
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: September 13, 2018
Revised: February 11, 2026

Policy No.: D-0314

Child and Family Teams

Purpose To provide guidelines for the Child and Family Team (CFT) process.

Approved This revised Policy and Procedure was approved by Loan English, CFS Director. *Signature on file.*

Most Recent Revision This revision of the Policy and Procedure (P&P) provides the following:

- Implementation guidance on the CFT process for youth with Voluntary or court-ordered Family Maintenance (FM) case status
 - Inclusion of a definition for the term “youth”
 - Revision to [Attachment 1 — Child and Family Team Meeting \(CFTM\)](#)
 - Obsolescence of *Child and Family Team (CFT) Plan F063-25-806*
 - Inclusion of [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#)
 - Revision of autotext code **CFT**
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Background In October 2015, Assembly Bill (AB) 403, commonly known as the Continuum of Care Reform (CCR), was enacted to improve California's child welfare system. The legislation aims to enhance outcomes through comprehensive initial child assessments, increased use of home-based family care, reduced reliance on congregate care, and faster pathways to permanency. The Legislature recognizes that the experience and outcomes of foster youth are improved by assessing their

individual needs at the onset of entry into foster care to identify and secure the most appropriate services and placement settings tailored to each child's specific circumstances.

One of the CCR's fundamental principles is that child welfare services are most effective when delivered in the context of a child/NMD (collectively referred to herein as youth), and family-centered teaming approach, which shares responsibility to assess, plan, intervene, monitor, and refine services over time.

The Tiered Rate Structure (TRS) described in ACL 25-54 is a foster care funding model for California that is expected to begin July 1, 2027. It ties foster care rates directly to a youth's assessed needs and strengths, rather than the type of placement. It is determined using the Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) assessment in partnership with the Child and Family Team (CFT) process. The goal is to provide equitable, individualized support for foster youth through accurate assessment and collaborative planning, ensuring services are youth- and family-centered, strengths-based, and culturally responsive.

- Funding is aligned to the individual needs of the youth, not placement setting.
- Rates are determined by a youth's specific needs and strengths, as identified through IP-CANS and informed by the consensus of the CFT.

Additionally, fidelity measures require the use of monitoring and quality improvement tools to ensure IP-CANS and CFT practices are timely, accurate, and collaborative. These include system and case-level fidelity tools, data analytics (CCR Dashboard and SafeMeasures), and ongoing training.

The requirement to provide CFTs build upon family-centered and team-based approaches to coordinating care across California, such as Wraparound, Safety Organized Practice (SOP), Intensive Care Coordination (ICC), and other services provided under Pathways to Well-Being (formerly known as Katie A.). By sharing decision-making and working together within the CFT process, professionals, youth, and families can achieve positive and lasting outcomes.

Orange County began implementation of CFTs for Pathways to Well-Being eligible youth in 2014 and expanded implementation to include all youth in out-of-home care in 2017. In 2025, the

scope was further broadened to encompass all youth with voluntary or court-ordered Family Maintenance (FM) status. This policy is intended to provide guidance on identifying appropriate CFT participants and ensuring that CFT meetings are held for every eligible youth in accordance with legislation and state regulations.

Definitions

Child and Family Team (CFT): Per WIC § 16501, child and family team means a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the youth and family, and to help achieve positive outcomes for safety, permanency, and well-being.

Placing Agency: Pursuant to Welfare and Institutions Code (WIC) Section 16560(b)(4), “placing agency” means a county child welfare agency, a county probation department, or an Indian tribe that has entered into an agreement pursuant to Section 10553.1.

The placing agency is responsible for the placement, care, and supervision of youth in out-of-home care.

Youth: Throughout this policy, the term “youth” is used to refer to children, youth, and nonminor dependents collectively.

POLICY

Composition of the CFT

Per WIC § 16501.1, All County Letter (ACL) 16-84 and ACL 25-08, the county placing agency is responsible for convening and engaging members of the CFT for each youth who comes into out-of-home care as well as youth with voluntary or court-ordered Family Maintenance (FM) case status.

Members of the CFT should include individuals who are naturally supportive and invested in the success of the youth and family, so that the support system will continue to exist after formal services are completed. The participants of the CFT will be selected based on family members’ preferences and may change over time based on the needs of the youth and family.

The composition of the CFT will include:

- Youth
- Family members
- Current caregiver
- Youth's Court Appointed Special Advocate (CASA), unless the youth objects
- Assigned Senior Social Worker (SSW)
- Individuals identified by the family as being important, including those who are part of the family's network of informal support which may include:
 - Extended family
 - Friends
 - Neighbors
 - Coaches
 - Clergy
 - Co-workers
- As applicable, a representative from:
 - Youth's Indian tribe (or Indian custodian)
 - County mental health or other mental health provider
 - Regional Center
 - Foster Family Agency (FFA)
- Short-Term Residential Therapeutic Program (STRTP)

The composition of the CFT may also include, as applicable:

- Wraparound Supervisors, Care Coordinators
- Public health providers
- School personnel
- Educational liaisons
- Educational rights holder
- Other professionals (service providers)

Considerations for Victims of Commercial Sexual Exploitation

For youth who are currently, or have been identified as at risk of becoming victims of commercial sexual exploitation (CSE), per ACL 16-85, the CFT may fulfill the requirement to provide a Multidisciplinary Team (MDT) pursuant to WIC § 16524.6 if mandatory agency representatives are included. Per *Memorandum of Understanding (MOU) for the Provision of the County of Orange Commercially Sexually Exploited Children (CSEC) Interagency Protocol*, representation from three of the four following county agencies is required for an ongoing MDT response:

- Health Care Agency (HCA)
- Children and Family Services (CFS)
- Juvenile Probation Department
- Juvenile Court

At least three of the four agencies noted above must be represented in the CFT, for the CFT to fulfill the MDT requirement. Refer to CFS P&P [Commercial Sexual Exploitation of Children \(M-0110\)](#) for further guidance on MDT requirements.

Attorney Participation

Per ACL 18-23, CFTMs are intended to be a collaborative, non-adversarial, team-based approach to ensuring youth and families achieve positive outcomes. There may be occasions where a youth or family member identifies an important support person who is an attorney (by profession) and requests that individual's participation as a support person in the CFT.

Per CFS policy, attorneys of record (which, for the purposes of this policy, include attorneys that provide or will provide legal representation to any party) may not participate in the CFT in order to maintain the non-adversarial nature of the CFT process.

Staff may inform parties requesting the participation of their attorney in the CFT that per WIC § 16501(a)(4)(B)(ii), any represented party to the youth's case may consult with their attorney regarding the CFT process.

Identifying CFT Participants

For a youth without an existing CFT, team membership will be identified as soon as possible after a decision has been made to place the youth in out-of-home care. Both formal and informal supports currently involved with and identified by the family should be considered for CFT participation.

To identify and maintain appropriate CFT membership, the Emergency Response (ER) SSW and assigned SSW will, as referral/case circumstances dictate:

- Inform the youth and parent(s) of the CFT process and provide CFT members with CFT brochures prior to their first meeting
 - CFT brochures may be provided at any time but must be provided to CFT members prior to their first CFT meeting
- Ask the youth and available family members to identify supportive individuals for participation in the CFT

- Identify service providers, treating professionals, and others appropriate for CFT participation
- Make reasonable efforts to obtain contact information for identified CFT participants
- Document efforts to identify CFT participants and the contact information of each identified participant as stated in the “Documentation” section below

Role of the CFT

Per WIC § 16501, ACL 16-84, and ACL 25-08, the role of the CFT is to identify the strengths and needs of the youth and the family, and to help achieve positive outcomes for safety, permanency, and well-being through shared decision-making which is family-centered, strengths-based, and culturally sensitive.

The CFT will provide input into each of the following:

- Development of a youth and family plan (i.e., case plan) that is strengths-based, needs-driven, and culturally relevant
- Placement decisions on behalf of the youth, including placement into a STRTP (refer to [STRTPs and Interagency Placement Committee \(IPC\) Desk Guide](#) contained on the [CFS Desk Guides and Protocols](#) page of the CFS SharePoint for requirements to place a youth in a STRTP)
- Permanency planning
- Services to be provided to support the youth and family, including but not limited to:
 - Least restrictive protective interventions which preserve child safety/well-being and minimize disruption to the family unit (**Note:** Referrals for Family Preservation Services [FPS] and/or WIC § 301 services will be discussed in CFTMs before a final determination on the appropriateness of these services is made)
 - Placement preservation efforts
 - Services to achieve established case plan goals
- Educational needs and continued enrollment in school of origin
- Decisions regarding the Presumptive Transfer of Specialty Mental Health Services (SMHS) for eligible youth placed out-of-county, per ACL 24-43; refer to the CFS P&P [Mental Health Services \(I-0303\)](#) for further guidance
- Informing the IP-CANS, per ACL 18-09; refer to CFS P&P, [Child and Adolescent Needs and Strengths \(CANS\) Assessment \(D-0315\)](#) for further guidance

**Confidentiality/
Release of
Information**

A. **Guidelines on Exchanging Information**

To meet the objectives of the CFT, it may be necessary to exchange confidential information regarding the youth and family, among the team. This may include medical, mental health, social service, and/or educational information.

Per WIC § 832, a CFT member may receive and/or disclose relevant confidential information and records necessary for the development of a plan to address the needs of the youth and family if the individual whose information will be disclosed provides appropriate authorization.

Additionally, the Superior Court of California, County of Orange, [Rule 903.1](#), authorizes the exchange of confidential information among private or public agencies providing case planning, eligibility, and/or services.

Information exchanged among the team will be received in confidence and will not be disclosed except to the Juvenile Court with jurisdiction over the youth, or as otherwise required by law. Civil and criminal penalties may apply to the inappropriate disclosure of information.

Note: Per WIC § 5328.03, a psychotherapist shall not release mental health records or information on behalf of a youth in out-of-home care to the youth's parent or others based upon an authorization for release signed by the youth's parent or guardian, without prior court order. Refer to the "Obtaining Court Authorization to Exchange Information" section below for further guidance.

B. **Obtaining Consent to Exchange Information**

Prior to the exchange of confidential information among the CFT, the CFT facilitator will:

1. Obtain authorization to release information regarding each of the following participants, as applicable:
 - a. Youth Under 18: Request the youth's parent sign a [Child and Family Team \(CFT\) Consent to Release Information \(F063-25-805\)](#) on behalf of the youth.

Note: If a parent is unavailable to provide consent, request the assigned SSW obtain a court order authorizing exchange of the youth's confidential

information with CFT members at the next scheduled hearing (or via Ex Parte).

Additionally, request the youth sign a [Child and Family Team \(CFT\) Child's Limited Consent to Share Information \(F063-25-804\)](#) in the following circumstances:

- The youth is 12 years of age or older
 - The youth is under 12 years of age and information regarding reproductive health will be exchanged
- b. Youth Over 18: Request the youth sign a [Child and Family Team \(CFT\) Consent to Release Information \(F063-25-805\)](#).

Note: Per ACL 18-23, youth over 18 years of age have the right to choose whether to participate in the CFT process. Should the youth refuse to participate, the assigned SSW will make efforts to encourage participation by explaining the benefits of the teaming process to the youth and document those efforts in a CWS/CMS contact narrative.

- c. Family Member: If a family member's (such as parent's or guardian's) confidential information will be shared with the team, request the family member sign the [Child and Family Team \(CFT\) Consent to Release Information \(F063-25-805\)](#).
- d. Caregiver: Per CFS policy, in cases where Family Reunification (FR) is terminated, and a plan of Permanent Placement (PP) has been ordered on behalf of the youth, and the youth's caregiver (e.g. resource parent, relative/NREFM, etc.) will be assessed using the *IP-CANS Assessment Tool (CA IP-CANS)*, request the caregiver sign the [Child and Family Team \(CFT\) Consent to Release Information \(F063-25-805\)](#).
2. Inform CFT members of the following per WIC § 832:
- a. Information shared is confidential for the limited purpose of providing necessary services and

supports and is not to be disclosed outside of the CFT, except to Court or as required by law.

b. Civil and criminal penalties may be imposed for inappropriate disclosure of information.

3. Verify appropriate court authorization has been received to exchange information among the CFT.

4. Attach either the [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#) or, when applicable, the *Wraparound Plan of Care (POC)* to the completed [Child and Family Team \(CFT\) Consent to Release Information \(F063-25-805\)](#).

C. **Obtaining Court Authorization to Exchange Information**

The assigned SSW will be responsible for requesting Court authorization to exchange youth's information among the CFT members on behalf of a youth aged 0-17 in the following circumstances:

- The youth's mental health information will be disclosed during CFT discussions, the youth is in out-of-home placement, and a parent will be present
 - Refer to the [Disclosure of Mental Health Information Recommendation Desk Guide](#) for specific instruction on how to obtain court authorization via a court report or Ex Parte request
- There is no parent available to sign a [Child and Family Team \(CFT\) Consent to Release Information \(F063-25-805\)](#) on behalf of the youth
 - Autotext code **CFTRC1** is available to include the summary recommendation for a court report
 - Autotext code **CFTRC1L** is available to include the long recommendation in a court report
 - [Attachment 2— Ex Parte Template for Child and Family Team \(CFT\) Authorization for Release of the Child's Information](#) is available to provide instructions on obtaining court authorization via Ex Parte request

CFT Meetings (CFTMs)

Per ACL 25-08, CFTMs will be convened for all youth in open cases, including youth:

- With Voluntary FM and court-ordered FM case statuses
- Placed in out-of-home care

- Who are the subject of an ER referral when there are concerns of removal from home

It is important to note a CFTM does not represent the entire CFT process, but it is one part of a larger strategy to involve youth and their families in all aspects of care planning, evaluation, monitoring and adapting, to help them successfully reach their goals. Although it is preferable to conduct CFTMs with all participants present, it is acceptable to participate via conference or video call.

CFTMs will include the involvement of the youth and family when making decisions about goals and strategies to achieve those goals. However, per ACL 18-23, in instances where a CFT member such as the youth and/or parent does not attend, the meeting may still meet the requirements of a CFTM and be documented as such. If a youth and/or parent does not attend a CFTM:

- The CFT facilitator will apprise CFT members present at the meeting of the circumstances of the absence and include this information in the CFTM contact narrative
- The assigned SSW will provide a summary of the meeting to the absent CFT member as soon as possible

Note: For youth who are Pathways to Well-Being eligible, refer to CFS P&P [Mental Health Services \(I-0303\)](#) for additional guidance on CFTMs.

A. **Frequency**

Per ACL 25-08, for all youth in open cases, including voluntary FM and court-ordered FM cases, and youth in out-of-home care, a CFTM will be convened as follows:

- The initial CFTM is required within the first 60 days of entry into a child welfare or probation foster care placement.
- Per CFS policy, the initial CFTM will occur after the Detention hearing and before preparing the initial case plan to be submitted at the Jurisdictional/Dispositional hearing
- The required initial CFT meeting and IP-CANS assessment for Indian youth, shall take place within 30 days of the youth entering foster care, or before the dispositional hearing, whichever is earlier (ACL 22-35)
- A minimum of once every 90 days for youth:
 - Eligible for Pathways to Well-Being (Katie A.), including those receiving Intensive Care

Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Foster Care (TFC), and Specialty Mental Health Services (SMHS)

- Placed in Short-Term Residential Therapeutic Programs (STRTPs), regardless of SMHS status. Refer to CFS P&P [Mental Health Services \(I-0303\)](#) for eligibility criteria
- As deemed necessary by CFT members, to address emerging issues, provide integrated and coordinated interventions, and to refine the case plan.
- Subsequent CFTMs ideally take place at the family's invitation, but must take place at least every 6 months, or prior to updates to the case plan, whichever is earlier (ACL 22-35).

Note: A CFTM *may* be convened by an ER SSW when safety factors rise to the level of removal/possible removal, to discuss/address whether to initiate child dependency proceedings, placement, and services to support the family. A CFTM *must* occur in circumstances where the youth has been removed, and there is no placement available. In these situations, a subsequent CFTM will be scheduled by the Investigations SSW to inform development of the initial case plan.

Refer to [Attachment 1—Child and Family Team Meeting \(CFTM\) Types](#), for further guidelines as to timeframes and case circumstances that necessitate a CFTM.

The assigned SSW will be responsible for scheduling ongoing CFTMs in accordance with the circumstances and timeframes noted above.

Refer to the “Scheduling” section below for further guidance.

B. Time and Location

Per ACL 25-08, CFTMs will be scheduled at times and locations convenient for family member participation.

Staff will obtain input from CFT members, with consideration given to the preferences and needs of the youth and family, to determine the most appropriate time and location to hold a CFTM. When selecting a location, staff will take into consideration safety issues such as any known history of violent behavior of a participant or restraining/protective orders prohibiting contact between participants.

The following locations may be considered, as appropriate:

- CFS Office
- Treatment provider office
- Youth's placement
- Family Resource Center (FRC)
- Family member home
- School
- Juvenile Hall
- Other community location

C. **Facilitation**

Per ACL 16-84, the role of the CFT facilitator includes, but is not limited to:

- Helping to identify needed contacts
- Building consensus within the team around collaborative plans
- Actively develop and support meeting agendas
- Ensuring family voice and choice is heard

Note: The CFT facilitator will obtain/verify that appropriate consents are obtained prior to conducting each meeting. Refer to the "Confidentiality/Release of Information" policy section for further guidance.

Per CFS policy, CFTMs will be conducted by CFS CFT facilitators, with the following exceptions:

- The youth and family already have an established team through another agency/program, such as Behavioral Health, Wraparound, or STRTP
- A 90-Day Transition Planning Conference (TPC) and Pregnant & Parenting Planning Conference (PPPC) CFTM will be facilitated by the Transitional Planning Services Program (TPSP)

In situations where a CFTM is conducted by someone other than a CFS CFT facilitator, the assigned SSW will make efforts to ensure the existing team process is expanded to include the needs and services relevant to the child welfare case, that proper forms are used, and documentation is entered into CWS/CMS. Refer to the "Documentation" Policy section for further guidance.

D. **Scheduling**

The assigned SSW will contact the CFT Scheduler, who will attempt to schedule a CFTM to accommodate the family's preference regarding time and location.

E. **CFTM Process**

Per ACL 16-84, CFTMs should be conducted in a way that establishes a safe environment that engenders trust and reflects the youth and family's cultural preferences and norms. Meeting agendas are to be developed with the team and reflect the voice of the youth and family. To facilitate effective communication, CFTMs should:

- Begin with a clearly articulated purpose
 - Follow a structured format
 - Include an interpreter as needed
1. **Preparation:** It is important to the CFTM process that the youth, family, and professionals be prepared to participate. At the beginning of the meeting, a preparatory discussion should occur which includes the following:
 - Meeting purpose
 - Introductions of people involved
 - Confidentiality expectations
 - Meeting structure
 - An opportunity for team members to ask questions and share concerns
 2. **During the Meeting:** A discussion regarding each of the following should occur with an opportunity for each participant to provide input as to:
 - Desired outcomes
 - Strengths/Supports
 - Services
 - Action Steps
 - Recommendations

Expected outcomes of CFTMs may include, but are not limited to, shared decision-making in identification of the following:

- Supports and services
- Strategies to reach case plan goals
- Suitable placement options

- Appropriate visitation arrangements
- Educational goals and school of origin options
- Potential important persons to serve as life-long connections for the youth

Refer to [Attachment 1—Child and Family Team Meeting \(CFTM\) Types](#), for further guidelines as to suggested discussion topics of a CFTM.

3. **Closing:** Prior to the end of the meeting, each participant should be provided:
 - An opportunity to provide feedback about the meeting through the CFT survey. Participants can access the survey provided in the CFT brochures
 - Information regarding the next meeting date/time, if known

Relative Notification

Pursuant to WIC § 309(e), within 30 days of a youth being placed into protective custody, CFS will attempt to identify and locate all adult relatives of the youth for notification purposes (see CFS P&P [Jurisdictional/Dispositional Hearing Report \[G-0310\]](#)).

To assist in the identification of all known relatives, at each Emergency Response Imminent Risk CFTM (and subsequent CFTMs, as appropriate), the CFT facilitator will:

- Request contact information (name, address, phone number) regarding all relatives who may serve as placement resources and/or permanent connections for the youth
- Document known relatives in a contact entered into CWS/CMS

Note: Refer to CFS P&P [Absent Parent Search/Relative Search \(G-0801\)](#), [Attachment 1 - Suggested Guidelines for Relative Notification](#) for further details regarding the Relative Notification process.

Documentation A. CFT Plan

The CFT facilitator or other participant will complete a [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#) for each CFTM.

The CFT Facilitator is responsible for ensuring the SOC 96 is completed, shared with the family/Tribe, and uploaded into the CWS/CMS case record.

Upon conclusion of the meeting, the CFT facilitator will provide a copy of the completed form, to each of the following:

- Assigned SSW
- CFT members present

Note: For Wraparound cases, a [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#) is not required if a Wraparound Plan of Care (POC) has already been completed and includes the necessary elements consistent with CDSS standards, as long as all documentation, participation, and planning requirements are met.

B. CWS/CMS

1. Contact Narratives: The assigned SSW will document the following information in a CWS/CMS contact narrative, as applicable:

- Efforts to identify appropriate CFT participants
- Contact information for each proposed CFT participant
- Changes to CFT participant composition

2. Meetings: A copy of the completed [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#) must be attached to the court report, with redactions consistent with WIC §§ 358.1, 366.1, 706.5, and the privacy guidance in ACL 22-73.

Note: Examples of information that should be redacted include:

- Mental health treatment records or therapeutic content
- Reproductive and sexual health information
- Substance use disorder (SUD) assessment or treatment information
- Identifying information that would compromise safety or violate specific statutory protections

The CFT facilitator will provide a copy of the completed [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#) to the assigned SSW.

3. **Case Plan:** The assigned SSW will select CFT as a “Case Management Service” and as a “Planned Client Service” in the CWS/CMS Case Plan Notebook.

Refer to [CWS/CMS Data Entry Standards—Case Plan: Child and Family Team Meetings](#) for further guidance.

Note: The assigned SSW will select the CFT meeting frequency when developing the case plan in the Case Management Services and Planned Client Services Pages.

C. **Court Reports**

The assigned SSW will provide information to the Court regarding the CFTM(s) that occurred since the last court hearing.

A copy of the completed [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#) must be attached to the court report, with redactions and the privacy guidance as stated above.

Note: Autotext code **CFT** is available to insert a “Child and Family Team (CFT)” section into the court report, if one is not already included.

D. **Forms:**

The CFT facilitator (or designee) will upload the following completed forms into CWS/CMS:

- [Child and Family Team Meeting \(CFTM\) Summary and Action Plan \(SOC 96\)](#) or *Wraparound Plan of Care (POC)* for Wraparound cases
- [Child and Family Team \(CFT\) Child’s Limited Consent to Share Information \(F063-25-804\)](#)
- [Child and Family Team \(CFT\) Consent to Release Information \(F063-25-805\)](#)

For CFTMs facilitated by someone other than CFS CFT facilitators, the assigned SSW (or designee) is responsible for verifying completion of and uploading the above forms to CWS/CMS.

Refer to [CWS/CMS Data Entry Standards—Import a Document into CWS/CMS](#) for further guidance.

REFERENCES

Attachments and CWS/CMS Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [Attachment 1—Child and Family Team Meeting \(CFTM\) Types](#)
 - [Attachment 2—Ex Parte Template for Child and Family Team \(CFT\) Authorization for Release of the Child’s Information](#)
 - [CWS/CMS Data Entry Standards—Entering Child and Family Team \(CFT\) Meeting Contacts](#)
 - [CWS/CMS Data Entry Standards—Case Plan: Child and Family Team Meetings](#)
 - [CWS/CMS Date Entry Standards—Importing External Files](#)
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Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on them.

- CFS P&P [Mental Health Services \(I-0303\)](#)
 - CFS P&P [Commercial Sexual Exploitation of Children \(M-0110\)](#)
 - CFS P&P [Child and Adolescent Needs and Strengths \(CANS\) Assessment \(D-0315\)](#)
 - CFS P&P [Jurisdictional/Dispositional Hearing Report \(G-0310\)](#)
 - [Level of Care \(LOC\) Desk Guide](#)
 - [STRTPs and Interagency Placement Committee \(IPC\) Desk Guide](#)
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Other Sources

Other printed references include the following:

- Memorandum of Understanding (MOU) For the Provision of the County of Orange Commercially Sexually Exploited Children (CSEC) Interagency Protocol
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FORMS

Online Forms Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
Child and Family Team Meeting (CFTM) Summary and Action Plan	SOC 96
Child and Family Team (CFT) Consent to Release Information	F063-25-805
Child and Family Team (CFT) Child's Limited Consent to Share Information	F063-25-804
Child and Family Team (CFT) Meeting Survey	F063-25-655
Child and Family Team (CFT) Meeting Survey (Spanish)	F063-25-655Sp
Child and Family Team (CFT) Meeting Survey (Vietnamese)	F063-25-655VN
IP-CANS Assessment Tool	CA IP-CANS

Hard Copy Forms Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
None.	

CWS/CMS Forms Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

Brochures Brochures to distribute in conjunction with this policy include the following.

Brochure Name	Brochure Number
CFT Parents Brochure	CDSS brochure
CFT Youth Brochure	CDSS brochure
CFT Professional Brochure	CDSS brochure

LEGAL MANDATES

[Welfare and Institutions Code \(WIC\) \(§\) 309\(e\)](#) mandates a social worker to conduct an investigation within 30 days of a child's removal to identify and locate relatives and to provide notification to located relatives.

[WIC § 832](#) provides a person designated as a member of a CFT may receive and disclose relevant information and records, subject to the child or youth and/ or their parent or guardian signing a release of information.

[WIC § 5328.03](#) provides that a psychotherapist who knows that a child has been removed from the physical custody of a parent, shall not release or disclose the child's mental health records/information to the parent or others without prior authorization of the Juvenile Court.

[WIC § 16501\(d\)\(2\)\(B\) \(i\)](#) defines a Child and Family Team, outlines the activities/roles of a CFT and lists suggested CFT participants. Also, it provides the case plan shall consider the input and recommendations of the CFT, and that if out-of-home placement is used to attain case plan goals, the recommendations of the CFT shall be considered.

[WIC § 16524.6](#) mandates child welfare counties to utilize a multidisciplinary team approach to case management, service planning and provision of services to victims of, or at risk of, commercial sexual exploitation.

[All County Letter \(ACL\) 25-54](#) provides guidance for consistent use of IP-CANS and CFT practices under the Tiered Rate Structure. ACL 25-54 sets a 30-day timeline for initial CFT and IP-CANS completion for Indian children under the Indian Child Welfare Act and strengthens tribal participation and cultural responsiveness in the process for child welfare cases involving Indian youth.

[ACL 25-10](#) provides updated requirements for administering the IP-CANS Tool and CFTMs. It ensures standardized administration and improved integration of these tools for better family-centered planning and support.

[ACL 25-08](#) provides updated requirements for forming and conducting CFTMs, specifically for children and youth in voluntary or court-ordered Family Maintenance status. It outlines expectations for regular meetings, documentation, and the involvement of family and support team members in case planning and progress. These changes ensure more consistent, family-centered practices and coordination across agencies for Family Maintenance cases.

[ACL 22-73](#) covers Assembly Bill (AB) 1068 and provides updated practice guidance for the CFT process. It clarifies statutory requirements for CFT meetings, including participant roles, documentation, and the integration of new legislative mandates into CFT practice.

[ACL 22-35](#) clarifies that initial and subsequent Child and Family Team (CFT) meetings for foster children and youth in county child welfare or probation must occur within specified timeframes.

[ACL 18-09](#) provides requirements for implementing the Integrated Practice - Child and Adolescent Needs and Strengths (IP-CANS) Assessment within a CFT.

[ACL 18-06](#) and [Errata](#) provides guidance for Home-Based Family Care (HBFC) Level of Care (LOC) rate determinations.

[ACL 17-104](#) provides guidance and instructions on documenting CFTs, including CFTMs in CWS/CMS.

[ACL 17-77](#) establishes policy guidance regarding presumptive transfer of Specialty Mental Health Services (SMHS) for foster children and youth, including the role of the CFT in presumptive transfer decision-making.

[ACL 16-85](#) provides policy and procedures to comply with preventing child sex trafficking provisions enacted in legislation, including CFT requirements for children identified as victims of or at risk of commercial sexual exploitation (CSE).

[ACL 16-84](#) provides information and guidance regarding the use of child and family teaming to deliver child welfare services required by Assembly Bill (AB) 403 Continuum of Care Reform (CCR).

[ACL 13-20](#) includes a description, purpose and context of the Core Practice Model Guide, based upon the Katie A. Settlement Agreement. It further provides a description of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS).

[ACL 18-23](#) provides answers to frequently asked questions regarding the CFT process.

[All County Information Notice \(ACIN\) I-35-24](#) outlines available resources to enhance the engagement and participation of families, Tribes, natural supports, system partners, and other participants in the CFT and IP-CANS processes.

[ACIN I-21-18](#) provides the California Integrated Core Practice Model (ICPM) which outlines the most current best practices for the delivery of timely, effective, and collaborative services to children/NMDs and families, which includes a framework for Child and Family Teams (CFT).

[ACIN I-14-18](#) provides counties with information about the CFT brochures designed as a resource for use with children, NMDs, parents, and professionals, available on CDSS's CCR website.

[Superior Court of California, County of Orange, Rule 903.1](#) , authorizes the exchange of confidential information among private or public agencies providing case planning, eligibility, and/or services delivered.

REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

March 25, 2019

March 26, 2020