.

TIC – Trauma Informed Care an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Through a trauma-informed approach, people at all levels of an organization, or system, understand how trauma can affect families, groups, organizations, and communities as well as individuals. People's experience and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances. Through trauma-informed care, it is understood that importance is placed on partnering and everyone involved has a role to play.

## **Supplemental Handouts**

CFT Training Journal

Activity 3B: CFT Timelines

Activity 3C: Example CFT Integrated Plan

Activity 3D: Integrate the Plan

CFT Model Post Test

## Appendix

[All County Letter \(ACL\) No. 16-84/Mental Health Substance Use Disorder Services \(MHSUDS\) Information Notice \(IN\) No. 16-049](#) Requirements and Guidelines for Creating and Providing a Child and Family Team October 7, 2016

[ACL No. 18-23](#) The Child and Family Team (CFT) Process Frequently Asked Questions (FAQs) and Answers, June 1, 2018

[ACL No. 17-11](#) Phase II Implementation of the Continuum of Care Reform (CCR) Home-Based Family Care (HBFC) and Short-Term Residential Therapeutic Program (STRTP) Rates Structure and Conversion Process from the Old Rate Structure to the New Rate Structure January 31, 2017

[ACL No. 17-104](#) Documentation of Child and Family Teams (CFTs) in the Child Welfare Services/Case Management System (CWS/CMS) December 4, 2017

[All County Information Notice \(ACIN\) No. I-21-18/MHSUDS IN No. 18-022](#) Integrated Core Practice Model and Integrated Training Guide May 18, 2018

[Assembly Bill No. 403](#) CHAPTER 773 AB403

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