Behavioral Health Department Alameda County Health	By: Signed by: BA167CA0C0D444A... **Karyn L. Tribble, PsyD, LCSW, Director**
POLICY TITLE **Implementing Behavioral Health Child and Family Teams**	**Policy No:** 403-3-1 **Date of Original Approval**: 12/16/19 **Date(s) of Revision(s):** 7/28/2026

PURPOSE

This policy establishes a protocol that ensures that Child and Family Teams (CFTs) are aligned with behavioral health services and are in compliance with Federal, State, and county regulations.

AUTHORITY

- AB 403, Welfare and Institution Code §16501
- AB 403, Welfare and Institution Code §16501.1
- California Department of Social Services (CDSS) All County Letter (ACL) No. 18-09/California Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) No. 18-007 Requirements for Implementing the Child and Adolescent Needs and Strengths Assessment Tool within a Child and Family Team

SCOPE

All County providers contracted to provide Katie A. and Intensive Care Coordination (ICC)/Intensive Home-Based Services (IHBS) shall adhere to this policy.

BACKGROUND

Child and Family Team (CFT) meetings were formally implemented in California as part of the Continuum of Care Reform (CCR), which was enacted through Assembly Bill (AB) 403 in October 2015. The CCR introduced the CFT process as a central component to ensure that children and families are actively involved in decision-making regarding their care and services. These teams are composed of the child or youth, their family members, and professionals involved in their care, such as social workers, service providers, and educators. The goal is to create a collaborative environment where all parties contribute to developing and reviewing the child's Care Plan, ensuring that services are tailored to the child's and family's unique needs. The intent of this legislation is that working with the child, youth, and family as part of a team results in better outcomes.

POLICY

A CFT refers to a group, convened by an Alameda County Behavioral Health Department (ACBHD) contracted Katie A. and ICC/IHBS provider, who are engaged in team-based processes that: (a)

identify the strengths and needs of the child or youth and their family and (b) help the child/youth/family achieve designated outcomes.

PROCEDURE

I. <u>Criteria for the Behavioral Health CFTs Include:</u>

a. Opening of the episode occurring by the contracted provider within 10 business days of the referral.
b. Initiation of the first Behavioral Health CFT occurring within 30 days of the episode opening.
c. Development of strength-based, needs-driven, and culturally relevant inputs that will support the development of the child/youth/family.
d. Provision of input into the placement decision made by the placing agency and the services to be provided to support the child or youth when appropriate.
e. Coordination of natural supports that will participate in the CFT. The CFT also may include other formal supports, such as substance use disorder (SUD) treatment professionals, education professionals, and conservators providing services to the child/youth/family, when appropriate.
f. Coordination and facilitation of CFT meetings that are guided by the child and family's needs and wishes; however, CFT meetings must occur at a minimum, no less than every 90 days.
g. Development of a written plan of action that is developed and agreed upon by the CFT.
h. Updating of the Behavioral Health CFT Care Plan as needed. The Care Plan must be reviewed during every Behavioral Health CFT to make sure that all elements remain relevant.
i. Incorporation of the Child and Adolescent Needs and Strengths (CANS) score, including any changes, into the Care Plan.
j. The CANS must be informed by CFT clients, including the youth and family. The CANS results must be shared, discussed, and used within the CFT process to support care planning and care coordination.

II. <u>Considerations for the Behavioral Health CFT</u>

Mental Health and Child Welfare, in collaboration with the CFT, should demonstrate and support the following:

a. Children are first and foremost protected from abuse and neglect and maintained safely in their own homes.
b. Services are needs-driven, strength-based, and family-focused from the first conversation with or about the family.
c. Services are individualized and tailored to the strengths and needs of each child and family.

d. Services are delivered through a multi-agency collaborative approach that is grounded in a strong community base.
e. Parent/Family voice, choice, and preference are assured throughout the process and can be seen in the development of formal plans and intervention strategies where the child/youth and family have participated in the design.
f. Services incorporate a blend of formal and informal resources designed to assist families with successful transitions that ensure long-term success.
g. Services are culturally competent and respectful of the culture of children and their families and are made available in the Alameda County identified threshold languages.
h. Services and supports are provided in the child and family's community.
i. Children have permanence and stability in their living situation.

NON-COMPLIANCE

I. Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
II. ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
III. The cost to implement the CAP or CCP shall be borne by the Contractor.
IV. Staff shall report incidents of non-compliance to their department manager, who shall submit those incidents of non-compliance to ACBHD Quality Management (QM).
V. Incidents of non-compliance shall be submitted within 15 days of reasonable awareness of the non-compliance.
VI. Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in ACBHD Policy # 1302-1-1, Contract Compliance and Sanctions for ACBHD-Contracted Providers.
VII. Staff shall not face retribution for submitting incidents of non-compliance.
VIII. Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by the Health Insurance Portability and Accountability Act (HIPAA), 42 Code of Federal Regulations (CFR), Part 2, etc.) shall be sent through secure methods such as email with secure encryption.

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DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Clyde Lewis, Ed.D. EPSDT Coordinator
Original Date of Approval: 12/16/2019 by Karyn L. Tribble, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Laphonsa Gibbs, Director, Child and Young Adult System of Care	Policy revised to provide additional information, and to update outdated language.	7/28/2026 by Karyn L. Tribble, Behavioral Health Director

DEFINITIONS

Term	Definition
Natural Supports	Natural supports include but are not limited to, the caregiver, individuals who provide long-term, informal support such as family, friends, neighbors, and community members. Natural supports may also include the placing agency caseworker, a representative from a foster family agency or short-term residential treatment center with which a child or youth is placed, a county behavioral health representative, a representative from the regional center when the child is eligible for regional center service, and a representative of the child's or youth's tribe or Indian custodian, as applicable.

APPENDICES

None