

MONTEREY COUNTY  
SYSTEM OF CARE FOR CHILDREN AND YOUTH  
MEMORANDUM OF UNDERSTANDING

**INTRODUCTION**

**A. PARTIES:**

This Memorandum of Understanding (MOU), defining the collaboratively shared design, delivery and management of services to children, youth and families in Monterey County, is entered into by the following parties, hereafter, System Partners:

1. Monterey County Juvenile Probation Department (Probation)
2. Monterey County Health Department, Behavioral Health Bureau (Behavioral Health)
3. Monterey County Department of Social Services – Family and Children’s Services (FCS)
4. Monterey County Office of Education (MCOE)
5. San Andreas Regional Center (SARC)

This Memorandum of Understanding shall supplement any prior Memoranda of Understanding between the Interagency Leadership Team regarding delivery of shared services to children, youth and families. A list of existing memoranda of understanding between System of Care Partners is included as Attachment 2.

**B. VISION:**

We are a collaborative System of Care that places children, youth and families at the center of our work to allow their needs to direct the course of provided services.

**C. MISSION:**

Monterey County’s System of Care for children, youth and families establishes an integrated, attachment- and trauma-focused collaborative structure that is information driven, innovative and incorporates the Integrated Core Practice Model (ICPM). Regardless of which agency door children, youth and families enter, we will provide services which are comprehensive, culturally responsive, and evidence based. The experiences of foster children and youth are an essential part of this System of Care’s decision-making. Utilizing the ICPM is the first step to serving families with this System of Care.

**D. TERM:**

This Agreement shall remain in full force and effect from July 1, 2021 through June 30, 2026..

**E. PURPOSE:**

This MOU seeks to ensure that the System Partners programs, practices, and polices reflect a consistent, and integrated delivery of services for children, youth and families. System Partners have been designated by state and/or Monterey County Board of Supervisors to provide oversight and accountability for certain state and federally funded programs and services. System Partners agree that consistent interdepartmental and interagency leadership is essential to successful collaboration on behalf of youth and families.

The goal of this MOU is to create an ongoing structure to address systemic barriers to providing interagency services. System partners intend to eliminate barriers to services and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, and mental health children's services. The agencies do not delegate their legal authority with respect to any core function or power of their agency, office, department or position. System Partners are not establishing policies that are intended to be averse to any relevant agency-wide policies, rules or agreements. However, it is the intent of the System

Partners to fully support the structure and processes contained in this MOU and to provide the framework that will guide their operations and the activities, decisions, and direction of each of their employees regarding children, youth and family programming. Accordingly, this MOU should be interpreted in light of this intent and purposes.

#### F. PRINCIPLES:

1. To promote and provide services, which are outcome-focused, family-centered, strength-based, culturally proficient, comprehensive, and which encourage families to use their own resources to resolve problems.
2. To identify, develop, and maintain service systems consistent with public/private, community-based, school-linked and family partnerships, which can intervene early or prevent problems with at-risk children, youth and families.
3. To provide services to children, youth and families in the least restrictive, least stigmatizing and community-based settings appropriate to meet their identified needs.
4. To identify, develop, and monitor coordinated policies, procedures, resources and implementation practices for the benefit of at-risk children, youth and families in Monterey County; and to hold System Partners and their staffs accountable in these efforts.
5. To adopt confidentiality standards consistent with and authorized by California Welfare and Institutions Code (WIC) Section 18986.46, 34 Code of Federal Regulations (C.F.R.) 99, and WIC Section 108500.00 consistent with its integrated family-centered approach.
6. To promote and maintain quality services that are cost effective, evidence-based and appropriate through the use of shared outcomes evaluation as allowed by law.
7. To provide on-going support and direction to each agency and its staff in providing services and resources for at-risk children and families consistent with the Vision, Mission and Principles.
8. To promote reinvestment of any fiscal savings into identified gaps in services or early intervention, prevention and WRAPAROUND programs in order to avoid, if possible, placement of children into institutionalized settings.
9. To assure that the voices, experiences and wisdom of foster youth and their families and caregivers are incorporated into the collaborations and partnerships captured by this agreement.
10. To ensure the appropriate utilization of treatment and rehabilitation services for children, youth and families in conjunction with appropriate court sanctions while ensuring the safety of the community and public-at-large.
11. To promote coordinated data collection, data exchange, and filing of documents, including electronic filing between the courts, social services agencies, and other key partners and track data that permits them to measure their performance. The Interagency Leadership Team policy prioritizes information sharing between the courts and partners such that delays in service delivery are minimized.

The following eleven elements are believed to be the primary and necessary components of comprehensive practices for Monterey County's Child and Youth serving collaborative partners.

### **PART ONE: INTERAGENCY LEADERSHIP TEAM (ILT)**

A. The ILT serves as the governing board of this collaborative. There will be a Voting Membership and a non-voting Advisory Membership.

Voting Membership includes:

- Family and Children's Services' Deputy Director, or Designee,
- Children's Behavioral Health Director, or Designee,
- Probation Division Manager, Juvenile Division, or Designee,
- Assistant Superintendent of the County Office of Education, or Designee,
- Executive Director of San Andreas Regional Center, or Designee

Non-Voting Advisory Members:

- Judicial Officer of Juvenile or Dependency Court, or Designee
- Executive Director First 5 California, or Designee
- California Youth Council Representative
- Caregiver's Association Representative
- Mentor Moms and Dads Representative

The Chair of the ILT shall rotate every year, beginning in July 2021, in the following order:

1. Family and Children's Services' Deputy Director, or Designee,
2. Children's Behavioral Health Director, or Designee,
3. Probation Division Manager, Juvenile Division, or Designee,
4. Assistant Superintendent of the County Office of Education, or Designee,
5. Executive Director of San Andreas Regional Center, or Designee

#### Role of the Superior Court

The role of the Superior Court in the ILT shall be advisory in nature. It shall participate in determining the needs of and services for at-risk children and families. It shall also participate in the development and maintenance of permanent policies and program of interagency cooperation and coordination to address these needs. The Court shall participate to the extent that it does not interfere with the adjudication process.

While membership of the ILT is established per above, designated other experienced staff members or other senior managers from System Partners or other involved agencies, tribal partners or identified contractors may also attend ILT meetings to support the ILT members, as determined by the ILT. The ILT System Partners will attend all meetings, retreats and planning sessions necessary to mutually carry out their shared approach.

The role and responsibilities of Voting Membership:

#### Management, Administration, and Service Delivery

1. Direct management and operation of the Monterey County Integrated Children's System of Care.
  - a. Meetings will be held monthly, either in-person or virtual meeting platform, as appropriate.
  - b. The ILT will communicate by group email maintained by the ILT Administrator.
2. Utilize a shared decision-making process for all programs and services identified by the system partners. Consensus will be the preferable model; however, if consensus cannot be reached, decisions may be made by a simple majority vote of the ILT voting members.
  - a. If decision must be made by the ILT in between regular meetings, votes will be obtained via email by writing "yes" or "no" in response to the question(s). These emails will serve as evidence of consent of the voting member to the proposed decision.
3. Provide recommendation and directions on implementation of policies, procedures and programs included under this agreement.
4. Share responsibility for administration of the ILT and its associated functions.
  - a. An ILT Administrator will be a member of the current Chair's agency and will rotate every year to assure consistent interagency leadership practices.
  - b. The ILT Administrator (or designee) will be responsible for drafting the agenda and recording minutes of each ILT meeting.
  - c. The ILT Administrator (or designee) will be responsible for recording decisions and identifying the parties responsible for carrying out those decisions.
  - d. The ILT Administrator (or designee) will be responsible connecting with the members of the Interagency Placement Committee (IPC) to schedule updates and feedback from the IPC.
5. Develop additional written MOUs, contracts, or policies and procedures for ILT partners' review and approval. Where these documents may also directly affect other operations or obligations of any of the partners, the procedures in place for approving such documents by the partners' agency will also be followed. These documents, as necessary, may address lines of operational authority or shared authority with other Directors, Departments, and/or Managers.
6. The ILT members will ensure that all staff assigned to shared programming are provided the necessary technical assistance, training, support and staff resources to ensure categorical mandates are fulfilled.

7. Assigned System Partner Managers and Supervisors will ensure that all staff and programs conform to the shared Vision, Mission, Purposes, and Principles of this MOU.

**Policy Development, Coordination and Monitoring as a full System of Care**

1. Make recommendations regarding submission, preparation and coordination of grant applications and grant deliverables. Review and, as necessary, recommend program direction for applicable community partners or providers. Discuss/approve requests from providers and invite providers to present annual reports on program issues, progress and outcomes.
2. Participate on related coordinating councils, other advisory committees, multi-disciplinary teams which affect the System Partner processes or services.
3. Appoint and support staff to serve as liaisons to various shared projects to ensure full continuum of care and linkages back to System Partner services.
4. Monitor programs for general compliance with statutory and regulatory requirements; provide guidance and technical assistance to ensure program practice is consistent with the values and principles of this interagency partnership.
5. Coordinate and develop additional agreements or MOUs, as necessary, to assist in program coordination and problem solving.
6. Work with community agencies to ensure collaborative and integrated strategies are utilized and to promote and utilize strength-based, family-focused practice on a systems-wide basis.

**PART TWO: IMPLEMENTATION OF INTEGRATED CORE PRACTICE MODEL (ICPM)**

This MOU includes a mutual commitment to, and use of the California Integrated Core Practice Model (ICPM) for Children, Youth and Families. System Partners agree to mutually use the principles, values, and practice behaviors in their interactions with youth and family, with one another, with contractors and county partners.

The partner agencies agree to use the California ICPM Guide to develop agency implementation plans. Member agencies agree to develop an ICPM implementation plan within one year of the execution of this MOU. The ILT will host an annual ICPM training for new staff and as a refresher for existing staff. The ILT will evaluate the system partners' adoption of the ICPM by surveying all staff semi-annually.

The ICPM is based on five key components and ten guiding principles.

The five key components within the ICPM model include:

1. Engagement
2. Assessment
3. Service planning/implementation
4. Monitoring/adapting
5. Transitions

The ten principles include:

1. Team-based
2. Family voice and choice
3. Natural supports
4. Collaboration and integration
5. Community-based
6. Culturally respectful
7. Individualized
8. Strengths-based
9. Persistence
10. Outcomes-based

## **PART THREE: INFORMATION AND DATA SHARING**

Monterey County has and maintains an agreement with the state Department of Social Services to share client specific information in order to foster timely and appropriate care and to share in the state's pursuit of outcomes that inform improved services to youth served by its systems.

System Partners agree, to the fullest extent allowed by law, to share necessary and relevant client specific information to conduct treatment, coordinate care and assure the highest quality care is available to youth and caregivers.

System Partners agree to study the development of a single release of information form and confidentiality and privacy agreement within one year of the signing of this MOU.

System Partners acknowledge that the child welfare agency is authorized to disclose information to the Medicaid (Medi-Cal) agency for purposes directly related to the administration of either program. (42 United States Code (U.S.C.) § 671(a)(8)(A). Medi-Cal funded providers are likewise authorized to disclose information to the child welfare agency for purposes directly related to the administration of the Medi-Cal program. "Directly related" includes determining the amount of medical assistance and providing services for recipients. (42 U.S.C. § 1396(a)(7); 42 C.F.R. § 421.302 (2009).

## **PART FOUR: SCREENING, ASSESSMENT AND ENTRY TO CARE**

Monterey County uses a shared assessment process. System Partners have agreed to share those assessment outcomes and processes to facilitate care coordination and reduce impact on youth and families. System Partners have made a commitment to provide culturally sensitive assessment and intervention plans.

For each system involved youth and their family that presents with concerns, Child Welfare, MCOE or Local Education Agency (LEA), Juvenile Probation, and/or the Court will submit an order or service referral to Behavioral Health activating the referral and assessment process. Behavioral Health engages in the assessment process to determine medical necessity and to generate treatment plan objectives driven by the Child and Adolescent Needs and Strengths Assessment (CANS).

All youth referred to Monterey County Behavioral Health by their LEA are administered the Child and Adolescent Needs and Strengths Assessment-Education Identification (CANS-EI) to determine level of need and least restrictive intervention. As needs are identified, treatment goals are developed in collaboration with the youth to address them while also providing partnering agencies with a shared language and understanding of how to best support the youth.

For youth in multiple service sectors, as permitted by law, System Partners have developed a sharing of client-related information such that assessment and planning documents may be accessed by service personnel assigned and within the scope of their duties.

ILT partners agree to provide, within the first year of this MOU, a summary of their agency's screening, assessment, and entry to care procedures to the ILT Administrator as a part of creating an SOC operating manual. This summary should include any required legal timelines and how other agencies may access information.

### **Child and Adolescent Needs and Strength (CANS)**

Child and Adolescent Needs and Strength (CANS) is the functional assessment tool to be used with the Child and Family Team (CFT) process to help guide case planning and placement decisions. This multi-purpose assessment tool is developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes for individuals, providers, and system.

The CANS must be informed by CFT members, including the youth and family. The CANS assessment results must be shared, discussed, and used within the CFT process to support case planning and care coordination. The use and implementation of the CANS by county child welfare, juvenile probation and behavioral health departments as a mental health and substance use disorder screening and functional assessment tool, advances our Integrated Core Practice Model (ICPM) of collaboration, teaming, and advocacy.

The CANS must be completed prior to the completion of the family case plan, and the CANS results are intended to inform the CFT in several key areas, including but not limited to:

- Determining if the child, youth, or Non-Minor Dependent (NMD) has unmet behavioral health or substance use needs;
- Making placement decisions;
- Informing the Level of Care protocol;
- Determining educational needs;
- Identifying any immediate support needs of the family or care provider, such as coaching or respite care;
- Developing a comprehensive plan to support safety, permanency, and well being

The CANS assessment results should be used as a shared resource for team members throughout the CFT process. The CANS results provide a platform for the CFT to guide conversations and support the process of learning more about the child, youth, or NMD, and family's needs, as well as identifying behavior patterns.

## **PART FIVE: CHILD AND FAMILY TEAMING**

System Partners provide a single, unified teaming process for all youth in care called Child and Family Team (CFT) meeting. To maximize planning and family engagement, a Child and Family Team (CFT) process is used. Typically, the agency with legal jurisdiction will convene and document CFT outcomes. The process of scheduling a CFT is described in Family and Children's Services program directive numbered 20-06 (Attachment 3) and Probation's CFT Protocol (Attachment 4).

AB 403, commonly known as Continuum of Care Reform (CCR) signed in law in 2015, establishes the requirement for child welfare agencies to utilize Child and Family Teams (CFTs) in order to deliver a child or youth, a family-centered approach in order to assess, plan, intervene, monitor, and refine services over the course of the departments involvement with the family. W&IC §16501.1(c)-(d) requires that child welfare agencies convene a CFT Meeting as defined in §16501, to identify supports and services that are needed to achieve permanency, enable a child to live in the least restrictive family setting, and promote normal childhood experiences.

A CFT is a group of individuals that includes the child(ren), family members, professionals, natural community supports, and other individuals identified by the family who are invested in the family's success. In addition to the mandated participation of involved public service agency representatives, the composition of the team is family-centric and driven. Successful CFTs should include persons with natural supportive relationships with the family so that the family's support system will continue to exist after formal services with the child welfare agency have ended. The CFT's role is to engage family members in the decision-making process. The individuals on the team will work together to identify each family member's strengths and needs in order to develop a child, youth, and family-centered decision. When brothers and sisters are separated, their CFT meeting will always be held together.

## **PART SIX: INTERAGENCY PLACEMENT COMMITTEES (IPC)**

System Partner managers or other qualified staff will convene and administer individual Interagency Placement Committees (IPC) for probation and child welfare, as required by state law. Monterey County holds separate IPC meetings with each placing agency, Child Welfare and Juvenile Justice, to better serve the youth's needs and strengths and engage in shared decision making resulting in appropriate level of care recommendations.

- A. Each of the IPCs will conduct the following activities in pursuit of the shared goals of this MOU:
  1. Review requests for Short Term Residential Treatment Programs (STRTP) and/or Out-of-State Placement, Intensive Services for Foster Care, Therapeutic Foster, and Wraparound services.
  2. Review cases in which a youth has been in STRTP or other Congregate Care Setting longer than six months and every six months, thereafter.
  3. Provide the Interagency Leadership Team updates at monthly meetings as needed.
  4. DSS approves WRAP requests for Probation and FCS.
  5. For W&I Code § 241.1 youth, the memorandum of understanding titled "Monterey County Welfare and Institutions Code § 241.1 Protocol" provides the process for FCS and Probation to follow.

Decisions/Recommendations by the IPC will become the recommendations of the responsible department, division or unit of the agency partner which referred the youth. Any involved staff member associated with the youth's care who disagrees with the IPC recommended action may raise an objection to the recommended action or may advocate for a different action through the use of the Appeal process as outlined herein.

B. Probation's IPC Membership:

1. Probation Services Manager (PSM) or Deputy Probation Officer III,
2. Behavioral Health Services Manager II or Behavioral Health Unit Supervisor and the Psychiatric Social Worker assigned to the Probation Placement services,
3. Monterey County Office of Education Alternative Education Representative,
4. Public Health Nurse,
5. FCS Representative (typically the Placement Services Supervisor or designee),
6. Case presenting Deputy Probation Officer or designee, and
7. Probation IPC also invites parents/caregivers to attend IPC.

C. Probation's IPC Process (Attachment 5):

1. Probation's communication plan includes notifying the IPC members of the cases to be staffed as well as the case specific details to be discussed by the end of business on the Friday before the Monday staffing. Details discussed are expected to be kept confidential with the exception of what Probation needs to include in their reports to the Court. When treating clinical staff are included in the IPC presentation, Releases of Information are obtained to ensure adherence with the law.
2. Probation's screening process for placement begins before the youth is even staffed at IPC. Probation reviews each case before it is staffed by IPC to see if the less restrictive options have been attempted. Additionally, Probation uses a "pre-CFT" meeting to ensure that the family and youth understand the current risks and concerns and looks at ways to mitigate the risk of out-of-home placement. When the case is staffed at IPC this screening includes a detailed discussion about the youth, what services have been attempted, engagement in those services (parents and youth), parent and family supports, current risk for danger to themselves and others, as well as the clinical acuity of the youth which leads to the need for STRTP level of care.
3. Probation's discussion includes determining what placement site would be best suited to treat the youth. If placement is not approved, the Behavioral Health members will make recommendations about what outpatient program would be best suited to address the current concerns and/or a referral for WRAP services may be made.
4. Probation and Behavioral Health monitor the youth while in placement and participate in the on-going CFTs. This monitoring allows for transition planning to be based on the needs of the youth and family. This also allows for the organization of any transition services to be ready immediately upon the youth returning home. Parents have been prepared and the Behavioral Health team is ready to receive the youth.
5. Management staff participating in the Probation IPC also attend the Interagency Leadership Team meetings and directly communicate concerns about youth in placement.

D. Family and Children's Services IPC Process is described in Attachment 6 – Interagency Placement Committee Program Directive.

E. Local Education Agency Offer of Free Appropriate Public Education (FAPE)

1. Special case review will be conducted for cases where a court or oversight board/IPC is not involved (e.g. a student is placed at an STRTP as a Local Education Agency's (LEA) offer of FAPE), and a child or youth is at risk of becoming a dependent of the court due to the length of time the child/youth has been in placement with minimal family/caregiver contact and service participation. The ILT will hold a special convening and invite the placing LEA to participate and address the concerns and support the development of recommendations that would allow the child/youth to reunify with their family. The ILT would also support the placing LEA in meeting their legal mandate that resulted in the need for out of home placement.
2. In the event that the partner agencies are unable to arrive at an amenable plan to fully address the child/youth's needs or resolve any concerns/disputes, any ILT voting member may request consultation with CDSS Child and Youth System of Care Technical Assistance Team.

## PART SEVEN: ALIGNMENT AND COORDINATION OF SERVICES

### A. FAMILY AND CHILDREN'S SERVICES

1. The Family and Children's Services Branch offers child protective services, foster care services, and adoption services to children and youth in Monterey County. The mission of FCS is to prevent the occurrence of child abuse and neglect. Service goals strive to keep children and youth safe and within the protection of a permanent family.

### B. CHILDREN'S BEHAVIORAL HEALTH SERVICES

1. Children's Behavioral Health typically assumes the responsibility for coordination of care across settings and professionals. Behavioral Health utilizes a consultation model where professionals from different serving systems come together to determine client and family needs which are then reviewed with the family to include voice and choice through CFT meetings. Interagency Placement Committees review a full array of potential options and makes recommendations for additional support services that may be beneficial for the youth and their family. Care coordination is provided, to the extent possible, in the families' preferred language. Formal translation services are requested when service providers are unfamiliar with the child and/or family's language. Care planning and coordination efforts are driven by the child and family preferences, language, and culture in achieving desired outcomes.

### C. JUVENILE PROBATION SERVICES

1. The Juvenile Probation Department is responsible for coordinating care and treatment of youth involved with the Juvenile Justice System. For youth who are at-risk of being removed from the home or have been ordered into out-of-home placement, Probation follows Behavioral Health's consultation model. System partners unite to better identify strengths and needs of the youth and family, provide support services, and develop a care plan that considers the youth and family's voice and choice through CFT meetings, including Preventative CFTs (PCFTs). Probation's Interagency Placement Committee (IPC) team evaluates cases, considers CFTs, to make recommendations in accordance with laws and policies for additional services and supports aimed to meet the needs of the youth and family; this includes alternatives to congregate care or placement into an STRTP facility, with the goal of maintaining a stable permanent family. Probation prepares and submits court reports considering recommendations of IPC. Services are provided, to the extent possible, in the youth and families' preferred language and are culturally sensitive.

### D. MONTEREY COUNTY OFFICE OF EDUCATION - EDUCATIONAL SERVICES FOR FOSTER YOUTH

1. The public schools of Monterey County have adopted the Multi-Tiered System of Support (MTSS) framework to provide youth with the appropriate level of intervention needed to meet their social, emotional and behavioral needs within the school setting. As school remains an environment that allows for identification of student needs that often extend to home and community settings where other child serving systems provide services and supports, it is essential that the structural elements of MTSS become integrated into our cross-agency collaborative process. Key components of the MTSS framework that are complementary to ICPM include:
  - a. Multiple tiers of instruction, intervention, and support
  - b. Collaborative team-based problem-solving process
  - c. Data evaluation
  - d. Communication and collaboration focused on building relationships and using data to improve those relationships
  - e. Capacity building infrastructure
  - f. Leadership that provides active involvement and administration of practices
2. System partners agree that the coordination of mental health care and educational services for youth in the foster care system is important. Accordingly, partners agree to develop policy to enact the following:



- a. Ensure participation of an individual from the local educational agency (LEA) who is knowledgeable about the child and able to provide feedback on significant relationships that the child may have formed and how changing schools would impact his or her academic, social, or emotional well-being such as a teacher, counselor, coach or other meaningful person in the child's life.
- b. Facilitate the prompt transfer of educational records for students in foster care who enter or exit a school within or between LEAs.
- c. Facilitate immediate enrollment for students in foster care who enter a school within a LEA.
- d. Immediately requesting education records from the school of origin for students in foster care who enter a school within a LEA.
- e. Ensure that students in foster care are promptly enrolled in a LEA's free lunch program.
- f. Ensure that the school and LEA waive all school fees for students in out-of-home placement, including but not limited to: any general fees, fees for books, fees for lab work, fees for participation in in-school or extracurricular activities, and fees for before-school or after-school programs.
- g. Facilitate data sharing with Human Services consistent with Family Education and Privacy Rights Act (FERPA), Individuals with Disabilities Act (IDEA), and other privacy laws and policies.
- h. Coordinate necessary transportation for students as described in this Agreement, including through development of any LEA policies or practices necessary to implement these procedures.
- i. Provide coordination of services within Behavioral Health and across partnering agencies to prevent duplication of services when student needs are identified by the LEA and the youth is already receiving services.

### 3. SCHOOL STABILITY AND SCHOOL-OF-ORIGIN TRANSPORTATION PLAN

Federal law (ESSA) requires that child welfare agencies and school districts develop a joint plan to ensure that transportation is available when it is in a student's best interest to remain in their school of origin after a change in placement.

To comply with ESSA and improve school stability for students in foster care, agency partners agree to develop joint policies/procedures to ensure that:

- a. Districts and schools receive notice within one day of any decision by the child welfare agency to change a student's placement (and whenever feasible, before the placement change occurs);
- b. Agency partners work with the student's education rights holder to promptly make the best-interests determination;
- c. Students have transportation to their school of origin while the best interests' determination is pending, and pending resolution of any dispute regarding school-of-origin rights; and
- d. If it is determined to be in the student's best interest to remain in their school of origin, transportation is provided by the child welfare agency (e.g. through caregiver reimbursement or public bus passes), by the school district (e.g. by using or modifying an existing bus route); or jointly (e.g. by sharing the costs of transportation).

### E. SAN ANDREAS REGIONAL CENTER

Regional centers offer a statewide system of care to ensure the ability of individuals with substantial developmental disabilities to integrate into their communities, as guaranteed by state law (The Lanterman Developmental Disabilities Services Act). Using a person-centered "fill the gaps" model, regional center service coordinators provide support, advocacy, needs assessments, and service linkage and brokerage related to the individual's developmental disability. For children served by the SOC, the regional center provides supplemental services and ensures access to appropriate educational, medical, and social services.

## **PART EIGHT: STAFF RECRUITMENT, TRAINING AND COACHING**

The ILT will improve outcomes for children, youth, and families by ensuring all staff receive training to build competency in providing trauma-informed care and principles of cross-system collaboration. The ILT will annually identify topic(s) for staff training and plan a series of trainings available to all partners on the selected topic(s). Trainings offered in both traditional and virtual classroom settings.

## **PART NINE: FINANCIAL RESOURCE MANAGEMENT**

Notwithstanding the generally categorical nature of each System Partner's revenues, partners will inform the ILT membership about available funding, State and Federal revenues including on-going funding, one-time funding opportunities, revenue enhancements and Request for Proposals (RFP), and grant opportunities for programs and services for children, youth and families. Recommendations may be submitted to the Interagency Leadership Team for consideration.

## **PART TEN: DISPUTE RESOLUTION MECHANISM**

While ILT member agencies and leaders will utilize a shared decision making process for all programs and services identified by the system partners, challenges and disagreements will be present, sometimes based in conflicting policy, guidance, or in differing opinions as to what services are needed in a particular case. System Partners shall meet and confer within 30 days to discuss and work in good faith to resolve any dispute or disagreement arising out of this MOU.

For other types of disputes, typically associated with policy, direction, sharing of resources, strategy or related cross agency issues, Directors, Chiefs and Department Heads will seek to settle relevant disputes by focusing on the shared vision, values and practices of this agreement.

Consensus will be the preferable model; however, if consensus cannot be reached, decisions may be made by a simple majority vote of the ILT voting members.

A simple in-person majority vote of ILT voting members will be required before elevating any dispute to the state resolution team.

### Performance to Continue During Dispute

Performance of this Agreement shall continue during any necessary dispute proceeding or any other dispute resolution mechanism. No payment due or payable for services by any System Partner shall be withheld on account of a pending reference to arbitration or other dispute resolution mechanism except to the extent that such payment is the subject of such dispute.

## **PART ELEVEN: RECRUITMENT AND MANAGEMENT OF RESOURCE FAMILIES AND DELIVERY OF THERAPEUTIC FOSTER CARE**

Agency partners practice collaborative, uniform and consistent efforts to recruit, train and support professional Resource Family caregivers in order to foster safe, permanent and healthy out-of-home placement when necessary. While Child Welfare and Probation agencies have legal obligations and responsibilities to assure foster care capacity is present, Children's Behavioral Health, County Office of Education are essential partners to assure foster youth and their caregivers have adequate support.

To that end, agency partners agree to share necessary information and processes required to support recruitment and retention efforts including, but not limited to, joint review of Short Term Residential Treatment Programs (STRTP) and FFA Program Statements and applications, joint investigation of complaints or grievances, joint drafting and execution or contracts with providers, and jointly delivering technical assistance and oversight, including on-site reviews of programs and services.

## PART TWELVE: GENERAL PROVISIONS

### 1. MUTUAL HOLD HARMLESS PROVISION

Each of the governmental entities signing this MOU ("Signatories") agree that each will be responsible for its own acts and omissions, be responsible for the acts and omissions of its employees, officers, agents and officials (" Related Individuals"), and shall not be responsible for the acts or omissions of the other Signatories or the other Signatory's Related Individuals. These obligations relate to any and all demands, claims, lawsuits, administrative appeals, actions, or special proceedings, whether judicial or administrative in nature, and include any loss, liability, or expense, including reasonable attorney's fees and costs, relating to this MOU ("Claims"). Each Signatory agrees to defend, indemnify, and hold harmless the other Signatories and their Related Individuals against any such Claim ("Right of Indemnity").

Related Individuals of each Signatory shall not be considered employees or joint employees of the other Signatories' for purposes of workers' compensation, common law employment or statutory employment obligations or benefits. Each Signatory is individually responsible for its own employees' vacation pay, sick leave, retirement benefits, Social Security benefits, worker's comp benefits, disability or unemployment, insurance benefits, or other employee benefits of any kind accrued during the term of this Agreement. Where a Signatory or their Related Individuals are named as a party to a Claim, the Signatory agrees, on behalf of itself and its insurers or other insurer-like entities, not to cross-complain or otherwise seek subrogation, indemnity or contribution against the other Signatory or their Employees, except to the extent agreed to herein. If an insurer or other insurer-like entity takes any action in contravention of this provision, such action will not form the basis for a Right of Indemnity between the Signatories.

### 2. QUALITY MANAGEMENT AND PROVIDER OVERSIGHT

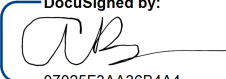
System Partner agencies have many required and varied responsibilities relative to tracking, monitoring, evaluating and reporting its services to state agencies, and additional responsibilities for evaluation of contractors and vendors. While these requirements have many unique forms and processes, there are critical areas where System Partner's shared goals may be enhanced and where cost savings may be realized.

This Memorandum was approved and signed this \_\_\_\_\_ day of \_\_\_\_\_, 2021,

\_\_\_\_\_  
Lori A. Medina, Director  
Department of Social Services

\_\_\_\_\_  
Elsa Jimenez, Director  
Department of Public Health

\_\_\_\_\_  
Todd Keating, Chief Probation Officer  
Monterey County Probation  
Department

DocuSigned by:  
  
07025F3AA36B4A...

6/9/2021 | 12:59 PM PDT

---

Dr. Deneen Guss  
Superintendent, Monterey County  
Office of Education  
901 Blanco Circle  
Salinas, CA 93901  
(831) 755 0301  
superintendent@mcoe.org

Javier Zaldivar, Executive Director  
San Andreas Regional Center  
6203 San Ignacio Ave Suite 200  
San Jose, CA 95119  
(408) 374-9960  
jzaldivar@sarc.org

---

## **LIST OF ATTACHMENTS**

Attachment 1	Identification of Applicable Programs
Attachment 2	Existing MOUs between System of Care Partners
Attachment 3	Child and Family Team Meetings
Attachment 4	Child Family Team Protocol
Attachment 5	Interagency Placement Committee and Wraparound Protocols
Attachment	Interagency Placement Committee

## ATTACHMENT 1

### Interagency Services to Children, Youth, and Families Identification of Applicable Programs

#### COUNTY OFFICE OF EDUCATION OR EDUCATIONAL AUTHORITY:

- Foster Youth Services School Attendance Review Board/School Attendance Mediation Programs
- Youth Suicide Intervention/Prevention Training and Protocols
- School Based Prevention/Early Intervention Programs
- Positive Behavior Intervention and Support Training and Support
- Multi-Tier Systems development for school and community wellness

#### JUVENILE PROBATION:

Juvenile Special Services/ Placement Services: Monitors youth who are removed from their homes and placed in foster care settings. The Juvenile Special Services Unit also oversees and supervises the following:

- Interagency Placement Committee
- Child Family Teams (CFTs)
- Resource Family Approval (RFA) Recruitment
- Extended Foster Care (AB 12)
- Independent Living Program (ILP)
- Wraparound
- Commercially Sexually Exploited Children (CSEC)

#### SOCIAL SERVICES:

- Family and Children's Services Emergency Response, Information & Referral, Child Welfare Services: Adoptions and Guardianship, Foster Care
- Child and Family Team Meetings
- Resource Family Approval, Recruitment and Licensure
- Substance Abuse Prevention
- Dependency Drug Court
- Perinatal Substance Abuse Programs
- CHDP Health Education Passports
- Wraparound Services
- Supervised Visitation, Transportation and Respite Services
- Independent Living Program (ILP)
- Transitional Housing Placement and Support Programs (THP-Plus)
- Kinship Support Services

#### BEHAVIORAL HEALTH

- Facilitate Inpatient Hospitalization for psychiatric emergency,
- Hospital Diversion Placement
- Therapeutic Behavioral Services (TBS)
- Wraparound Mental Health Services
- Child Welfare Coordinated Mental Health Programs (FAST Program): Assessment, Full array treatment, Intensive Care Coordination, Case Management,
- Intensive Home Based Services (IHBS):
- Full Service Partnership: Family Reunification Partnership Program
- Child Receiving Center Response Team: Screening, Triage, Assessments, Initial CANS

- Child Advocacy Center Response Team
- Therapeutic Visitation Support Services
- Psychiatry and Medication Support Services
- Substance Use Treatment Coordination and Co-occurring treatment delivery
- Therapeutic Foster Care (TFC)
- Residential Placement Services
- Juvenile Sex Offender Response Team (JSORT)
- Juvenile Drug Court
- CALA Mental Health Court
- AB 3015 Outpatient Mental Health Program
- Rancho Cielo Mental Health Services
- Silver Star Resource Center
- Juvenile Hall: Assessment, Crisis Triage, Court Ordered Mental Health Evaluations
- Youth Center: Assessment, Treatment, Rehabilitation, and Discharge planning and post detention support.

## ATTACHMENT 2 – Existing MOUs between System of Care Partners

Department Contract Number	Parties	Topic
5010-MOU1974	MCOE – DSS	Foster Youth Services
5010-MOU0601	MCOE – DSS	Transportation Agreement
5010-PEND7766	MCOE – DSS	Transportation Agreement
5010 MOU2241	MCOE DSS	Head Start
5010--61	DSS-Probation-Behavioral Health	Children’s Council (Coordinator Cost)
Inter-Departmental	Behavioral Health - DSS	Cooperation Agreement/FRP
Inter-Departmental	DSS – Probation	Title IV-E Reimbursement
Inter-Departmental	DSS – Probation	W&I 241.1 Protocol
Inter-Departmental	DSS – Probation – Public Health	PHN Assignment from Public Health
Inter-Departmental	DSS – Probation – Public Health	Reimbursement to PH for PHN
Inter-Departmental	DSS-Probation-Behavioral Health	STOP – Supportive Therapeutic Options Program
Inter-Departmental	BH - Probation	Probation CALA - (Juvenile Mental Health Court)
Inter-Departmental	BH - Probation	Probation DJJP (Youthful Offender Block Grant, Juvenile Justice Development)
Inter-Departmental	BH - Probation	Probation Juvenile Justice Outpatient Team (AB 3015; formerly ROPP)
Inter-Departmental	BH - Probation	Probation Hope for Youth/Drug Court
Inter-Departmental	BH - Probation	Probation Juveniles Who Sexually Offend Response Team (JSORT)
Inter-Departmental	BH - Probation	Probation SSRC (Silver Star Resource Center)
Inter-Departmental	BH - Probation	Probation SSYP at Rancho Cielo (formerly JJCPA)



# Family and Children's Services (FCS) Program Directive

PD Number: 20-06  
Implementation Date: 11/01/2020  
Filing Section: Case Planning  
Replaces PD: 18-02

## Child and Family Team (CFT) Meetings

Distribution: FCS Managers/ Supervisors  
FCS Social Work Staff

References: ACL 16-84, ACL 17-104, ACL 17-122, AB 403, AB 1997, W&IC §706.6, 832, 16501

### I. Summary:

AB 403, commonly known as Continuum of Care Reform (CCR) signed in law in 10/2015, establishes the requirement for child welfare agencies to utilize Child and Family Teams (CFTs) in order to deliver a child or youth, a family-centered approach in order to assess, plan, intervene, monitor, and refine services over the course of the departments involvement with the family. W&IC §16501.1(c)-(d) requires that child welfare agencies convene a CFT Meeting as defined in §16501, to identify supports and services that are needed to achieve permanency, enable a child to live in the least restrictive family setting, and promote normal childhood experiences.

### II. Policy/Overview:

A CFT is a group of individuals that includes the child(ren), family members, professionals, natural community supports, and other individuals identified by the family who are invested in the family's success. In addition to the mandated participation of involved public service agency representatives, the composition of the team is family centric and driven. Successful CFTs should include persons with natural supportive relationships with the family so that the family's support system will continue to exist after formal services with the child welfare agency have ended.

The CFT's role is to engage family members in the decision-making process. The individuals on the team will work together to identify each family member's strengths and needs in order to develop a child, youth, and family-centered decision. When brothers and sisters are separated, their CFT meeting will always be held together.

### III. Procedures:

The CFT conducts and coordinates its work through utilization of the CFT Meeting wherein the child, youth, and family's voice are integral to the decision-making process. CFT meetings are required when decisions need to be made regarding removal, permanency, or placement as described below.

#### A. PRE-CUSTODIAL

##### 1. When to Convene a Pre-Custodial CFT Meeting

When safety threats have been identified and the Structured Decision Making (SDM) assessment indicates moderate to high risk for further abuse or neglect.

- a. A CFT meeting must be held prior to removing a child from his/her home.
- b. If a child is removed on an emergency basis, the pre-custodial CFT meeting must be held the next working day at the time specified by the parent(s) based on the block schedule below.

- c. A CFT meeting must be held prior to all detention hearings, if applicable.
- d. If the parent(s) are not available to participate in a pre-custodial CFT meeting, the SW must obtain approval from the supervisor to not hold a CFT meeting and complete the CFT Meeting Exception (Attachment 1) form, which must be signed by the program manager and deputy director. The SW must file the form with the referral documents.

## 2. Purpose

The purpose of the pre-custodial CFT meeting is to partner with families and their communities to co-create a safe and stable home environment while acknowledging the inequities that families endure and accounting for inherent biases of service providers. Specifically, the purpose of the pre-custodial CFT meeting is:

- a. To decide if a child can remain or return to own home with a safety plan.
- b. To decide if a voluntary family maintenance case, voluntary family reunification case, or alternate living arrangement is appropriate.
- c. To decide if a child must leave home in order to ensure safety.
- d. To decide if the agency must seek custody or other court action.

## 3. Who Should Be Present

- a. The parents
- b. The youth, if appropriate (see “Child’s Participation” below)
  - Children ages 0-12 cannot attend the CFT meeting unless the social worker obtains approval from the program manager prior to the meeting.
  - The social service aide (SSA) of the assigned unit must be available to provide childcare during the CFT meeting for families unable to locate their own childcare.
- c. Family’s Network (relatives/natural supports)
- d. The emergency response (ER) SW or case carrying SW, if applicable
- e. ER SW supervisor
- f. Resource Support Unit (RSU) SW
- g. Community representative and service providers, if applicable
- h. Facilitator

## 4. Facilitation

- a. All pre-custodial CFT meetings will be facilitated by a third-party contractor. The same facilitator will remain with the same family throughout the case until it is transferred to the permanency planning unit (if applicable).
- b. All facilitators must attend CFT Facilitator training either through the Bay Area Academy or the internal training supervisor.

## 5. Scheduling

- a. A CFT meeting can only be scheduled by a Family and Children’s Services (FCS) supervisor.
- b. Pre-custodial CFT meetings must occur within 24 hours. There will be a block schedule for all CFT meetings as follows:
  - 2 at 9:00am
  - 2 at 11:00am
  - 2 at 1:00pm
  - 2 at 3:00pm
  - After hours on call Monday-Thursday
- c. During the course of an investigation or an open voluntary/dependency case, if a SW believes that a pre-custodial CFT meeting might be needed, the SW will ask the family

when they are available to attend a CFT meeting based on the above block schedule and the Seneca CFT Facilitation Calendar in Outlook. The SW must gather the information on the CFT Facilitation Request form (Attachment 2) to be ready to schedule the meeting.

- d. The SW will meet with his or her supervisor to consult about the need for a CFT meeting.
  - The SW must inform his or her supervisor if there is intimate partner violence (IPV) in the home, whether or not there is an active restraining order, and if the family requires a separate meeting due to IPV.
  - The SW must also inform the supervisor if there are any safety concerns, if there are things that should not be discussed during the meeting, and if the family requires a separate meeting due to family conflict or other safety reasons.
- e. If the supervisor determines that a CFT meeting is needed, the supervisor will call the contractor at (831) 235-5398 to schedule the meeting (if the scheduler is not available, call the supervisor at (831) 262-3948). During the call, the scheduler will ask the questions on the CFT Facilitation Request form (Attachment 2), complete the form, and provide a copy of the form to the facilitator prior to the meeting.
- f. The scheduler will confirm the date and time of the meeting with the supervisor. The supervisor will inform the SW of the date and time so that the SW can confirm with the family.
- g. The scheduler will create an email distribution list for the family which will include the SW, the supervisor, the Resource and Support Unit (501-FCS-Placement-RSU@co.monterey.ca.us), and any email addresses provided by the family.
- h. The scheduler will contact the parent(s) by phone and explain to them the purpose of the CFT meeting and the importance of inviting their support network.
- i. The scheduler will enter the information from the CFT Facilitation Request form (Attachment 2) into the Efforts to Outcome (ETO) database system.

#### **6. Preparing for the Meeting**

- a. Prior to the meeting, the SW will provide the family with an explanation of the purpose, people involved, and structure of the CFT meeting. The SW must prepare the parents for their participation in the meeting and inform them that the facilitator will call on them first to provide their understanding of the circumstances.
- b. The SW will work with the family to determine who to invite and explain that certain individuals are expected to participate (facilitator, supervisor, etc.).
- c. The SW will encourage the family to identify formal and informal support persons to attend the meeting. If the family provides contact information and requests that the SW invite certain family members, the SW will provide that contact information to the scheduler.
- d. The facilitator, SW, supervisor, and SSA will review the CFT Roles and Responsibilities Guide (Attachment 3) to prepare for the CFT meeting.

#### **7. During the meeting**

- a. The facilitator will ensure that participants understand the ground rules and confidentiality. The facilitator will have all attendees sign in.
- b. The facilitator will ensure the group fully understands the circumstances that led to the CFT meeting and will first call on the parents.
- c. The facilitator will chart any worries and what is working well.
- d. If the decision is to open a dependency or voluntary case, the facilitator will schedule the next CFT meeting within 60 days.
- e. If the team is unable to come to a consensus regarding a decision, the supervisor will make the final decision.
- f. If any FCS staff disagree with the final decision, a review may be called. **ONLY FCS STAFF MAY REQUEST A REVIEW.** The facilitator will contact the program manager or deputy

director to attend the meeting. The facilitator will present all information from the CFT meeting, and the program manager or deputy director will make the final decision.

- g. The facilitator will document the danger statement, outcome, and action items on the one-page English CFT Meeting Notes or Spanish CFT Meeting Notes (**Attachment 4**) form and provide a copy to all attendees of the CFT meeting.
- h. The facilitator, SW, supervisor, and SSA must become knowledgeable in their roles during the meeting, which are outlined in the CFT Roles and Responsibilities Guide (**Attachment 3**).

#### **8. After the meeting**

- a. The facilitator will provide the scheduler with a copy of the pre-custodial CFT notes and sign-in sheet.
- b. If another CFT meeting was scheduled within 60 days, the scheduler will update the family's email distribution list with new CFT attendees listed on the sign-in sheet.
- c. If the recommendation was to file a petition in dependency court, the scheduler will add Children's Behavioral Health to the email distribution list.
- d. The scheduler will schedule the next CFT meeting and send a confirmation email to all members on the family's distribution list right away. The scheduler will also send out a reminder confirmation email the day before the meeting. If a member does not have an email address, the scheduler will call.
- e. The scheduler will send a survey link to all CFT meeting participants.
- f. The facilitator will enter the CFT meeting outcomes into ETO within 24 hours of the meeting. The facilitator will email the ETO notes to the SSA (or SW if unknown) within 24 hours.
- g. The SSA will enter the CFT meeting outcomes into CWS/CMS within 72 hours.
- i. The facilitator, SW, supervisor, and SSA must follow the CFT Roles and Responsibilities Guide (**Attachment 3**) after the meeting.

### **B. PERMANENCY PLANNING**

#### **1. When to Convene a Permanency Planning CFT Meeting**

- a. Within 60 days of entry into foster care
- b. Every 90 days while a child is in foster care or receiving voluntary services
  - 5 months, 8 months, 11 months, 14 months, etc. from the initial CFT
- c. When considering reunification, guardianship, adoption, another planned permanent living arrangement, or emancipation outside of the ongoing 3-month schedule.
- d. Whenever there is a change to the permanency plan or case plan goal.

#### **2. Purpose**

- a. To decide if a child can safely return to his or her own family;
- b. To decide on an alternative permanent plan, such as custody or guardianship to a relative, if child cannot return to his or her own family;
- c. To determine whether termination of parental rights and adoption is the best plan; or
- d. For older youth, to make the best possible plans for independence including identification of supportive adults/family connections.

#### **3. Who Should Be Present**

- a. The parents
- b. The youth, if appropriate (see "Child's Participation" below)
  - Children ages 0-12 cannot attend the CFT meeting unless the social worker obtains approval from the program manager prior to the meeting.
  - The SSA of the assigned unit must be available to provide childcare during the CFT meeting for families unable to locate their own childcare.
- c. The Family's Network (relatives/natural support)

- d. Caregiver
- e. The assigned SW
- f. The SW supervisor
- g. The assigned therapist or Children's Behavioral Health (CBH)
- h. Court Appointed Special Advocate (CASA), if applicable
- i. Short-term Residential Treatment (STRTP) representative, if applicable
- j. Foster Family Agency (FFA) social worker, if applicable
- k. Tribal representative, if applicable
- l. Community representative and service providers, if applicable
- m. Facilitator

#### 4. Facilitation

- a. All permanency planning CFT meetings prior to Planned Permanency Living Arrangement (PPLA) will be facilitated by a third-party contractor. The same facilitator will remain with the same family throughout the dependency or voluntary case.
- b. If PPLA is order for a child, and there are no siblings in reunification or adoption, the CFT meeting will be facilitated by the Administrative Review Officer.
- c. If the assigned facilitator is not available, the assigned RSU SW or the RSU supervisor will facilitate the meeting.
  - The RSU SW or supervisor will be responsible for setting up the meeting, taking the notes during the meeting, scheduling the next CFT meeting, and entering the outcome into ETO.
  - The RSU SW must provide the notes and sign-in sheet to the scheduler by emailing [CFTPartnership@senecacenter.org](mailto:CFTPartnership@senecacenter.org).
- d. All facilitators must attend CFT Facilitator training either through the Bay Area Academy or the internal training supervisor.

#### 5. Scheduling

- a. The ongoing permanency planning meeting will be scheduled at the end of each CFT meeting.
- b. If a permanency decision needs to be made right away, a permanency planning CFT can be scheduled at any time; however, only the FSC supervisor can schedule the meeting.
- c. There will be a block schedule for all CFT meetings as follows:
  - 2 at 9:00am
  - 2 at 11:00am
  - 2 at 1:00pm
  - 2 at 3:00pm
  - After hours on call Monday-Thursday
- d. During the course of the dependency case, if a SW believes that a permanency planning CFT meeting is needed before the already scheduled meeting, the SW will meet with his or her supervisor to consult about the need for a CFT meeting. The supervisor will minimally ask the SW the following questions:
  - What efforts have been completed and documented in regards to engaging relatives/near-kin? Was the relative grid used? Did the SW ask the parents about placement options? Was a referral to Family Finding completed? What was the outcome of our efforts to engage the network?
  - What do parent-child visits look like?
  - As the family's SW, what are the acts of protection you would need to see a parent demonstrate over time that would result in a recommendation for an extension or reunification?
  - What do the parents feel they did to demonstrate their acts of protection? Does the family know that you have concerns about the parents' current progress?

Does the family know what they are doing well and what they could be doing more of?

- Do the children know about the decision that is being considered in the next few months?

- e. If the supervisor determines that a permanency planning CFT meeting is needed, the SW will discuss the purpose of the meeting with the family and ask when they are available to attend based on availability in the Seneca CFT Facilitator Calendar and provide this information to the supervisor.
- f. The supervisor will call the scheduler at (831) 235-5398 to schedule the meeting (if the scheduler is not available, call the supervisor at (831) 262-3948).
- g. The scheduler will confirm the date and time of the meeting with the supervisor. The supervisor will inform the SW of the date and time so that the SW can confirm with the family.
- h. The scheduler will send a confirmation email right away to all members on the family's distribution list and call any members who do not have email addresses. The scheduler will also send out a reminder confirmation email the day before the meeting or call.
- i. All CFT participants must follow their roles and complete their responsibilities prior to the CFT meeting which are outlined in the CFT Roles and Responsibilities Guide (Attachment 3).

#### 6. Preparing for the Meeting

- a. The SW must inform the family that Permanency Planning CFT meetings will occur every 3 months while the dependency or voluntary case is open. The SW will explain that a CFT meeting may be scheduled by the supervisor at any time in order to include the family in decisions regarding permanency or placement of the child.
- b. The SW will convey the purpose of the CFT meeting to the family and prepare the parents for their participation in the meeting.
- c. The SW will work with the family to determine who to invite and explain that certain individuals are expected to participate (facilitator, supervisor, etc.).
- d. The SW will encourage the family to identify formal and informal support persons to attend the meeting. If the family provides contact information and requests that the SW invite certain family members, the SW will provide that contact information to the scheduler.
- e. When FCS receives a copy of a Child and Adolescent Needs and Strengths (CANS) assessment from CBH, FCS staff will forward the CANS to the CFT inbox at [CFTPartnership@senecacenter.org](mailto:CFTPartnership@senecacenter.org).
- f. The facilitator, SW, supervisor, and SSA will review the CFT Roles and Responsibilities Guide (Attachment 3) to prepare for the CFT meeting.

#### 7. During the meeting

- j. The facilitator will ensure that participants understand the ground rules confidentiality. The facilitator will have all attendees sign in.
- k. The facilitator will ensure the group fully understands the purpose of the CFT meeting.
- l. The facilitator will first invite the family to discuss the reasons for the meeting and encourage them to share their recommendations.
- m. After the family shares, the facilitator will invite the social worker to provide his or her perspective on the reasons for the meeting.
- n. The facilitator will use the CANS outcomes to guide the conversation and lead the team through a consensus-building process. The facilitator will chart the worries and strengths (what is working well).
- o. The facilitator will schedule the next CFT meeting within 3 months.

- p. The facilitator will document the danger statement, outcome, action items and next meeting day (if applicable) on the one-page English CFT Notes (Attachment 4) form or Spanish CFT Notes and provide a copy to all attendees of the CFT meeting.
- q. The facilitator, SW, supervisor, and SSA must become knowledgeable in their roles during the meeting, which are outlined in the CFT Roles and Responsibilities Guide (Attachment 3).

#### 8. After the meeting

- a. The facilitator will provide the scheduler with a copy of the permanency planning CFT notes and sign-in sheet.
- b. If another CFT meeting was scheduled, the scheduler will update the family's email distribution list with new CFT attendees listed on the sign-in sheet.
- c. The scheduler will schedule the next CFT meeting and send a confirmation email to all members on the family's distribution list. If there are any members who do not have email addresses, the scheduler will call those members to confirm. The scheduler will also send out a reminder confirmation email the day before the meeting. If a member does not have an email address, the scheduler will call.
- d. The facilitator will enter the CFT meeting outcomes into ETO and email them to the SSA (or SW if unknown) within 24 hours of the meeting.
- e. The SSA will enter the CFT meeting outcomes into CWS/CMS within 72 hours.
- f. The facilitator, SW, supervisor, and SSA must follow the CFT Roles and Responsibilities Guide (Attachment 3) after the CFT meeting.

### C. PLACEMENT STABILITY

#### 1. When to Convene a Placement Stability CFT Meeting

- a. After the assigned SW and RSU SW have conducted a joint home visit to the caregiver's home in an effort to preserve the placement.
- b. At least 14 days prior to a child moving from one setting to another.
- c. Within one working day if an emergency move was required.

#### 2. Purpose

- a. To decide if a child can remain in current setting, possibly with additional supports and/or services for the child or caregiver;
- b. To decide if a child must move to another setting: why, where, when, and with what services for the child or caregiver; or
- c. If child already moved due to emergency, to ensure best possible adjustment to new home.

#### 3. Who Should Be Present

- a. The parents
- b. The youth, if appropriate (see "Child's Participation" below)
  - Children ages 0-12 cannot attend the CFT meeting unless the social worker obtains approval from the program manager prior to the meeting.
  - The SSA of the assigned unit must be available to provide childcare during the CFT meeting for families unable to locate their own childcare.
- c. The family's network (relatives/natural supports)
- d. Caregiver
- e. The assigned SW
- f. The SW supervisor
- g. The assigned therapist or CBH representative, if applicable
- h. Resource Support Unit (RSU) SW
- i. Court Appointed Special Advocate (CASA), if applicable

- j. Short-term Residential Treatment (STRTP) representative, if applicable
- k. Foster Family Agency (FFA) social worker, if applicable
- l. Tribal representative, if applicable
- m. Community representative and service providers, if applicable
- n. Facilitator

#### 4. Facilitation

- a. All placement stability CFT meetings will be facilitated by a third-party contractor. The same facilitator will remain with the same family throughout the dependency case.
- b. If the assigned facilitator is not available, the assigned RSU SW or the RSU supervisor will facilitate the meeting.
  - The RSU SW or supervisor will be responsible for setting up the meeting, taking the notes during the meeting, scheduling the next CFT meeting, and entering the outcome into ETO.
  - The RSU SW must provide the notes and sign-in sheet to the scheduler by emailing [CFTPartnership@senecacenter.org](mailto:CFTPartnership@senecacenter.org).
- c. All facilitators must attend CFT Facilitator training either through the Bay Area Academy or the internal training supervisor.

#### 5. Scheduling

- a. A placement stability CFT meeting can only be scheduled by a Family and Children's Services (FCS) supervisor.
- b. There will be a block schedule for all CFT meetings as follows:
  - 2 at 9:00am
  - 2 at 11:00am
  - 2 at 1:00pm
  - 2 at 3:00pm
  - After hours on call Monday-Thursday
- c. When a resource parent expresses any concern about a foster youth remaining in the home, the assigned SW and RSU SW shall conduct a home visit within 24 hours in an effort to preserve a placement. The SW will ask the resource parent the questions on the Placement Stability Guide (Attachment 5) and will upload the completed guide into CWS/CMS.
- d. If the placement preservation strategy is not successful, the SW will meet with his or her supervisor to consult about the need for a Placement Stability CFT meeting. During the consultation, the supervisor will review the Placement Stability Guide (Attachment 5) with the SW.
- e. If the supervisor determines that a CFT meeting is needed, the SW will discuss the purpose of the meeting with the family and ask when they are available to attend based on the availability in the Seneca CFT Facilitator Calendar and provide this information to the supervisor.
- f. The supervisor will call the scheduler at (831) 235-5398 to schedule the meeting (if the scheduler is not available, call the supervisor at (831) 262-3948).
- g. The scheduler will confirm the date and time of the meeting with the supervisor. The supervisor will inform the SW of the date and time so that the SW can confirm with the family.
- h. The scheduler will send a confirmation email to all members on the family's distribution list and call any members who do not have email addresses. The scheduler will also send out a reminder confirmation email the day before the meeting or call.
- i. All CFT participants must follow their roles and complete their responsibilities prior to the CFT meeting which are outlined in the CFT Roles and Responsibilities Guide (Attachment 3).



## 6. Preparing for the Meeting

- a. The SW will convey the purpose of the placement stability CFT meeting to the family.
- b. The SW will work with the family to determine who to invite and explain that certain individuals are expected to participate (facilitator, supervisor, etc.).
- c. The SW will encourage the family to identify formal and informal support persons to attend the meeting. If the family provides contact information and requests that the SW invite certain family members, the SW will provide that contact information to the scheduler.
- d. The SW will provide a copy of the Placement Stability Guide (Attachment 5) to the facilitator, and the facilitator will review the guide prior to the meeting.
- e. The facilitator will obtain a copy of the Child and Adolescent Needs and Strengths (CANS) Assessment, if it has been completed.
- f. The facilitator will identify the next scheduled CFT meeting and include this in the notes.
- g. The facilitator, SW, supervisor, and SSA will review the CFT Roles and Responsibilities Guide (Attachment 3) to prepare for the CFT meeting.

## 7. During the meeting

- a. The facilitator will ensure that participants understand the ground rules and confidentiality. The facilitator will have all attendees sign in.
- b. The facilitator will ensure the group fully understands the circumstances that led to the CFT meeting and will have the parents begin the meeting.
- c. The facilitator will chart the worries and what is working well.
- d. The facilitator will use the Placement Stability Guide (Attachment 5) and CANS to help guide the discussion.
- e. If the child has to move to another setting, the CFT must create a transition plan that specifies why, where, when, and with what services for the child and caregiver, including visitation.
- f. The facilitator will inform the CFT of the next scheduled meeting and provide copies of the CFT Meeting Notes (Attachment 4) to all participants.
- r. The facilitator, SW, supervisor, and SSA must become knowledgeable in their roles during the meeting, which are outlined in the CFT Roles and Responsibilities Guide (Attachment 3).
- g.

## 8. After the meeting

- a. The facilitator will provide the scheduler with a copy of the Placement Stability CFT Meeting Notes (Attachment 4) and sign-in sheet.
- b. The scheduler will update the family's email distribution list with new CFT attendees listed on the sign-in sheet.
- c. The scheduler will send a confirmation email to all members on the family's distribution list of the next scheduled Permanency CFT meeting. If there are any members who do not have email addresses, the scheduler will call those members to confirm.
- d. The facilitator will enter the CFT meeting outcomes into ETO and email them to the SSA (or SW if unknown) within 24 hours.
- e. The SSA will enter the notes into CWS/CMS within 72 hours.
- f. The facilitator, SW, supervisor, and SSA must follow the CFT Roles and Responsibilities Guide (Attachment 3) after the CFT meeting.

## D. Considerations for ALL CFT Meetings

### 1. Domestic Violence (DV) and Intimate Partner Violence (IPV) Protocol

- a. Preparation for the CFT Meeting
  - The assigned SW will screen for IPV prior to all CFT meetings.

- The SW must provide his or her supervisor with information gathered from a global IPV assessment.
- When scheduling the CFT meeting, the supervisor must provide all IPV assessment information to the scheduler.
- The scheduler will provide all IPV information to the facilitator to help prepare for any dynamics and the safety of all participants in the CFT meeting.

b. Pre-meeting Safety Check In

When IPV is suspected or indicated during the CFT screening, a Pre-CFT Check-In is held prior to the CFT meeting and includes the assigned SW, facilitator and the survivor. The survivor should be asked:

- Are there any protective/restraining/no contact orders?
- Is there any concern about the individual's own safety with anyone who will be in attendance?
- *If the survivor says "yes," there needs to be a conversation about how safety can be ensured.*

c. The Facilitator's Role

- Facilitators are responsible for the process of the meeting, setting the tone of welcome, comfort, safety, and openness for the participants. It is intended that the CFT meeting will build support for the survivor, develop greater accountability for the person who batters, and increase safety and protection for the children.

d. Determining the Need for Joint or Separate CFT Meetings

- If the SW has identified IPV as a contributing factor in the current safety threats identified for the child, the supervisor will schedule separate CFT meetings.
- If there is a civil restraining order and/or a criminal "No Contact" order in place, two separate CFT meetings are required.
- The SW must find out if the survivor believes the person who batters can be safely present at the CFT meeting. If the survivor does not want a CFT with the person who batters present, then the agency will conduct separate CFT meetings. If the parent, SW, or facilitator feels it would not be safe (physically, mentally or emotionally) or the survivor will not be able to share their authentic voice in a CFT meeting with the person who batters present due to historic IPV, the CFT meetings will be held separate.
- If it is determined that the person who batters cannot safely attend the CFT meeting, alternative options for participation are:
  - Two separate CFT meetings may be conducted, one with the adult survivor and the children, if appropriate, and another with the person who batters;
  - The person who batters provides his or her verbal or written input to the SW or facilitator prior to or after the CFT meeting; or
  - The person who batters is represented by the survivor-approved family member or service provider.
- The assessment of the need for separate CFT meetings must be done for each scheduled CFT meeting. If the person who batters has completed services to address the IPV, there are no current safety concerns involving IPV, and the survivor would like joint meetings, the CFT meeting will be held jointly. The SW shall review this assessment with his or her supervisor and document in CWS/CMS.
- The SW and supervisor will assume responsibility for determining separate meetings and explain the reasoning with all participants.
- The supervisor must inform the scheduler of any decision to change meetings from separate to joint.

e. When Two Separate Meetings are Planned

- The same CFT members should be present for the two meetings, if possible. If the survivor feels that the person who batters' support and/or family poses a safety threat, then those members will not be in the meeting. That determination needs to be made prior to the CFT in a meeting with the survivor and the SW, with the survivor making the final decision.
  - CFT meetings shall first be scheduled with the survivor, allowing for a minimum of fifteen minutes between CFT meetings. The survivor will be escorted out of the building to ensure safety if they desire.
  - If there are two separate decisions that are made as a result of two separate meetings, the supervisor will make the final decision.
- f. When IPV is Suspected or Disclosed during a CFT Meeting
- If IPV is suspected or disclosed during a CFT meeting, the facilitator must decide if the environment is safe to allow further questioning and discussion. Care must be exercised not to exacerbate the IPV situation for the adult survivor while discussing the children's risk and safety issues.
  - If the facilitator feels there are serious concerns about the adult survivor's safety or emotional welfare during the meeting, take a break, and with the SW and survivor, assess safety, share concerns, and determine how best to proceed.
  - If the survivor or facilitator is concerned about safety or no longer wishes to proceed, the CFT meeting will be rescheduled with increased safety precautions within 24 hours if possible. Regardless of the CFT meeting outcome, provide time after the meeting to debrief regarding the safety of all participants and determine a plan to ensure safety based on the situation.
- g. After the CFT Meeting
- Directly after the CFT meeting, the SW will ensure that the parent is aware of the resources in the community that are available to help ensure their safety. The survivor will be given contact information for the local domestic violence shelters and encouraged to make a plan with them for the survivor's safety. The SW will follow-up with the survivor after the meeting within 24 hours.

## 2. CFT Review Process

- a. If there the CFT meeting participants are unable to come to a consensus regarding decisions around custody, placement, or permanency, the SW supervisor will make the final decision.
- b. If the assigned SW or RSU SW does not agree with the supervisor's decision, the assigned SW or RSU SW may call for a CFT Review.
- c. A CFT Review can only be called if a child welfare staff participating in the meeting, not including the facilitator, feels like the decision is:
  - Unsafe;
  - Not least restrictive/intrusive; or
  - Violates a law or policy.
- d. When the child welfare staff calls for a review, the facilitator will explain the review process and pause the meeting.
- e. The supervisor will contact the program manager who oversees the unit. If the assigned program manager is not available, the supervisor will contact the other program manager. If neither of the program managers are available, the supervisor will contact the deputy director.
- f. The reviewer will join the meeting at that moment, either in person or virtually, and will get a summary of what transpired. The review will have the opportunity to ask questions and then make the final decision. The reviewer's decision is final and a plan CFT meeting would continue to develop a plan in support of the final decision.

## 3. Translation

- a. If the family's primary language is Spanish, the CFT meeting shall be facilitated in Spanish.
    - If the SW does not speak Spanish, the SW will arrange for the SSA assigned to his or her unit to translate.
    - If the resource parent does not speak Spanish, the SW will arrange for the SSA assigned to his or her unit to translate.
    - If a service provider does not speak Spanish, the service provider will be required to provide their own interpreter.
  - b. If the family speaks a language other than English or Spanish, the SW must arrange for an interpreter. The following translation services are available:
    - Language Line (phone translation services only, no indigenous translation)
    - Indigenous Interpreting: A Service of Natividad Medical Foundation
      - SW must complete and submit the Interpreter Request Form (Attachment 6)
      - Email: [info@interpretnmf.com](mailto:info@interpretnmf.com)
      - Call: 1-855-662-5300
- 4. The Child and Adolescent Needs and Strengths (CANS)**
- a. When FCS staff receive a copy of the CANS from CBH, FCS staff will forward a copy of the CANS to [CFTPartnership@senecacenter.org](mailto:CFTPartnership@senecacenter.org) as soon as it is received.
  - b. The facilitator will review the CANS and identify the highest needs and strengths of the family. The facilitators will use this information to guide the CFT conversation so that the team stays on track of addressing the main needs of the family.
  - c. The facilitator will include the needs and strengths in the charting. The CFT members will visually see how the strengths could address the family's needs.
- 5. Sharing of Information**
- a. The facilitator should not have too much information regarding the case prior to a CFT meeting because this could impact the facilitator's ability to facilitate the meeting well.
  - b. The facilitator should remain object during the meeting.
  - c. The SW and facilitator should only communicate prior to the meeting in order to address IPV or other safety concerns.
- 6. When the Assigned SW Changes**
- a. When a case is transferred to a new SW, the current SW is responsible for informing the new SW of any upcoming scheduled CFT meetings.
  - b. Any CFT confirmation emails must be forwarded to the new SW, and the scheduler must be informed of who the new SW is by emailing [CFTPartnership@senecacenter.org](mailto:CFTPartnership@senecacenter.org).
- 7. Flex Funds**
- For Child and Family Teams being facilitated by the identified contractor, there are CFT Flex Funds available to assist in meeting the identified and urgent needs of the family. Utilization of flex funds is limited a follows:
- a. Maximum flex funds available to be approved by the CFT is \$500 per family,
    - Because flex funding is limited, the CFT must discuss the true need for fund
  - b. Identification for need and request must come, and be agreed upon, by the Child and Family Team
  - c. Examples of needs which may be covered by the flex funds include, but are not limited to:
    - Basic Need items (i.e., clothing, diapers, food, etc. not coverable by other funding sources)
    - Housing needs (i.e., utility bills for utilities in danger of being cut, assistance with rental costs where eviction is imminent, assistance with security deposit where housing stability is a barrier, etc.)
    - Education costs (i.e., school supplies not covered by other funding sources, tuition, etc.)

- Medical Bills not covered by Medi-Cal or SCIAP,
  - Birth Parent Supports to reunify (i.e., vehicle repairs, furniture, parenting classes, etc. where these items are not coverable through other funding sources).
  - Activities or items not covered by Medi-cal, SCIAP, or BFF, but which would be therapeutic and supportive to the youth's treatment plan (i.e., art classes, exercise experiences, sports activities/equipment/camps).
- d. After the meeting, the facilitator will purchase the needed item for the family.
  - e. If the amount is unknown at the time of the meeting, it is the responsibility of the SW to get this information to the facilitator.
  - f. Flex funds will only be issued to the family as long as the funds are available. The funds may run out toward the end of the fiscal year, so the CFT will need to identify other resources to help meet the family's need.
  - g. If the flex funds are used to assist with rent, utilities, or an ongoing cost that the family might incur, the CFT must discuss how the long-term sustainability plan for the family. This will include action items for the family to ensure the upcoming payment will be covered.
- 8. Meeting No-Shows and Rescheduling**
- a. Only the family can reschedule a CFT meeting. If a CFT member is unable to attend the meeting, he or she may attend the meeting via phone or video conferencing or send a representative.
  - b. If the family needs to reschedule the meeting, the SW will obtain the new dates and times that the family is available based on the CFT block schedule. The SW will provide this information to his or her supervisor.
  - c. The supervisor will contact the scheduler to schedule the new CFT meeting.
  - d. The scheduler will send a confirmation email to the family's email distribution list.
  - e. If the family does not appear for the CFT meeting within 15 minutes of the meeting start time, their absence should be documented by the facilitator, and the SW will contact the family to discuss rescheduling the meeting.
- 9. Length of CFT Meeting**
- Whenever feasible, CFT Meetings should be no longer than 1.5 hours.
- 10. Child Participation**
- a. Children ages 0-12 cannot attend the CFT meeting unless the social worker obtains approval from the program manager prior to the meeting.
  - b. The SSA of the assigned unit must be available to provide childcare during the CFT meeting for families unable to locate their own childcare.
  - c. Participation by teenagers should be limited if the nature of the meeting is not suitable for a youth.
  - d. There may also be times when a teenager refuses to participate or does not feel comfortable attending. Further engagement of the teen may be needed to encourage their participation so that they have a voice within the team.
  - e. If the child or youth will not be participating in a meeting, the SW will help the child or youth identify someone who can speak for them at the meeting.
  - f. Safety is another consideration for the team, as a child or youth may become easily angered or agitated during the CFT meeting and may require support. If applicable, the child or youth's mental health provider may also recommend if it is not in the child or youth's best interest to attend the CFT meeting.
- 11. Notes**
- a. CFT meeting notes shall be taken by the facilitator and provided to all participants at the end of the meeting.
  - b. If the family speaks Spanish, the notes shall be taken in Spanish.

- c. If the SW, supervisor, or other members of the CFT meeting want to take notes, it will be important for them to ask permission from the family to take notes and explain what the notes will be used for.
- d. The facilitator will enter detailed notes into the EIO database after the meeting. The SW will receive a copy of the detailed notes in English.
- e. The designated SSA will enter the notes into CWS/CMS.

**e. Attachments:**

---

**Attachment 1** – CFT Meeting Exception Request

**Attachment 2** – CFT Facilitation Request Form

**Attachment 3** – CFT Roles and Responsibilities

**Attachment 4** – CFT Meeting Notes

**Attachment 5** – Placement Stability Guide

*//Signature on file//*

10/20/20

Laura Neal

Date

Deputy Director, Family and Children's Services

Monterey County Department of Social Services  
Family and Children's Services

### CFT Meeting Exception Request

**Instructions:** When a pre-custodial CFT meeting cannot be held prior to the removal of a child, the social worker is to discuss the exception reason(s) with the supervisor. If the supervisor supports the exception, this form is to be completed by the social worker and signed by the program manager and deputy director.

Mother's Name: _____	SW: _____
Child(ren): _____	_____
Date: _____	Zip Code: _____

Rationale for Exception:     
--

Program Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Monterey County DSS - Family and Children's Services  
Child and Family Team (CFT) Facilitation Request Form:**

To be completed by the CFT scheduler

**Scheduling Details:**

Referred By: \_\_\_\_\_  ER1  ER2  ER3  
 Case/Referral name: \_\_\_\_\_ Mother's name if different: \_\_\_\_\_  
 Primary language spoken in the home: \_\_\_\_\_  
 Family's desired meeting date: \_\_\_\_\_ Time:  9am  11am  1pm  3pm  Other: \_\_\_\_\_  
 Is there known or suspected Intimate Partner Violence (IPV) in the home?  Yes  No  
 Is there an active restraining order?  Yes  No  
 Does the family require separate meetings?  Yes  No  
 If yes, please explain:  Family Conflict  IPV  Other: \_\_\_\_\_  
 What is the family's preferred meeting location? \_\_\_\_\_  
 Is there anything that should NOT be discussed during this meeting (i.e. open police investigations)?  Yes  No  
 If "yes," please explain: \_\_\_\_\_

**Child(ren)'s Information**

Child's Name	DOB	Father's Name	CMS Client ID #	Sex at Birth	Gender Identity

**Meeting Attendees:**

Please list contact information for individuals who should be invited to this CFT Meeting:

Name:	Relationship	City of Residence	Phone	Email	Phone/Video? Check if needed
	Parent				<input type="checkbox"/> Phone <input type="checkbox"/> Video
					<input type="checkbox"/> Phone <input type="checkbox"/> Video
					<input type="checkbox"/> Phone <input type="checkbox"/> Video
					<input type="checkbox"/> Phone <input type="checkbox"/> Video
					<input type="checkbox"/> Phone <input type="checkbox"/> Video
					<input type="checkbox"/> Phone <input type="checkbox"/> Video



## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
Scheduler	<ul style="list-style-type: none"> <li>• Manages the schedule of the facilitators in Outlook and ensures there is enough time between meetings for travel/breaks.</li> <li>• Is only person allowed to schedule the CFT and only if contacted by a FCS supervisor or program manager.</li> <li>• Completes the CFT Facilitation Request form and provides a completed copy to the facilitator.</li> <li>• Informs the facilitator if there is IPV, active restraining orders, safety concerns, or a need for separate meetings.</li> <li>• Contacts the parents and informs them of the purpose of the CFT and importance of having relatives/friends/natural supports at the meeting.</li> <li>• Encourages parents to invite their network</li> <li>• Enters demographic information into ETO.</li> <li>• Gathers contact information of relatives and natural supports.</li> <li>• Creates email distribution groups in Outlook for each family. Sends a confirmation email to the distribution group (includes family, therapist, RSU SW, SW/Supervisor, resource parent, service</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• Reviews sign-in sheet and adds new members to the email distribution group.</li> <li>• Sends confirmation email right away to the distribution group for the next upcoming meeting.</li> <li>• Calls CFT members to confirm upcoming meeting when they do not have email addresses.</li> <li>• Sends a reminder email or phone call a day before the meeting.</li> <li>• Sends a survey link to all CFT participants.</li> </ul>

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
	<p>providers, etc.) with date, time, and location of meeting.</p> <p><b>Placement Stability CFT's</b></p> <ul style="list-style-type: none"> <li>For placement stability, the only way to schedule is if the Placement Stability Guide is completed and uploaded into CMS</li> </ul>		
Facilitator	<ul style="list-style-type: none"> <li>Prepare notes and sign-in sheet for the meeting.</li> <li>For pre-custodial CFT, review CFT request form including safety concerns and information that can't be discussed during the meeting.</li> <li>When there is IPV, meet briefly with the SW and victim prior to the meeting to discuss safety (review IPV policy in the program directive)</li> <li>For ongoing CFT's, review prior CFT notes.</li> <li>Arrive early to the location and set up the room/area.</li> <li>Set up technology for phone or videoconferencing, if needed.</li> <li>Obtain a copy of the CANS from FCS (if completed) and use as a guide for CFT facilitation.</li> </ul> <p><b>Placement Stability CFT's</b></p>	<ul style="list-style-type: none"> <li>Facilitate the meeting in the family's primary language</li> <li>Discuss confidentiality, ground rules, and initiate sign-in sheet</li> <li>Ensure that all participants have provided contact information</li> <li>Invite the family to discuss the reason for the meeting and circumstances that led to the meeting</li> <li>Invite family to share their recommendations</li> <li>Next, invite the social worker to provide perspective on reason for the meeting</li> <li>Ensure that everyone shares perspective of current situation and that the group fully understands the circumstances that led to the CFT meeting.</li> <li>Create a danger statement (what are the safety threats?)</li> </ul>	<ul style="list-style-type: none"> <li>Documents CFT meeting outcomes in ETO within 24 hours of the meeting.</li> <li>Emails ETO notes to the SSA (or SW if unknown) within 24.</li> <li>Purchase flex fund items. Obtain approval from Analyst if over \$500.</li> <li>Informs the scheduler of the next upcoming meeting.</li> <li>Provide the scheduler with a copy of the sign-in sheet for new members to be added to the email distribution list.</li> </ul>

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
	<ul style="list-style-type: none"> <li>• For placement stability CFT, the facilitator will review the Placement Stability Guide completed during home visit</li> </ul>	<ul style="list-style-type: none"> <li>• Chart the strengths (what is working well) and worries. Use strengths to address worries.</li> <li>• When there is a need, remind the team of CFT flex funds.</li> <li>• Leads the group through a structured meeting, focusing first on child safety, and modeling respectful family engagement throughout.</li> <li>• Seeks to bring the group to a consensus decision regarding what safety-related decision will best balance the child's physical safety needs with the need for continuity in family relationships.</li> <li>• Schedules the next CFT meeting (if needed). Informs participants that a confirmation email will be sent by the scheduler so email addresses are important to include on the sign-in sheet.</li> <li>• Documents notes on one page (in the family's language) and provides a copy to all attendees.</li> </ul>	
RSU Social Worker	<ul style="list-style-type: none"> <li>• Complete as much information on the RSU Placement Information Summary that is available and print.</li> <li>• For ongoing CFT meetings, locate and review current RSU</li> </ul>	<ul style="list-style-type: none"> <li>• Introduces self and explains presence in the meeting for information gathering in regards to the child/family.</li> </ul>	<ul style="list-style-type: none"> <li>• Stays after the meeting with the youth/family to answer any of the RSU Placement Summary information that was not covered during the meeting.</li> </ul>

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
	<p>Placement Information Summary. Bring this form to the meeting.</p> <p><b>Placement Stability CFT's</b></p> <ul style="list-style-type: none"> <li>• RSU worker will join primary social worker of record during placement resource home visit to attempt to prevent the disruption.</li> <li>• RSU work will take RUS Placement Information Summary to the home visit and complete sections that come up during the visit.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete as much information as possible on the RSU Placement Information Summary.</li> <li>• If RSU is not able to complete all sections, then gently ask parents and network to remain for a few extra minutes to complete all sections</li> <li>• Gather information regarding prospective relative/NREFM placements.</li> <li>• Advocate on behalf of the caregiver in regards to services and supports to preserve placement.</li> <li>• Help in the development of transition plans when a child needs to move.</li> <li>• Establish pre-placement visitation schedule</li> <li>• Educate the team on the importance of keeping children in their school of origin and local communities.</li> <li>• Educate the team on placing children with siblings and relatives.</li> <li>• Request a review of the decision with the program manager or deputy director if in disagreement.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide relative/NREFM information to RFA.</li> <li>• Follow up on caregiver's needs and supports.</li> <li>• Call a review of the meeting with the program manager or deputy director if not in agreement of CFT decision</li> </ul>

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
		<ul style="list-style-type: none"> <li>Facilitate an ongoing CFT meeting if the contractor is not available to facilitate. Pre-custodial CFT meetings will take priority.</li> </ul>	
Social Worker	<ul style="list-style-type: none"> <li>Work with the SSA to find family members/supports.</li> <li>Work with the family to determine the best time and location for the family to attend the CFT meeting.</li> <li>Consult with Supervisor regarding need for CFT meeting.</li> <li>Prepare the parent(s) for the meeting and explain that the urgency for the meeting is to address the safety of the child and need to make a decision regarding removal, placement, or permanency.</li> <li>Work with the family to determine who to invite and explain that certain individuals are expected to participate (facilitator, supervisor, etc.).</li> <li>Encourage the family to identify formal/informal support persons and assist them in making an invitation</li> </ul>	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>Introduces self</li> </ul> <p><b>Identifying the Situation</b></p> <ul style="list-style-type: none"> <li>Refrain from discussing restricted topics if there is an open criminal investigation.</li> <li>Provides clear description of immediate safety threats (with behaviorally specific language and examples) and how the threats impact the parent or caregiver's ability to safely care for the child(ren).</li> </ul> <p><b>Assessing the Situation</b></p> <ul style="list-style-type: none"> <li>Shares adequate, complete, and accurate information.</li> <li>Describes the parent or caregiver's protective capacities and strengths.</li> <li>Interacts with the team in a respectful and direct manner.</li> </ul> <p><b>Developing Ideas</b></p>	<ul style="list-style-type: none"> <li>Address the child/youth's concerns about meeting with professionals in the presence of their parents/caregivers.</li> <li>Provide support to the family if needed.</li> <li>Follow through with action plans that were discussed at the CFT.</li> <li>Ensure identified services are provided to the family or caregiver in a timely manner.</li> </ul>

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
	<p>by providing contact information to the scheduler.</p> <ul style="list-style-type: none"> <li>• Work with the family to include children/youth age 10 and over, unless a specific and credible reasons exists for them not to participate.</li> <li>• Prepare children/youth to participate in the meeting. Obtain input from children/youth not in attendance so their voice can be represented during the meeting. If the children/youth have concerns about meeting with professionals in the presence of their parents/caregivers, SW will address these concerns.</li> <li>• Encourage parent(s) to invite other persons such as current/past service providers or community representatives to attend the meeting. Request progress reports from all current service providers if they are unable to attend the meeting (parental permission may be required). Be prepared to explain community representative's presence and obtain parental approval for their participation.</li> <li>• Help family identify support network.</li> </ul>	<ul style="list-style-type: none"> <li>• Describes what would need to change in order to mitigate the safety threats.</li> <li>• Provides options including safety plans, out of home placement, or removal.</li> <li>• Suggests services/supports that are available to mitigate safety threats, including CFT flex funds.</li> </ul> <p><b>Reaching a Decision</b></p> <ul style="list-style-type: none"> <li>• Encourages all participants to share their perspectives, information, and opinions.</li> <li>• Ensures the child/youth's opinions are heard if the child/youth is not present or does not want to participate.</li> <li>• Participate in the creation of the safety plan and ensure it clearly states what needs to happen by when.</li> <li>• Request a review of the decision with the program manager or deputy director if in disagreement.</li> </ul>	

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
	<p><b>Placement Stability CFT's</b></p> <ul style="list-style-type: none"> <li>• Prior to scheduling a CFT, the SW must complete a home visit to the resource parent's home and complete the Placement Stability Guide in an effort to preserve the placement.</li> <li>• The SW must upload the Placement Stability Guide to CMS and provide a copy to the supervisor during CFT consultation.</li> <li>• If a CFT is scheduled, the SW will provide a copy of the Placement Stability Guide to the facilitator.</li> </ul>		
Supervisor	<ul style="list-style-type: none"> <li>• Reviews the family's circumstances with the SW to determine whether the situation warrants a CFT meeting. Discuss with SW:                             <ul style="list-style-type: none"> <li>➤ Safety threats</li> <li>➤ Protective factors</li> <li>➤ Worries</li> <li>➤ The SW's willingness to hear/consider family's input.</li> <li>➤ What else needs to be learned about the family to make a sound recommendation?</li> </ul> </li> </ul>	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• Attends all CFT meetings and sends a designee if unable to attend.</li> <li>• Introduces self and relationship to SW.</li> </ul> <p><b>Identifying the Situation</b></p> <ul style="list-style-type: none"> <li>• Ensure that everyone knows what led to the meeting.</li> <li>• Supervisor guides worker to be clear, organized, and on point.</li> </ul> <p><b>Assessing the Situation</b></p> <ul style="list-style-type: none"> <li>• Ensures chronicity and severity of safety threats are</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures SW attends to the emotional needs of the family and children/youth.</li> <li>• Ensures the SW follows through on plans developed at the CFT meeting and regularly reviews action and safety plans during supervision.</li> </ul>

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
	<ul style="list-style-type: none"> <li>➤ Who does the family want to attend? Were they invited?</li> <li>➤ Are there supports that the family does not want at the meeting?</li> <li>➤ Who are the service providers?</li> <li>➤ How can the Supervisor support the SW at the meeting?</li> <li>➤ When and where does the family want the meeting to take place?</li> </ul> <ul style="list-style-type: none"> <li>• Contacts the scheduler to schedule the meeting.</li> <li>• Provide the scheduler with the information on the CFT Facilitation Request form.</li> <li>• Inform the scheduler if there is intimate partner violence or other reasons why there needs to be separate meetings.</li> </ul> <p><b>Placement Stability CFT's</b></p> <ul style="list-style-type: none"> <li>• Ensure that the SW has conducted a home visit to the resource parent's home to preserve the placement.</li> <li>• Review the placement stability guide prior to scheduling the CFT.</li> </ul>	<p>highlighted and models good conflict management skills if emotions run high.</p> <ul style="list-style-type: none"> <li>• Pays particular attention to be sure: SW shares adequate, complete, and accurate information; parent or caregiver's protective capacities and strengths are identified and highlighted; and the SW's interactions with the family and other participants are respectful and direct.</li> <li>• Remains objective by listening and considering input and ideas from the group regarding safety, stability, and placement planning.</li> <li>• Supports the SW and actively participates in group discussions to generate appropriate safety decisions.</li> <li>• Shares any additional pertinent information that may impact the decision.</li> </ul> <p><b>Developing Ideas</b></p> <ul style="list-style-type: none"> <li>• Helps keep the team focused on 3 common areas:             <ol style="list-style-type: none"> <li>1. Actions needed to provide safety;</li> <li>2. Whether out of home care plan and/or court action/custody is needed; and</li> </ol> </li> </ul>	



## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
		<p>3. Immediate services/supports needed to mitigate safety threats.</p> <p><b>Reaching a Decision</b></p> <ul style="list-style-type: none"> <li>• Supports worker and facilitator in keeping the group productive and focused on making the best decisions possible to keep children safe in the least restrictive setting.</li> <li>• Encourages participants to share perspectives, information, and opinions.</li> <li>• Ensures safety plan clearly states what needs to happen by when and how the plan will conclude.</li> <li>• Makes the final decision if there is no consensus among the group.</li> </ul> <p><b>Recap, Evaluation, and Closing</b></p> <ul style="list-style-type: none"> <li>• Ensures all participants understand who will do what by when and next steps.</li> <li>• Contacts the program manager or deputy director if a review is called.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Help SW locate family</li> </ul>	<ul style="list-style-type: none"> <li>• Provide translation for SW or caregiver if needed.</li> </ul>	<ul style="list-style-type: none"> <li>• The SSA will enter the CFT meeting outcomes into</li> </ul>

## CFT Roles and Responsibilities Guide

CFT Member	Before	During	After
SSA	<ul style="list-style-type: none"><li>• For translation, meet with the SW prior to the meeting to review what will be discussed.</li><li>• For childcare, arrange for a location to watch the child during the meeting.</li></ul>	<ul style="list-style-type: none"><li>• Provide childcare for family if needed.</li></ul>	CWS/CMS within 72 hours of the meeting.

Date and Time:

**Monterey County DSS - Family and Children's Services**  
**Child and Family Team (CFT) Notes:**

**REFERRAL/CASE NAME:** \_\_\_\_\_

**Type of CFT:**  Pre-custodial  Placement  Permanency: \_\_\_\_\_

**Social Worker:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

ER  Court  FR  FRP  PP  Adoptions  RSU  VFM

Child's Name	Present?	If no, why? Who elected to speak for them?
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**DANGER STATEMENT AND SAFETY GOALS OR BARRIERS TO PERMANENCY:**

\_\_\_\_\_  
 \_\_\_\_\_

**CFT OUTCOME:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Flex Funds?  No  Yes Explain: \_\_\_\_\_

**NEXT STEPS:**

Who	What	By When

**NEXT CFT MEETING:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_

**Monterey County DSS - Family and Children's Services**  
**Placement Stability Guide:**

*This form is required in order to schedule a Placement Stability Child and Family (CFT) Meeting*

Resource Family's Name: \_\_\_\_\_

Date of home visit: \_\_\_\_\_

Social Worker: \_\_\_\_\_

RSU Social Worker: \_\_\_\_\_

Present?  Yes  No

**Placement Stability Questions:**

1. What are the specific reasons the resource parents are requesting the removal?
2. What supports did the teen or resource parents request in an effort to stabilize the placement, but weren't provided?
3. What specifically has FCS (if provider agency, ask the question to both workers) offered and implemented to prevent the disruption?
4. How long has the resource parent been complaining about the child/teen's behaviors and what was offered to achieve resource parent satisfaction?
5. Why didn't the plan work to prevent the disruption?
6. What is the child/teen willing to negotiate to preserve the placement?
7. Describe reasons why FCS was unable to provide the services and would all parties agree with that rationale including the Resource Parent?
8. If your Program Manager asks, will all parties be satisfied with your efforts to prevent the disruption?
9. What are the barriers both internally and externally to successfully prevent the disruption?
10. Is there a service, program, or idea that might work to prevent the disruption, but there isn't a funding stream to pay for it?  Yes  No  
If so, describe what it is and what prior efforts you have exhausted to secure funding?
11. What efforts and activities are documented that were explored thoroughly to engage parents and kinship including Dad and paternal family members or other placement options?
12. For Foster Family Agency (FFA) homes:
  - Describe what happened during the joint home visit (FFA SW and FCS SW's):
  - How long has FCS known about the resource parent's dissatisfaction?
  - What did the FFA specifically do to increase resource parent support and prevent the disruption?

## Attachment 4

# Child Family Team (CFT) Protocol

All Deputy Probation Officers (DPO) are expected to utilize CFTs when supervising youth at risk of placement or currently with a placement order.

## **Purpose of CFT Protocol**

CFTs are integral in assessing and helping youth and families achieve better outcomes while on probation. CFTs explore and propose approaches to strengthen the family so they can avoid removal, assist youth during placement and strengthen the reunification or permanent plan. Youth who are at risk of being removed from the home, as well as youth in placement and Non-Minor Dependents (NMDs), all benefit from interacting with CFTs. It is through consistent, well-run CFT meetings that real work and change can take place in the lives of the youth and family. The success or failure of CFTs and CFT meetings will depend on adhering to the policies and procedures.

## **What is a Child Family Team?**

CFTs are required as part of the Continuum of Care Reform (CCR) and are defined in All County Letter (ACL) number 16-84 as, “A group of individuals that includes the youth, family members, probation, behavioral health, other professionals, community supports and individuals identified by the family as part of the youth’s success. The CFT should guide all team planning and identify not only the areas of improvement within a family, but the strengths that are inherent in the youth and family. 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 youth. The individuals on the team work together to recognize each family member’s strengths and needs, based on relevant life domains, to develop a youth, and family-centered case plan. The plan articulates specific strategies for achieving the youth, and/or family’s goals based on addressing identified needs, public safety, including following related court orders, and building on or developing functional strengths.”

## **Summary and Reasons for the CFT**

The use of team-based models to support both youth and families has been part of probation practices for years as is seen in Wraparound and the Interagency Placement Committee. The use of teams has grown to be an important part of probation’s response to youth in crisis. Evidence has shown that services are most effective when delivered in the context of a single, integrated team. With the adoption of the Continuum Care Reform, this team-based thinking and process has centered on the use of the CFT to support and work with youth and their families to foster success and avoid out of home placement. CFTs and CFT meetings are not limited to youth at risk of placement or in placement. They are also part of the supervision and case planning for any NMD.

## **CFT v. CFT meeting**

A CFT and a CFT meeting are not the same. A CFT is a group of people; a CFT meeting is a structure and process of engaging the family and their service teams in thoughtful and effective planning. A CFT meeting is a place for solution-focused planning. CFT meetings are not for investigating law or probation violations, but a place to understand and assist youth, NMDs and families in trauma-informed ways.

The values and focus of the CFT meeting should be the following:

- Strengths-Based
- Youth, NMD and family centered and driven
- Individualized
- Collaborative and comprehensive shared planning
- Needs-Driven
- Culturally reflective, respectful and responsive
- Trauma-Informed
- Outcomes-Focused
- Developmentally Informed

It is only a CFT meeting when the goals, and the methods to achieve them, are made with the involvement of the youth and family members.

## **CFTs and CANS**

As part of the CCR, the Child and Adolescent Needs and Strengths (CANS) Assessment Tool is to be utilized within the CFT process. CANS is an assessment tool that will be completed by a therapist outside of the CFT meeting. The tool uses a rating scale to summarize important areas related to the youth's needs. It also captures strengths of the youth and caregivers.

The results of the CANS assessment are to be shared with all members of the CFT. The information within the CANS should be utilized during the CFT meeting to support decision-making. This in-turn will help guide conversations about well-being, identify strengths and needs, inform and support care coordination, aid in case planning activities and allow for monitoring the outcomes of services.

The CANS must be updated at least every six months. The Deputy Probation Officer is responsible for making certain that the CANS is up to date and included in the CFT and CFT meeting. Any issues with obtaining the CANS should be taken up with the Officer's PSM.

## **CFTs and Case Plans**

Case plans are an integral part of effectively supervising youth on probation. Youth who are at imminent risk, or have a current placement order, are required to have case plans prepared and utilized for supervision. The information gained from the CANS is instrumental to locating objectives and goals for the youth and family case plan and should be used to guide discussions during CFT meetings. CFT meetings should be where the development of tailored case plan objectives takes place. These discussions should be used to find and create case plan objectives collaboratively in a shared decision process. Case plans should be comprehensive and needs-based, not symptoms-based. Case plan objectives should be reviewed regularly at CFT meetings and adjusted as necessary to help the youth achieve the goals created by themselves and their family.

Imminent risk youth should have a pre-placement case plan completed and updated at least every six months. Updates can take place more often if needed and should be updated based on information gained from the youth and family in the CFT meeting. If placement is being requested for any youth, a CFT meeting and placement case plan shall be completed prior to any recommendation to the Court.

Placement youth and NMDs are required to have a placement case plan completed at every review. Placement CFT meetings need to be completed every three months if the youth is placed in a Short Term Residential Therapeutic Program (STRTP). As with Imminent risk youth, case plans should reflect issues with the youth and be revised as needed to reflect the needs identified in the CFT.

The effectiveness of a case plan is correlated to the information in it. Case planning must be grounded in family members' perspectives, and the CFT process provides a perfect opportunity to create a meaningful and effective case plan that strives to provide options and choices that reflect the values and preferences

of the family. This in-turn will provide the Deputy Probation Officer a way to decrease the possibility of removal from the home or reduce the time a youth is in placement.

## **Types of CFT meetings**

While all CFT meetings are made up of the same types of individuals and run in a similar manner, there are three distinct categories for CFT meetings:

1. **Pre-Placement CFT meetings**  
CFTs for all youth who are found to be at imminent risk of removal from the home.
2. **Placement CFT meetings**  
CFTs for youth currently on a placement order, whether at a placement or not.
3. **Non-Minor Dependent CFT meetings**  
CFT meetings for NMDs who are between the ages of 18 and 21 and are still under a placement order with the Court.

When a CFT meeting is conducted, the following elements should be part of the CFT meeting practice to help the youth and family be included in the process and decision making:

- Open by getting to know the youth - take opportunity to pick up on the youth's personal issues that need to be addressed.
- Note the interactions/conflict between the youth and parent/guardian for further information.
- Discuss the youth's strengths to make sure the youth has a reason to buy in to the CFT process.
- Set the group's mission and youth's goals.
- Have the youth identify their needs.
- Prioritize the youth's needs.
- Action/safety planning - Consider all real or hypothetical scenarios that youth can encounter and make a plan that the youth can agree is possible for them to consider when they encounter any problems.
- Commitments.
- Evaluation at the end of each meeting.
- Progressively work with the youth toward operating with greater autonomy.
- Consider having the youth facilitate the meetings.
- Plan for "relapse."
- Transfer responsibility from CFT members to the youth and family.
- Decrease frequency of meetings when appropriate.
- Plan for closure.

### **A. Pre-Placement CFT meetings (Imminent Risk Youth)**

Monterey County Department of Social Services and Probation have contracted with Seneca Family of Agencies to schedule, coordinate/conduct and provide a summary of the CFT meeting. They will also gather family finding information from the CFT for use by the Deputy Probation Officer. If there are changes to these services, the protocol will be updated to reflect them.

CFT meetings should be utilized as often as needed to help the at-risk youth and family.

Any team member may request a CFT meeting to:

- Address or prevent a crisis.
- Track and adjust case plan to best ensure safety and well-being of youth.

A CFT meeting must occur prior to any request for placement.

1. **Set up CFT meetings**
  - DPO Contacts Probation Scheduler (Juvenile Special Services PA).
  - DPO sends the Scheduler the Child and Family Team Facilitation Request Form that includes 3 possible dates and times for the DPO, BH-Therapist, and Parent(s)/Youth on the referral.
  - Probation Scheduler contacts Seneca Scheduler by emailing Facilitation Request form ([CFTPartnership@senecacenter.org](mailto:CFTPartnership@senecacenter.org)).
  - Seneca sends and confirms the attendance of all participants via calls/emails and includes Probation Scheduler to track all Pre-CFT meetings.
  - Preventative Child Family Team (PCFT) Or Emergent CFT meeting is scheduled.
  
2. **Conducting CFT Meeting**
  - The meeting will be facilitated by Seneca, the officer should ensure that the following is included in the process:
    - The meeting focuses on the youth and family needs.
    - The youth and family have input and voice relating to the issues they are experiencing as well as solutions to address their needs.
    - It should not focus on criminal or probation violations or non-compliance of youth or family.
    - Meeting should create a plan and timelines to provide support to the youth and family.
    - Participants are to agree with the identified strengths, needs and proposed case plan goals.
  
3. **Continuing CFT meetings**
  - CFT meetings should be continued until the youth is no longer at risk of removal from the home.
  - The officer will coordinate additional meetings with Seneca and the family and should be scheduled at the current CFT meeting.
  - The officer should ensure that action plans created in the CFT meeting are being utilized. If not, the officer will need to bring up at next meeting what barriers are preventing the youth or family from completing the plan.

## **B. Placement CFT meetings**

A CFT meetings must occur at least every 90 days.

Any team member may request a CFT meeting to:

- Address or prevent a crisis.
- Track and adjust the plan to best address safety, permanency, and well-being.
- For other planning or prevention reasons as needed.



1. **Set up CFT meetings**
  - Team member requesting CFT meeting will contact assigned DPO.
  - DPO will contact Team to determine appropriate date, place and time of CFT meeting.
    - Assist with meeting location or technology arrangements.
  - Ensure that all members are aware and available for CFT meeting.
2. **Conducting CFT Meeting**
  - Therapist must participate otherwise it is not a CFT meeting.
  - Children's Behavioral Health/Placement therapist will facilitate the CFT meeting.
  - Explain purpose of CFT meeting.
    - Assist in leading discussion.
    - Keep notes.
    - Action items clearly identified and assigned.
  - DPO will enter CFT meeting notes to Smart Probation within 4 days.
    - CFT meetings do not count as face to face contacts and must be a separate note in SMART Probation from face to face contacts.
    - CFT meetings will be entered into CWS/CMS by data entry keeper.
3. **Continuing CFT meetings**
  - CFT meetings should be continued at least every 90 days or as needed.
  - The officer will coordinate additional meetings with CFT and placement program.
  - The officer should ensure that action plans created in the CFT meeting are being utilized. If not, the officer will need to bring up at next meeting on what barriers are preventing the youth or family from completing the plan.

## **C. NMD CFTs Meetings**

1. **Set up CFT meetings**
  - DPO will schedule CFT meeting with NMD.
  - NMD will determine composition of CFT.
2. **Conducting CFT meetings**
  - DPO will facilitate CFT meeting.
  - DPO will enter CFT meeting notes to Smart Probation within 4 days.
  - CFT meetings do not count as face to face contacts and must be a separate note in SMART Probation from face to face contacts.
3. **Continuing CFT meetings**
  - CFT meeting needs to take place at least every 90 days or as needed.

## Attachment 5

## Monterey County Probation Department Interagency Placement Committee (IPC) and Wraparound Protocols

### Probation IPC Purpose

The Probation Interagency Placement Committee (IPC) is a multi-agency, multi-disciplinary team that consists of Probation Staff, Educational Liaison, Department of Social Services, Behavioral Health Services and Public Health Nurse. The IPC reviews and evaluates the needs of youth who come under the jurisdiction of the Juvenile Court and the Probation Department for 241.1WI evaluations, and where Short Term Residential Therapeutic Program (STRTP) placement/Foster Care are contemplated or have been ordered. The IPC will make recommendations with the goal of accessing the least restrictive and most appropriate available services for minors and their families in accordance with California law and regulations, Monterey County policies and contract requirements, and clinical/professional best practices guidelines. The IPC meets every Monday in the upstairs Conference Room at the Juvenile Division. [IPC Flowchart](#)

### Special Services Reviewer

The Special Services Reviewer (SSR) of the Juvenile Special Services Unit shall screen every case prior to the presentation of the case to IPC or for 241.1WI/STRTP/WRAP services. Staff will need to complete the Inter-Agency Placement Screening Level of Care Assessment form prior to the SSR review. Exceptions must be approved by the Juvenile Special Services Probation Services Manager or designee.

Consideration for placement in a STRTP requires the following to proceed:

1. The youth is currently identified at imminent risk of removal.
2. CFTs have been conducted as part of supervision.
3. A valid pre-placement case plan is in effect.
4. The youth has an open case with Children's Behavioral Health or active case where mental health services are being provided, (e.g. AB 3015, ICT, Door to Hope, School Based).
5. Juvenile Intake cases as appropriate.
6. Emergency removal considerations may be reviewed on a case by case basis and require Juvenile Probation Division Manager/Administrative approval.

### A. Short-Term Residential Therapeutic Program (STRTP)

1. Referral to IPC
  - a. The assigned Deputy Probation Officer (DPO) must contact the Juvenile Special Services SSR no later than noon on the Friday prior to the next IPC meeting to request that a case be presented and screened. The DPO must provide the Inter-Agency Placement Screening Level of Care Assessment form outlining minor's probation status, assistance needed, CFTs completed, services provided and reason for placement. The DPO should be prepared to answer additional informational questions from the SSR.
  - b. If accepted, the DPO's case will be placed on the next available Probation IPC meeting date.
  - c. The DPO shall request the presence of the CBH therapist assigned to the minor.
  - d. The DPO must bring 8 copies of the Inter-Agency Placement Screening Level of Care Assessment form to the IPC meeting. If meeting is held via videoconferencing, DPO must supply a digital version to the SSR by the Friday before the scheduled IPC.

- e. Copies of forms and identifying information on any case presented may not be removed from the room by providers, unless assigned to the case (per the Health Insurance Portability and Accountability Act, HIPAA).
- f. The DPO, PSM, or a designee (who is knowledgeable of the case) must be present at the IPC meeting so that there can be meaningful dialogue regarding the minor's case plan and the proposed recommendation. The emphasis of the presentation should be a thorough analysis to support the dispositional recommendation. The DPO will work together to notify collaborative partners who are involved with the case and the custodial parent/legal guardian with the IPC date/time for the opportunity to give their input. Telephone conference calls will be allowed with approval of the IPC Chairperson/PSM.

## 2. Initial STRTP Approval

### a. IPC approval

- Minor must meet criteria for Specialty Mental Health Services (SMHS).
- Minor and Family Team Meeting must have discussed placement options.
- There should be evidence that a least restrictive alternative is not a safe option for the minor.
- IPC must review what the STRTP being considered will do to address the needs of the minor.
- IPC must discuss options for stepdown from STRTP.
  - Approve with a discharge plan in mind.

### b. Upon approval DPO is authorized to make a recommendation for placement in an STRTP.

- DPO finalizes placement case plan and TILP objectives, if applicable, with CFT/IPC input and is to be submitted with dispositional report.
- Approval does not guarantee acceptance to a particular program, but rather a recommendation for the type of treatment services based on the specific needs of the minor.

### c. If NOT approved for out of home removal, case is returned to supervision with updated pre-placement case plan objectives and CFTs will continue.

## 3. STRTP Extension

When minor is placed at a STRTP, the DPO must present the case to the IPC for re-assessment every 6-months. If the IPC determines the minor needs to continue in placement, the Juvenile Probation Division Manager must authorize the continued placement. Staff are to utilize the tickler function in Smart Probation to ensure internal compliance with this mandate.

The DPO must contact the Juvenile Special Services SSR and ask that the extension request be placed on the IPC calendar. The DPO should be prepared to explain why they are requesting an extension and the needs of the minor that require it. If approved, the case will be added to the next IPC date.

### a. IPC Approval

- DPO shall complete STRTP/WRAP Re-Assessment form and bring 8 copies to the IPC meeting. If meeting is held via videoconferencing, DPO must supply a digital version to the SSR by the Friday before the scheduled IPC.
- Minor must continue to need intensive mental health services in a STRTP setting.

- Most current mental health assessment and treatment plan should be available for IPC to review.
- IPC must review mental health needs and treatment plan to address current needs.
- IPC must discuss options for stepdown from STRTP.
  - The placement may only be approved with a discharge plan in mind.

#### Second Level Approval for an Extension

##### b. Approval from Juvenile Probation Division Manager

- The Juvenile Probation Division Manager must approve all STRTP placement, as recommended by the CFT.
- After approval by IPC, the DPO shall complete and submit the STRTP/WRAP Re-Assessment form to the Juvenile Division Director to request an extension.

#### 4. Tracking

- a. Recommendations will be recorded on the Interagency Placement Committee Recommendations form (triplicate form and copies are maintained in the Juvenile Special Services Unit) (**Attachment 3**). The original is given to the DPO, one copy given to CBH, and one copy is filed alphabetically in the IPC Binder. This binder is maintained by the PSM. SSR will scan the IPC Recommendations Form and Placement Referral Form or STRTP Re-Assessment form and in collated file.

### B. Wraparound

Wraparound is available to provide additional support to families in two cases:

- a. To prevent removal from the home when all other resources available have failed.
- b. To support the family and minor when returning home from a placement.

#### Wraparound Flowchart

Consideration for placement for wraparound services requires the following to proceed:

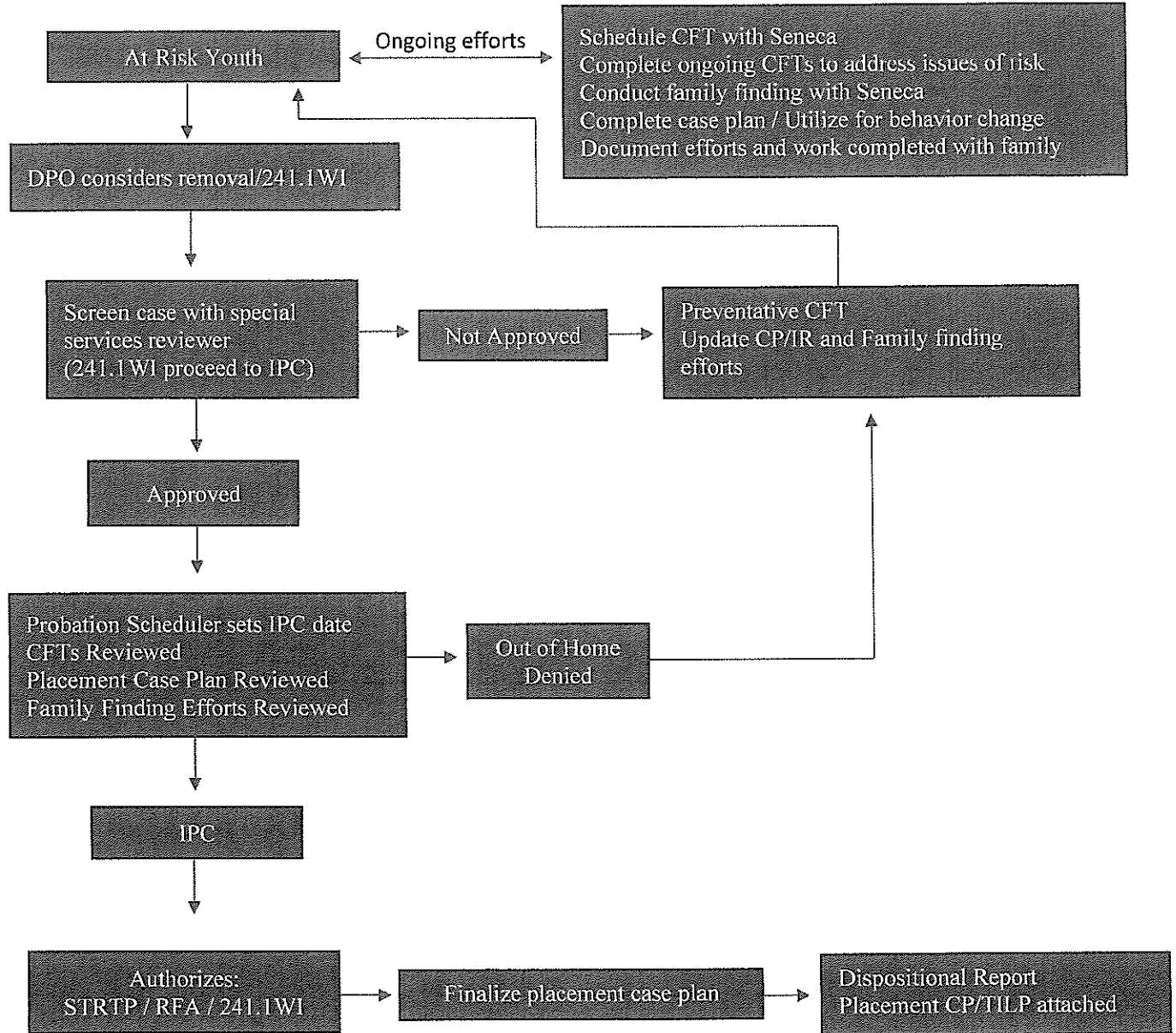
1. The youth is currently identified at imminent risk of removal.
2. CFTs have been conducted as part of supervision.
3. A valid pre-placement case plan is in effect.
4. The youth has an open case with Children's Behavioral Health or active case where mental health services are being provided, (e.g. AB 3015, ICT, Door to Hope, School Based).

Exception to the above requirements may be reviewed on a case by case basis and require Juvenile Probation Division Manager approval.

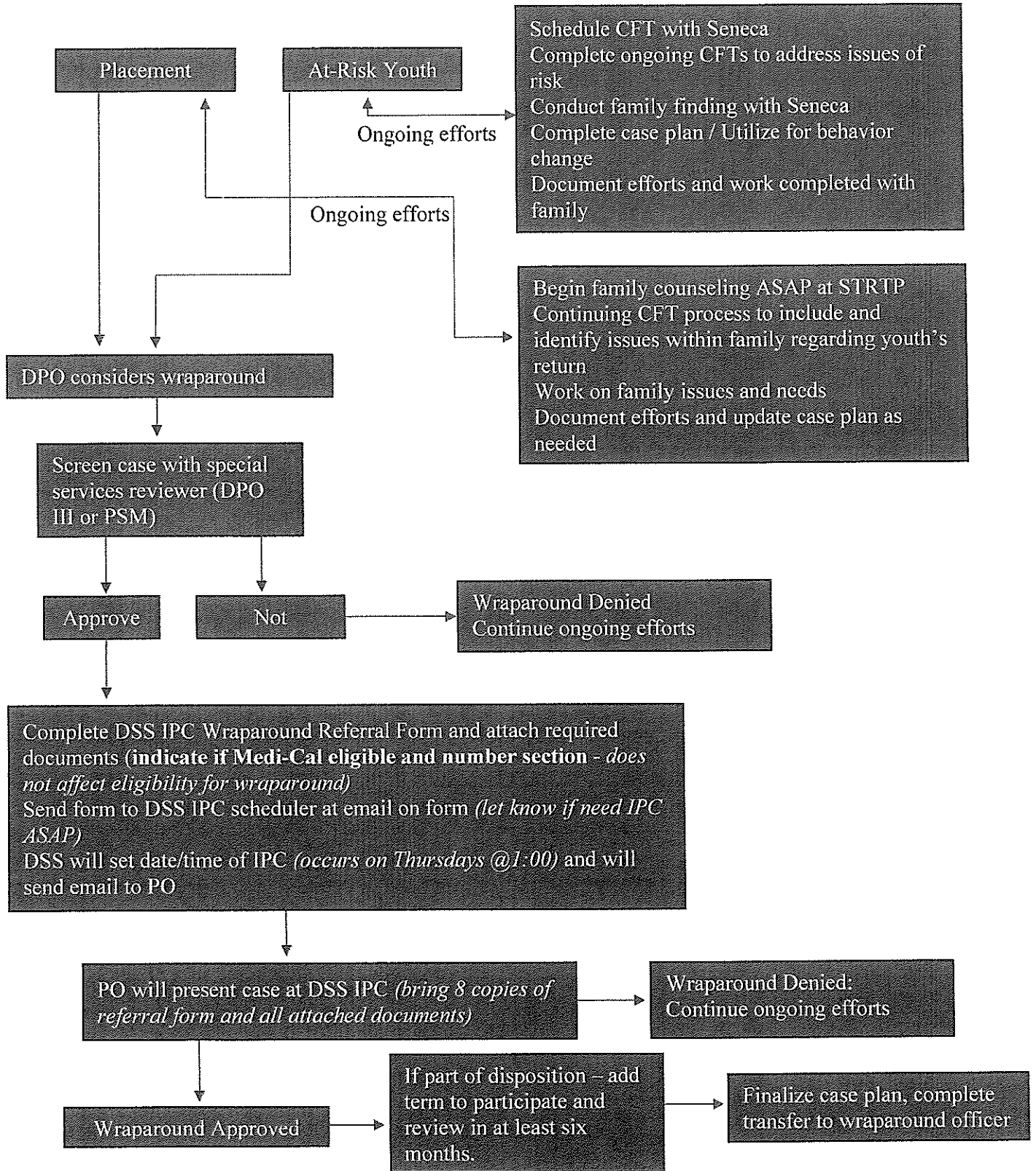
The assigned Deputy Probation Officer (DPO) must contact the Juvenile Special Services SSR to request that a case be presented and screened. The DPO will complete a Wraparound referral form and must provide the name, date of birth, probation status of minor, assistance needed, CFTs completed, services provided and reason for wraparound. The DPO should be prepared to answer additional informational questions from the screener (all wraparound cases are screened and approved at the Department of Social Services IPC every Thursday at 1:00 p.m.). As part of the referral process the DPO must determine if the minor has MediCal and obtain the MediCal number. If the minor does not have MediCal the DPO must staff the case with the Juvenile Probation Division Manager prior to staffing with SSR.

1. Referral to DSS IPC (DSS IPC)
  - a. After review and approval of PSM or DPO III, the assigned DPO must phone or email the Department of Social Services Resource Support Unit (RSU) Supervisor or Placement Resource Liaison (501-FCS-Placement-RSU@co.monterey.ca.us) no later than noon on the day prior to the next IPC meeting to request that a case be presented. The phone call or email must include the name, date of birth, current placement status of the minor, and assistance needed.
  - b. The DSS Placement Resource Liaison will advise the DPO or therapist of the next available DSS IPC meeting date. Consideration will be given to cases that need immediate attention (e.g. Wraparound needed ASAP to avoid placement, etc.).
  - c. The DPO will submit the Wraparound referral form to the Placement Resource Liaison by noon on the day prior to the IPC meeting, and bring 8 copies to the DSS IPC meeting. One copy of any other important information (i.e. court report, psychosocial assessment, etc.) should also be provided at the meeting. If meeting is held via videoconferencing, DPO must supply a digital version to the SSR when submitting.
  
2. Wraparound Approval
  - a. Upon approval, all paperwork and information about the family will be given to the Wraparound service provider at the end of the DSS IPC meeting. The Wraparound service provider will attempt to make initial contact with the family within 24 hours of receiving the referral at DSS IPC.
  - b. A family may be enrolled in Wraparound for 11 months.
  
3. Wraparound Denied
  - a. DPO will continue to work with youth and family.
  - b. CFTs should be conducted to identify additional supports or discuss supports provided at DSS IPC.
  
4. Tracking and Extensions
  - a. Recommendations will be recorded on the Interagency Placement Committee Recommendations form (triplicate form and copies are maintained in the DSS RSU). The original is given to the DPO, one copy given to CBH, and one copy is filed alphabetically in the IPC Binder. This binder is maintained by the DSS RSU.
  - b. The Wraparound service provider shall notify the Placement Resource Liaison if it appears a family will need to continue with Wraparound past the 11-month period. This notification shall occur 30 days prior to the 11-month expiration.
    - Upon notification, the Placement Resource Liaison shall contact the assigned DPO to schedule a DSS IPC meeting for a Wraparound extension request.
    - DSS IPC must approve a Wraparound extension every 3 months, not to exceed 24 months without approval from the Probation Division Manager and FCS Deputy Director.
  - c. If the Wraparound service provider has not contacted the Placement Resource Liaison 30 days prior to expiration, the Placement Resource Liaison will follow up with the assigned DPO to verify that Wraparound services will terminate.

### IPC Flowchart



## Wraparound Flowchart



# IPC Committee Recommendation

## INTERAGENCY PLACEMENT COMMITTEE RECOMMENDATIONS

MINOR'S NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEETING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SW / PO: \_\_\_\_\_

CASE NO. \_\_\_\_\_ Dispo Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ MH# \_\_\_\_\_

AT RISK DATE: \_\_\_\_\_ OYAS DATE: \_\_\_\_\_

PLACEMENT SUPPORTED / RECOMMENDATIONS:

1. \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

2. \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

3. \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

COMMITTEE'S RECOMMENDATIONS: \_\_\_\_\_

MENTAL HEALTH / HEALTH TREATMENT ISSUES: \_\_\_\_\_

DRUG AND ALCOHOL ISSUES: \_\_\_\_\_

EDUCATION ISSUES: \_\_\_\_\_

JUVENILE JUSTICE ISSUES: \_\_\_\_\_

DEPENDENCY ISSUES: \_\_\_\_\_

OTHER ISSUES: \_\_\_\_\_

ALTERNATIVES TO PLACEMENT RECOMMENDED:

DJJ     3015     FOSTER CARE     OTHER COMMUNITY RESOURCES

ADDITIONAL INFORMATION NEEDED: \_\_\_\_\_

REVIEW ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
COMMITTEE CHAIR

Original: Probation Officer

Yellow: Probation Supervisor

Pink: Placement Committee Chairperson

255-INTERAGENCY PLACEMENT COM REC 6-07, PDS

Rev October 7, 2016



# Family and Children's Services (FCS) Program Directive

PD Number: 20-01  
Implementation Date: Upon Receipt  
Filing Section: Placement  
Replaces PD: 13-01

## Interagency Placement Committee (IPC)

Distribution: FCS Managers/ Supervisors  
FCS Social Work Staff

References: [ACL 17-122](#)

Contact Person	Chelsea Chacon	Programs/Service Components	<input type="checkbox"/> ER	<input type="checkbox"/> VFM/FS	<input type="checkbox"/> Court	<input type="checkbox"/> FR/FRP	<input type="checkbox"/> PP	<input type="checkbox"/> Adoptions
Extension #	8596		<input checked="" type="checkbox"/> ALL	<input type="checkbox"/> Other: (please list)				

### Summary

The following procedures describe the Family and Children's Services (FCS)/Children's Behavioral Health (CBH) Interagency Placement Committee (IPC) and its role in supporting placements, accessing Short-Term Residential Therapeutic Programs (STRTP), and identifying other resources.

### Policy

The IPC will serve as a problem-solving, supportive consultation forum for any FCS, Probation, or CBH case manager who sees a child who needs a placement resource. The co-chairs of the committee are the Supervisor, or designee, of the FCS Resource and Support Unit (RSU) and the Supervisor or Program Manager from the CBH FAST Team. Members shall include a representative from CBH, FCS RSU, Probation, Wraparound providers, Court Appointed Special Advocate (CASA), and Monterey County Office of Education (MCOE).

Presentation and discussion at the IPC is **mandatory** for the following situations:

- Initial STRTP placements and any subsequent change to a STRTP
- STRTP services for youth 12 and older
- Referrals for Intensive Services Foster Care (ISFC) placements
- Referrals for Wraparound services from FCS, CBH, and Probation
- Referrals for Active Supportive Intervention Services for Transition (ASIST)

The following situations are highly recommended for presentation and discussion:

- Support needed to prevent placement disruption
- Coordination between DSS and Children's Mental Health System of Care

### Procedures

The IPC meets every Thursday at the Life Foundation Building in a FCS conference room in Salinas.

- A. Short-Term Residential Therapeutic Program (STRTP)
  1. Approval from FCS Deputy Director

- a. When the assigned FCS Social Worker (SW) is considering that a youth receive STRTP services, the SW must obtain approval from the FCS Deputy Director first.
  - b. The SW will justify this request to the SW's supervisor who will seek approval from the Program Manager. Upon approval from the Program Manager, the SW shall contact the Administrative Review Officer to schedule a Utilization Review meeting. The Utilization Review panel must include the Administrative Review Officer, the SW, the Supervisor, the Program Manager, and the Deputy Director.
  - c. Upon approval from the Deputy Director, the SW Supervisor will schedule a Child and Family Team (CFT) meeting and invite the assigned SW from the Resource Support Unit (RSU). If the assigned RSU SW is unknown, email the CFT meeting information to [501-FCS-Placement-RSU@co.monterey.ca.us](mailto:501-FCS-Placement-RSU@co.monterey.ca.us).
  - d. The assigned RSU SW will complete the RSU Placement Information Summary form during the CFT meeting (**Attachment 1**).
  - e. If the CFT decides that STRTP services are necessary, the SW supervisor shall complete the STRTP Approval Memorandum (**Attachment 2**) and update the case plan. The case plan must include the following requirements:
    - The placement is for purposes of providing short-term, specialized and intensive treatment;
    - The need for, nature of, and anticipated duration of this treatment;
    - The projected timeline for the child to transition to a less restrictive environment; and
    - A detailed visitation plan for youth and family members, or potential step down family, while placed in a STRTP.
  - f. The SW supervisor shall submit the STRTP Approval Memorandum (**Attachment 2**) and case plan to the Deputy Director and have the document signed prior to the IPC meeting.
  - g. The Administrative Review Officer will schedule the next Utilization Review meeting 30 days from the approval date on the memorandum.
  - h. The FCS Deputy Director shall appoint a designee in the event that he or she is not available at any point during the STRTP approval process.
2. Referral to IPC
- a. Upon approval from the FCS Deputy Director, the SW must phone or email the RSU Supervisor no later than noon on the day prior to the next IPC meeting to request that a case be presented. The phone call or email must include the name, date of birth, current placement status of child, and assistance needed.
  - b. The RSU Supervisor will advise the SW of the next available IPC meeting date. Consideration will be given to cases that need immediate attention (e.g. placement at a STRTP within 24 hours, Wraparound needed ASAP to preserve placement, etc.).
  - c. The SW shall request the presence of the CBH therapist assigned to the youth.
  - d. The assigned RSU SW must bring eight copies of the RSU Placement Information Summary (**Attachment 1**) to the IPC meeting for the attendees. The SW shall bring a copy of the signed STRTP Approval Memorandum (**Attachment 2**) to the IPC meeting for the RSU Supervisor.
  - e. Copies of forms and identifying information on any case presented may not be removed from the room by providers, unless assigned to the case (per the Health Insurance Portability and Accountability Act, HIPAA).
3. Initial STRTP Approval at IPC
- a. The youth must meet criteria for Specialty Mental Health Services (SMHS).
  - b. The CFT must be in agreement with the youth receiving STRTP services, and the STRTP services must be approved by the FCS Deputy Director.

- c. There should be evidence that a lower level of care is not a safe option for the child.
  - d. IPC must review what the STRTP will do to address the mental health needs of the child with clear expectations from for the STRTP provider.
  - e. IPC must review the current visitation plan and discuss the strategy to continue visitation with the youth is receiving STRTP services.
  - f. IPC must query the SW to ascertain whether or not a presumptive transfer or waiver has been discussed at a CFT meeting and that a determination that best fits the needs of the child has been made.
    - When a waiver is sought, a discussion with CBH must take place to ensure contract capacity.
  - g. IPC must discuss transition options and create a plan for the youth to step down from STRTP services. **STRTP services should only last until treatment goals are met and shall not exceed 90 days.**
4. STRTP Services past 30 days
- a. In order for the youth to continue to receive STRTP services past 30 days, the following requirements must be met:
    - All youth receiving STRTP services shall be reviewed by the Utilization Review panel every 30 days;
    - The SW must present the youth's treatment plan and stepdown plan at every Utilization Review meeting;
    - The SW must show that circumstances beyond the County's control have prevented the County from obtaining those services and supports within the timeline documented in the case plan;
    - The youth must be making significant progress and need 30 more days for a smooth transition; and
    - The Utilization Review panel must be in agreement with continued STRTP services.
  - b. Upon approval by the Utilization Review panel, the SW shall submit an updated STRTP Approval Memorandum (Attachment 2) and case plan to the Deputy Director.
  - c. The Administrative Review Officer will schedule the next Utilization Review meeting 30 days from the approval date on the memorandum. **STRTP services should only last until treatment goals are met and shall not exceed 90 days.**
  - d. The FCS Deputy Director shall appoint a designee in the event that he or she is not available at any point during the STRTP approval process.
5. Tracking
- a. Recommendations will be recorded on the Interagency Services Committee Recommendations Form (Attachment 3) - triplicate form and copies are maintained in the RSU). The original given to the SW, one copy given to CBH, and one copy filed alphabetically in the IPC Binder that is maintained by RSU. The SW shall upload the recommendation form into CMS.
  - b. Every youth approved for STRTP services will be reviewed every 30 days with the Administrative Review Officer, the SW, the SW Supervisor, the Program Manager, and the Deputy Director. No extensions granted beyond 90 days of STRTP services.

## B. Intensive Services Foster Care (ISFC)

- 1. Approval from the FCS Deputy Director
  - a. When the assigned FCS Social Worker (SW) is considering that a youth receive ISFC services, the SW must obtain approval from the FCS Deputy Director first.

- b. The SW will justify this request to the SW's supervisor who will seek approval from the Program Manager. Upon approval from the Program Manager, the SW shall contact the Administrative Review Officer to schedule a Utilization Review meeting. The Utilization Review panel must include the Administrative Review Officer, the SW, the Supervisor, the Program Manager, and the Deputy Director.
  - c. Upon approval from the Deputy Director, the SW Supervisor will schedule a Child and Family Team (CFT) meeting and invite the assigned SW from the Resource Support Unit (RSU). If the assigned RSU SW is unknown, email the CFT meeting information to [501-FCS-Placement-RSU@co.monterey.ca.us](mailto:501-FCS-Placement-RSU@co.monterey.ca.us).
  - d. The assigned RSU SW will complete the RSU Placement Information Summary form during the CFT meeting (**Attachment 1**).
  - e. If the CFT decides that ISFC services are necessary, the SW will schedule a IPC meeting:
    - The SW will notify the RSU Supervisor. The RSU Supervisor will advise the SW of the next available IPC meeting date with consideration given to cases that need immediate attention (e.g. placement at a STRTP within 24 hours, Wraparound needed ASAP to preserve placement, etc.).
    - The SW shall request the presence of the CBH therapist assigned to the youth.
    - The assigned RSU SW must bring 8 copies of the RSU Placement Information Summary (**Attachment 1**) to the IPC Meeting.
    - Copies of forms and identifying information on any case presented may not be removed from the room by providers, unless assigned to the case (per the Health Insurance Portability and Accountability Act, HIPAA).
  - f. The Administrative Review Officer will schedule the next Utilization Review meeting every 30 days that the child is receiving ISFC services.
  - g. The FCS Deputy Director shall appoint a designee in the event that he or she is not available at any point during the ISFC approval process.
2. Approval of ISFC
- a. The RSU Supervisor shall take the SB969 ISFC Agreement (**Attachment 4**) to the IPC meeting. Upon approval, the agreement shall be signed by the FCS and CBH co-chairs and given to the SW.
  - b. After the IPC meeting, the SW and SW Supervisor shall sign the SB969 ISFC Agreement (**Attachment 4**) and send to the identified Foster Family Agency (FFA) to sign.
  - c. When the SW receives the signed SB969 ISFC Agreement (**Attachment 4**) from the FFA, the SW will provide a copy to the RSU Supervisor. The agreement shall also be included as an attachment to the 285G Placement Change Form when the placement paperwork is submitted to the FCS placement clerk.
  - d. The ISFC provider will complete a thorough assessment of the child and, if there is a discrepancy, the provider will work with the assigned SW and RSU Supervisor on a final determination.
  - e. The ISFC provider shall provide a copy of the completed assessment that outlines the needs of the child and services.
3. Tracking
- a. Recommendations will be recorded on the Interagency Services Committee Recommendations Form (**Attachment 3** - triplicate form and copies are maintained in the RSU). The original given to the SW, one copy given to CBH, and one copy filed alphabetically in the IPC Binder that is maintained by RSU. The SW shall upload the recommendation form into CMS.

- b. Every youth approved for ISFC services will be reviewed every 30 days with the Administrative Review Officer, the SW, the SW Supervisor, the Program Manager, and the Deputy Director.
- c. The RSU Supervisor will contact the SW to schedule an IPC meeting every 6 months. In order for the child to continue to receive ISFC services, the SW must provide IPC an ISFC justification letter from the Foster Family Agency.

### C. Wraparound

#### 1. Referral to IPC

- a. The assigned SW, probation officer, or therapist must phone (831-755-4475) or email the Resource Support Unit (RSU) Supervisor (~~501-FCS-Placement-RSU@co.monterey.ca.us~~) no later than noon on the day prior to the next IPC meeting to request that a case be presented. The phone call or email must include the name, date of birth, current placement status of child, and assistance needed.
- b. The RSU Supervisor will advise the SW or therapist of the next available IPC meeting date. Consideration will be given to cases that need immediate attention (e.g. placement at a STRTP within 24 hours, Wraparound needed ASAP to preserve placement, etc.).
- c. The SW, probation officer, or therapist will complete a Monterey County Wraparound Referral FCS 27047 (Attachment 5), submit the referral to the RSU Supervisor by noon on the day prior to the IPC meeting, and bring 8 copies to the IPC meeting. *One copy of any other important information (i.e. court report, psychosocial assessment, etc.) should also be provided at the meeting.*
  - If the youth does not have a case open with CBH, the RSU Supervisor will forward the Wraparound referral to the CBH IPC co-facilitator prior to the IPC meeting.
- d. Copies of forms and identifying information on any case presented may not be removed from the room by providers, unless assigned to the case (per the Health Insurance Portability and Accountability Act, HIPAA).

#### 2. Wraparound Approval

- a. Upon approval, all paperwork and information about the family will be given to the Wraparound service provider at the end of the IPC meeting. The Wraparound service provider will attempt to make initial contact with the family within 24 hours of receiving the referral at IPC.
- b. The RSU Supervisor will forward a copy of the approved referral to the Administrative Services Branch.
- c. The SW, probation officer, or therapist must obtain approval from IPC every 6 months that the family is receiving Wraparound.

#### 3. Tracking and Extensions

- a. Recommendations will be recorded on the Interagency Placement Committee Recommendations Form (Attachment 3 - triplicate form and copies are maintained in the RSU). The original is given to the SW, one copy given to CBH, and one copy is filed alphabetically in the IPC Binder that is maintained by the RSU. The SW shall upload the recommendation form into CMS.
- b. The RSU Supervisor will reach out to the assigned SW, probation officer, or therapist to schedule the next IPC meeting 6 months after the initial Wraparound approval and every 6 months thereafter.
- c. If an extension is needed, an IPC meeting will be scheduled, and the SW, probation officer, or therapist will submit an updated Monterey County Wraparound Referral FCS 27047 (Attachment 5) to the RSU Supervisor (~~501-FCS-Placement-~~

[RSU@co.monterey.ca.us](mailto:RSU@co.monterey.ca.us)) by noon on the day prior to the scheduled IPC meeting. The SW, probation officer, or therapist will bring 8 copies of the referral to the IPC meeting. One copy of any other important information (i.e. court report, psychosocial assessment, etc.) should also be provided at the meeting.

- d. For Wraparound extensions past 24 months, the SW, probation officer, or therapist must receive approval from their assigned Deputy Director prior to scheduling an IPC meeting.
- e. The RSU Supervisor will track all Wraparound referrals and outcomes on the WRAP Data Excel spreadsheet located in the Placement Searches database.

**D. Active Supportive Intervention Services for Transition (ASIST)**

1. Referral to IPC

- a. The assigned SW or probation officer must complete the ASIST Referral (Attachment 6) and submit it to the RSU Supervisor by emailing [501-FCS-Placement-RSU@co.monterey.ca.us](mailto:501-FCS-Placement-RSU@co.monterey.ca.us).
- b. The RSU Supervisor shall contact the assigned SW or probation officer to schedule a presentation of the case at the next available IPC meeting. Consideration will be given to cases that need immediate attention (e.g. placement at a STRTP within 24 hours, Wraparound needed ASAP to preserve placement, etc.).
- c. The SW or probation officer will request the presence of the CBH therapist assigned to the case, if applicable.
- d. The SW or probation officer must bring 8 copies of the ASIST Referral to the IPC meeting.
- e. Copies of forms and identifying information on any case presented may not be removed from the room by providers, unless assigned to the case (per the Health Insurance Portability and Accountability Act, HIPAA).

2. ASIST Approval and Tracking

- a. Recommendations will be recorded on the Interagency Placement Committee Recommendations Form (Attachment 3) - triplicate form and copies are maintained in the RSU). The original is given to the SW, one copy given to CBH, and one copy is filed, alphabetically, in the IPC Binder. This binder is maintained by the RSU.
- b. Once a case has been approved for ASIST, the assigned SW or probation officer must attend IPC every 60 days to provide updates on transition plan.
- c. The RSU Supervisor will reach out to the assigned SW or probation officer to schedule the next IPC meeting. This meeting may correspond with the IPC meeting to continue approval of the STRTP placement.

## Attachments

---

Attachment 1: RSU Placement Information Summary

Attachment 2: STRTP Approval Memorandum

Attachment 3: Interagency Placement Committee Recommendations Form

Attachment 4: SB969 ISFC Agreement

Attachment 5: Monterey County Wraparound Referral FCS 27047

Attachment 6: ASIST Referral

//Original Signature on File//

8/25/20

Laura Neal

Date

Deputy Director, Family and Children’s Service

## RSU Placement Information Summary

<b>Date:</b>	<b>Person Completing Summary:</b>	
<b>CASE BACKGROUND INFORMATION</b>		
<b>Family Name:</b>	<b>Child's Name:</b>	<b>Child's DOB:</b>
<b>RSU Worker:</b>	<b>Assigned SW:</b>	<b>SW Supervisor:</b>
<b>CFTM:</b> <input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Subsequent</b>	<b>Reason for CFTM:</b>	<b>Previous CFTM date:</b>
<b>Decision/Recommendations from CFTM:</b>		
<b>Concern/Reason for Placement:</b>		
<b>Current Behaviors of Child:</b>		
<b>Siblings (include placement information):</b>		
<b>Relatives/Kin (list and include relationship):</b>		
<b>Previous Assigned SW:</b>		<b>Past Resource Parent/Placement:</b>
<b>LEGAL INFORMATION</b>		
<b>Upcoming Court Date/Time:</b>		<b>Type of Hearing:</b>
<b>Youth's Criminal History:</b>		
<b>Probation Officer:</b>		
<b>Case Plan Goal:</b> <input type="checkbox"/> <b>Reunification</b> <input type="checkbox"/> <b>Guardianship</b> <input type="checkbox"/> <b>Adoption</b>		
<b>Timeframe for Case Plan Completion:</b>		
<b>COGNITIVE/EDUCATIONAL INFORMATION</b>		
<b>School of Origin:</b>		
<b>Current School Name/Grade:</b>		
<b>Preschool/Headstart Location:</b>		

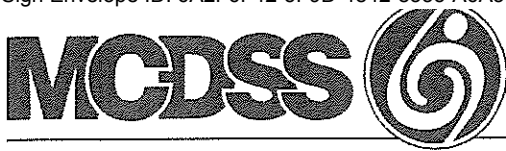
<b>Attendance:</b>	
<b>Has IEP or 504 Plan?:</b>	
<b>Other Special Needs or Services (tutoring, speech, etc):</b>	
<b>Any Additional Info:</b>	
<b>CHILD'S PERSONAL INFORMATION AND CHARACTERISTICS</b>	
<b>List Likes (things child/teen enjoys, etc):</b>	
<b>List Dislikes (things child/teen fears or avoids, etc):</b>	
<b>List Activities (teams, clubs, extra-curricular, etc.):</b>	
<b>List Talents, Interests, Hobbies, etc:</b>	
<b>Nature of Peer Relationship:</b>	
<b>Child/Teen's Strengths:</b>	
<b>Child/Teen's Challenges:</b>	
<b>Religion:</b>	
<b>Languages Spoken:</b>	<b>Preferred Language:</b>
<b>SOCIAL/EMOTIONAL INFORMATION</b>	
<b>Child's Race/Ethnicity:</b>	<b>SOGIE Identification:</b>
<b>Substance Use:</b> <input type="checkbox"/> Use <input type="checkbox"/> Abuse <input type="checkbox"/> Dependency <input type="checkbox"/> N/A	
<b>List Substances:</b>	
<b>Therapist:</b>	<b>Location:</b>
<b>Mental Health Diagnosis:</b>	
<b>Last Psych Evaluation Date/Location:</b>	
<b>Psychotropic Medication:</b>	<b>Date of Last JV-220 Approval:</b>
<b>Self-Harm (please describe):</b>	
<b>Suicidal ideations/attempts (last known date):</b>	



<b>Trafficking (describe):</b>	
<b>Victim Recovery Services (date/location):</b>	
<b>Counseling (frequency, dates/times/location/provider):</b>	
<b>Aggressive with Familiar Adults (describe nature):</b>	
<b>Aggressive with Peers (describe nature):</b>	
<b>Aggressive with Other Adults (describe nature):</b>	
<b>Sexually Reactive (describe behaviors):</b>	
<b>Supervision Needs:</b>	
<b>PHYSICAL HEALTH INFORMATION AND NEEDS</b>	
<b>Primary Doctor:</b>	<b>Last Appt.:</b>
<b>Current Illnesses (describe):</b>	
<b>Ongoing Health Issues (describe):</b>	
<b>Allergies (pets, environmental, foods, etc-describe):</b>	
<b>Urination/Defecation/Bedwetting (describe) :</b>	
<b>Medications (List and provide dosage):</b>	
<b>Dentist:</b>	<b>Last appt:</b>
<b>Dental Concerns:</b>	
<b>Any Dental Appliances (braces, retainer, etc.):</b>	
<b>Vision Doctor:</b>	<b>Last appt:</b>

<b>Vision Concerns:</b>	
<b>Any glasses, contacts, etc.?:</b>	
<b>Hearing Specialist:</b>	<b>Last appt:</b>
<b>Hearing Concerns:</b>	
<b>Hearing Aids?:</b>	
<b>Describe any special personal care needs:</b>	
<b>TEEN NEEDS</b>	
<b>Peers (list friends/contact info):</b>	
<b>Name of Boy/Girlfriend:</b>	
<b>Smoker?:</b>	
<b>Sexually Active:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Birth Control Type/Use:</b>
<b>OB/GYN Name:</b>	<b>Last Appt:</b>
<b>Pregnant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Due Date if known:</b>
<b>Teen Parent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Names, ages and location of Teen Parent's Child(ren):</b>	
<b>Sleeping Patterns/Issues:</b>	
<b>Eating Preferences:</b>	
<b>Community Activities:</b>	
<b>Educational/Vocational Goals:</b>	
<b>NEWBORN/INFANT INFORMATION</b>	
<b>Current Length/Wt.:</b>	<b>Birth Length/Wt.:</b>
<b>Type of Birth:</b> <input type="checkbox"/> C Section <input type="checkbox"/> Vaginal	<b>Hospital Birth:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hospital:</b>
<b>Drug Exposed at Birth:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Positive Toxicology Screens completed:</b>	
<b>Formula Name:</b>	<b>Diaper Size:</b>
<b>Feeding Schedule:</b>	

<b>Sleeping Schedule:</b>
<b>On Target Developmentally:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Describe Specialized Services Receiving and Location:</b>
<b>ADDITIONAL SERVICE LINKAGE AND OTHER INFORMATION</b>
<b>CANS Service Level:</b>
<b>What services is the child/teen receiving now? (type/provider name):</b>
<b>What services are immediately needed by the child/teen?</b>
<b>Day Care or Before/After School Care Needs:</b>
<b>Visitation (describe planned dates/times/location/frequency/supervision needs and what to expect):</b>
<b>Summary of Service Plan for Birth Parents:</b>
<b>Support Services to be offered to resource parents:</b>



**MONTEREY COUNTY**  
DEPARTMENT OF SOCIAL SERVICES

1000 South Main Street, Suite 205  
Salinas, California 93901  
ph (831) 755-4475 fx (831) 755-4438

WORKING TOGETHER FOR OUR COMMUNITY

**Family and Children's Services**  
**Laura Neal, Deputy Director**

### MEMORANDUM

TO: Laura Neal, Deputy Director  
CC: , Supervisor  
FROM: , Social Worker  
DATE:  
SUBJECT: STRTP Approval

#### CASE INFORMATION:

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Service component: Choose an item \_\_\_\_\_ Date of IPC Meeting: \_\_\_\_\_  
Date of last CFT meeting: \_\_\_\_\_ Does the CFT agree with the STRTP placement?  Yes  No

#### TEMPORARY CUSTODY AND DETENTION:

PC date: \_\_\_\_\_ Date of Detention: \_\_\_\_\_ Date of J/D: \_\_\_\_\_

#### PLACEMENT:

**Complete this section for children ages 12 and up:**

*Requesting approval for the following:*

- Initial placement in a STRTP for a length of time not to exceed 3 months
- STRTP Review Panel Meeting (*complete fields below*) – **required every 30 days**  
Date of initial STRTP approval by the Deputy Director: \_\_\_\_\_  
Next STRTP Review Panel Meeting (30 days):  
3 months from date of placement in STRTP:  
*The following are required for approval. Check all that apply:*
  - The county has made progress toward implementation of the case plan that identifies the services/supports necessary to transition the child/youth to a family setting.
  - Circumstances beyond the county's control have prevented the county from obtaining those services/supports within the timeline documented in the case plan.

**Describe why placement (or continued placement) in a STRTP is necessary at this time and the plan for transitioning the child to a less restricted environment:**

**ATTACH CASE PLAN**

The Deputy Director shall approve the case plan prior to initial placement. The case plan must include the following information:

1. The purposes of providing short-term, specialized and intensive treatment.
2. The need for, nature of, and anticipated duration of this treatment.
3. The plan for transitioning the child to a less restricted environment.
4. The projected timeline the child will be transitioned to a less restricted environment.
5. A detailed visitation plan for the youth and family members, or potential step down family, while placed in a STRTP.

Submitted by:

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

The case plan has been attached to this memo and is approved  Yes  No

This placement is: \_\_\_\_\_ **APPROVED** \_\_\_\_\_ **DENIED**

\_\_\_\_\_  
Deputy Director Signature

\_\_\_\_\_  
Date

**INTERAGENCY PLACEMENT COMMITTEE RECOMMENDATIONS**

**MINOR'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEETING DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SW / PO:** \_\_\_\_\_

**J #:** \_\_\_\_\_ **Dispo Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **MH #:** \_\_\_\_\_

**PLACEMENT SUPPORTED / RECOMMENDATIONS:**

1. \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

2. \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

3. \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

**COMMITTEE'S RECOMMENDATION:** \_\_\_\_\_

**MENTAL HEALTH / HEALTH TREATMENT ISSUES:** \_\_\_\_\_

**DRUG AND ALCOHOL ISSUES:** \_\_\_\_\_

**EDUCATION ISSUES:** \_\_\_\_\_

**JUVENILE JUSTICE ISSUES:** \_\_\_\_\_

**DEPENDENCY ISSUES:** \_\_\_\_\_

**OTHER ISSUES:** \_\_\_\_\_

**ALTERNATIVES TO PLACEMENT RECOMMENDED:**

**CYA**  **3015**  **FOSTER CARE**  **OTHER COMMUNITY RESOURCES**

**ADDITIONAL INFORMATION NEEDED:** \_\_\_\_\_

**REVIEW ON:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**COMMITTEE CHAIR**

Original: Probation Officer

Yellow: Probation Supervisor

Pink: Placement Committee Chairperson

## Monterey County DSS – Family and Children’s Services SB969 ISFC Agreement

**Client:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Interagency Placement Committee Approval Date:** \_\_\_\_\_

### ISFC Rate effective July 1, 2020

<b>ISFC RF</b>	<b>\$2,706</b>
Administrative Costs	\$3,482
Social Services and Support	\$ 200
<b>Total</b>	<b>\$6,388</b>

**ISFC Effective Date:** \_\_\_\_\_

Once initially approved by the IPC, the needs and services may be modified by mutual agreement of Monterey County and \_\_\_\_\_ (FFA).

The Level of Care (LOC) Scoring Form is required for approval.  
Is the LOC Scoring Form attached? Yes  No

**Submitted By:**

\_\_\_\_\_  
**Placement Worker**       **DSS**       **Probation**      **Date** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor**       **DSS**       **Probation**      **Date** \_\_\_\_\_

<b>Approved By:</b>	
_____	_____
<b>IPC Co-Chair Signature</b>	<b>Date</b>
_____	_____
<b>IPC Co-Chair Signature</b>	<b>Date</b>

<b>In Agreement of (insert name of FFA) _____ :</b>	
_____	_____
<b>FFA SW/Case Manager Signature</b>	<b>Date</b>
_____	_____
<b>FFA SW Sup./Behavioral Specialist Signature</b>	<b>Date</b>

*Note: Placing Agency Staff must assure DSS/ERS is notified of any rate change via the SOC285G  
 Distribution: CWS/PO Case File/FFA Case File/IPC Case File*

## Monterey County WRAPAROUND REFERRAL

Submit completed referral to 501-FCS-Placement-RSU@co.monterey.ca.us.

<b>Child's Last Name</b>		<b>First Name</b>			<b>Date</b>
<b>DOB:</b>	<b>Age:</b>	<b>Primary Language:</b>	<b>Ethnicity:</b>		
Case Last Name:		Case First Name:			
FC Eligibility Status: Federal (42) <input type="checkbox"/> Non-Federal (40) <input type="checkbox"/> <b>(to be determined by Analyst)</b>					
Current Therapist::	Therapist email address:	Social Security #:	MediCal County:		
MediCal Eligibility: Yes <input type="checkbox"/> No <input type="checkbox"/>		MediCal #:	Current MediCal: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>County Contact</b>					
<input type="checkbox"/> CBH Referral		<input type="checkbox"/> DSS Referral		<input type="checkbox"/> Probation Referral	
<b>Name:</b>		<b>Phone:</b>		<b>Email:</b>	
<b>Child's Current Placement</b>					
Name		Type of placement (e.g. foster home, relative, group home, Juvenile Hall, etc.)			
Street Address		City	State	Zip Code	Phone
Present School		School District	Active IEP? No <input type="checkbox"/> Yes <input type="checkbox"/>		Grade
<input type="checkbox"/> Youth Previously Received Wraparound Services			<input type="checkbox"/> Family Previously Received Wraparound Services		
<b>Prospective Caretaker (if different than Current Placement)</b>					
Name		Relationship to Child		Type of placement (e.g. foster home, Juvenile Hall, etc.)	
Primary Language	Street Address		City	State	Zip Code
<b>Home Phone</b>		<b>Work Phone</b>		<b>Cell Phone</b>	
<b>OTHER KEY FAMILY MEMBERS AND NATURAL SUPPORTS (please list all currently in the home)</b>					
<b>Name</b>	<b>DOB</b>	<b>Relationship to Child</b>		<b>In the home</b>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Anticipated changes in the household (e.g. moves, new or leaving household member, etc.):</b>					
<b>Anticipated Date that child will transition to prospective caretaker:</b>					
<b>Return Placement:</b>					
<input type="checkbox"/> Please indicate a possible placement in the event that the child needs to return to high level placement for a brief period (less than 30 days)					
Placement	Address	City	State	Phone	
<b>Referred by: Two signatures needed (one by SW, PO or Therapist) and second signature by Supervisor</b>					
MH Coordinator	Signature _____			Phone _____	
Social Worker	Signature _____			Phone _____	
Probation Officer	Signature _____			Phone _____	
Supervisor (required)	Signature _____			Phone _____	
Other Agencies involved with child and/or family:					



**Required Documentation & Information**

<b>DSM and Medical</b>						
DSM-5 code and diagnosis (required):						
Current medications:						
Name of Psychiatrist:				Phone number:		
Name of other medical doctor:				Phone number:		
Known Health Problems of Referred Child:				Known Health Problems of other family members:		
<b>CANS Scores</b>						
Beh/Em:	Life:	Risk Beh:	Cult:	Strengths:	CG:	ACES:
<b>Please Attach Following Documentation: Referrals without <u>required</u> documentation will not be processed.</b>						
Court Report(s): <input type="checkbox"/> Psycho social history <input type="checkbox"/> Probation Report (s) <input type="checkbox"/> Coordinated Service Plan						
Additional Documentation: <input type="checkbox"/> Current Mental Health Assessment <input type="checkbox"/> CSE-IT Assessment						
Has a Child and Family Team (CFT) meeting been held? Yes <input type="checkbox"/> No <input type="checkbox"/>						Date of last CFT:
<b>Reason for Referral</b>						
1. What are the child's /family's strengths?						
2. What are the family's needs?						
3. Describe Prospective Caretaker/Family (e.g. living circumstances, siblings, drugs or criminal history etc.						
4. Describe child's behavior/general symptoms						
5. Psychiatric Hospitalization History:						
6. Out-of-Home Placement History:						
7. How would the family benefit from Wraparound Services?						
8. Any additional and useful information?						
Has the family and/or current placement been informed about Wraparound? No <input type="checkbox"/> Yes <input type="checkbox"/>						
When?		By Whom		(IF NO, PLEASE ARRANGE TO DO SO)		
Referred by: (please print)				Telephone number		

<b>Committee (Notes)</b>	
<b>Interagency Placement Committee Review and Approval Date:</b>	
BH	Date
DSS	Date
Probation:	Date
Anticipated Wraparound Start Date:	
Level Approved: <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2	
Reviewed by Analyst:	Date:

<b>Monterey County ASIST REFERRAL</b>						
<b>Child's Last Name</b>			<b>First Name</b>		<b>Date</b>	
<b>DOB:</b>			<b>Age:</b>		<b>Primary Language:</b>	
<b>SW Name:</b>			<b>SW Contact:</b>			
<b>Current Therapist:</b>			<b>Client ID #:</b>		<b>MediCal County:</b>	
<b>MediCal Eligibility:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>MediCal #:</b>		<b>Current MediCal:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> DSES Referral			<input type="checkbox"/> Probation Referral			
<b>CFT Information</b>						
<b>Last CFT held:</b>			<b>Next scheduled CFT:</b>			
<b>Child's Current Placement</b>						
<b>Name</b>			<b>Type of placement (e.g. foster home, relative, group home, Juvenile Hall, etc.)</b>			
<b>Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>
<b>Present School</b>			<b>School District</b>		<b>Active IEP?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Grade</b>
<input type="checkbox"/> Youth Previously Received Wraparound Services			<input type="checkbox"/> Family Previously Received Wraparound Services			
<b>Prospective Caretaker (if different than Current Placement)</b>						
<b>Name</b>		<b>Relationship to Child</b>		<b>Type of placement (e.g. foster home, Juvenile Hall, etc.)</b>		
<b>Primary Language</b>		<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>			<b>Work Phone</b>		<b>Cell Phone</b>	
<b>OTHER KEY FAMILY MEMBERS AND NATURAL SUPPORTS</b>						
<b>Name</b>		<b>DOB</b>		<b>Relationship to Child</b>		<b>In the home</b>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Tribal Affiliation/Name:</b>				<b>Phone:</b>		
<b>CO MH Contact Person:</b>				<b>Phone:</b>		<b>Email:</b>
<b>Transition Plan (please check a box):</b>						
<input type="checkbox"/> NREFM		<input type="checkbox"/> Parent/Reunification		<input type="checkbox"/> RFA/Home		<input type="checkbox"/> ISFC
<input type="checkbox"/> TFC						
<b>Transition Date:</b>						
<b>Transition Placement:</b>		<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Barriers to Transition:</b>						
<b>Other Agencies involved with child and/or family:</b>						

Required Documentation & Information	
DSM V diagnosis:	
Known Health Problems of Referred Child:	
Current Medications:	
Community Supports:	
1. Clubs:	
2. Religious Organizations:	
3. Cultural Affiliations:	
4. Sports:	
5. Camps:	
Current Services:	
CASA:	Telephone:
Wraparound:	Telephone:
TBS:	Telephone:
Youth Partner:	Telephone:
Parent Partner:	Telephone:

Interagency Placement Committee Outcome			
Seneca Referrals:			
<input type="checkbox"/> Family Finding	<input type="checkbox"/> Family Ties	<input type="checkbox"/> Respite	<input type="checkbox"/> Coaching
<input type="checkbox"/> Training (explain below)	<input type="checkbox"/> RFA	<input type="checkbox"/> Transportation	<input type="checkbox"/> ISFC
Other Referrals:			
<input type="checkbox"/> Wraparound	<input type="checkbox"/> Home Partners	<input type="checkbox"/> TBS	<input type="checkbox"/> Other:
IPC Notes:			
Reviewed by Analyst: _____		Date: _____	