

## Who attends the meetings?

The CFT composition always includes the child or youth/nonminor dependents, family members, the current caregiver, a representative from the placing agency, and other individuals identified by the family as being important.

### Required:

- Child or Youth/Nonminor Dependents
- Family Members
- Current Caregiver(s)/Resource Parent(s)
- Skilled and Trained CFT Facilitator
- Child Welfare Social Worker and/or Deputy Probation Officer

### Required as Applicable:

- Behavioral Health Staff
- Community Service Providers
- FFA Social Worker or STRTP Representative
- Regional Center Staff
- School Staff
- Child or Youth's Educational Rights Holder
- Tribe or Indian Custodian

### Suggested Team Members:

- Friends/Neighbors
- Youth Partners
- Parent Partners
- Faith Based/Spiritual Supports
- Court Appointed Special Advocates (CASAs)
- Coaches
- Daycare Providers
- Community Members
- Other Natural Supports

## The CFT

- Honoring the voice, choice, and preferences of the child or youth/nonminor dependent and family are integral to the success of the CFT.
- Professionals should consider the family's ideas before making their own suggestions. The CFT process is predicated upon the premise that the child or youth/nonminor dependent and family are experts of their own lives and should be heard.
- CFT meetings will be documented and are a driver of trauma-informed case plan development.



## Team Members

OUR TEAM MEMBERS	
Name	
Phone	

OUR NEXT MEETING	
Date	
Time	
Location	

## Child and Family Team (CFT)



## What is a Child & Family Team?

Child or youth/nonminor dependents, family members, trusted adults, and caring professionals who work together in achieving goals for positive change and improving child safety, permanency, and well-being.

### Child and Family Teams seek to:

- Recognize children and youth/nonminor dependents and families as the experts in their lives
- Develop plans to meet child or youth/nonminor dependent's and family's goals
- Value and respect the child or youth/nonminor dependent's and family's culture
- Foster independence and begin transition planning from the beginning of care
- Plan and coordinate to ensure there is only one process for the child or youth/nonminor dependent and family
- Ensure the plan of action and services are aligned among service providers

### How often do meetings occur?

Effective practice dictates that meetings should be held as frequently as needed to address emerging issues, provide integrated and coordinated interventions, and refine the plan as needed.

The frequency of meetings should be decided by CFT members and based on, or dictated by, the family's needs. At a minimum, the

law requires a meeting at least once every six months.

Professionals should rely on the CFT for development and decisions made regarding the case plan.

For children or youth/nonminor dependents who are receiving specialty mental health services such as Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS) or Therapeutic Foster Care (TFC):

CFT meeting must occur at least once every 90 days.

### Where do meetings occur?

CFT meetings are held in a location and time which are most convenient for the family.

Family homes are the preferred location, but meetings can take place elsewhere, including agency meeting rooms, religious organizations, conference centers,

community based centers, or foster family agency sites.

If a CFT member cannot be physically present, alternatives such as conferencing should be considered.



## Professional staff at meetings seek to:

- Honor family's unique culture by including familiar language and ideas in the case plan
- Establish "ground rules" to make sure there is safe, honest, and confidential communication within the CFT process
  - » Use trauma-informed approaches when talking with children, youth/nonminor dependents and family members so they feel heard and not judged
- A trained and skilled facilitator will define a clear purpose for the Team through a vision statement which will guide planning and be upheld by all Team members
- Work to build relationships that support the development of trust
  - » Encourage hope by conveying belief that each family member can achieve success
- Support and facilitate the family's capacity to advocate for themselves
  - » Child or youth/nonminor dependents and family voice and choice are central to the CFT process
- Explain the CFT process to the CFT members and have an agenda prior to CFT meetings
  - » From the beginning and throughout the process, engage with families in formal and informal safety and risk assessments and permanency planning
- Cross-system planning and coordination will ensure that there is only one team process for a family, making access to care easier and quicker for the child or youth/nonminor dependent

