

WEBINAR | JANUARY 2026

Elevating Youth and Caregiver Voice and Fidelity in CFT & IP-CANS Implementation



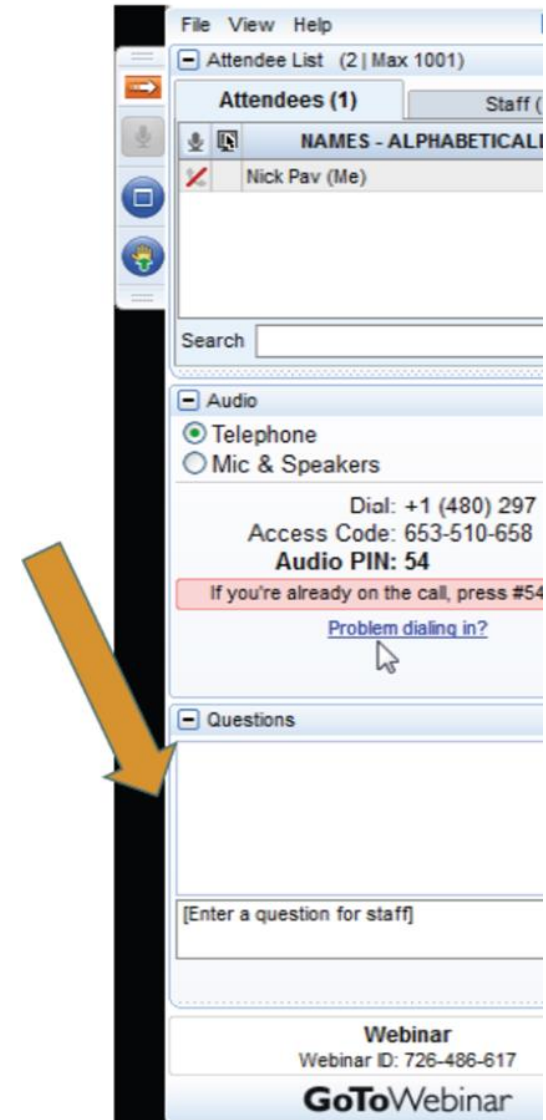
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AGENDA

Background: Why CFT and IP-CANS matter

Survey Overview and Key Findings

Recommendations for Improvement

Sharing Lived Expertise

CDSS Update: Tools and Supports for Fidelity

PRESENTERS

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FOSTER CARE TIERED RATE STRUCTURE

- In July 2024, California enacted a Permanent Foster Care Tiered Rate Structure as part of Assembly Bill 161
- Rate structure establishes four tiers (Tier 1, Tier 2, Tier 3 for ages 0–5, and Tier 3+ for ages 6+).
- Tier assignment is determined by statistical analysis of IP-CANS assessment results, rather than by placement type
- Each needs-based tier includes:
 - **Care and Supervision** rate for the care and supervision of the child or youth in foster care;
 - new separate amount of funding for **Strengths Building**, which could include activities or supports identified by the CFT or the youth and caregiver like enrichment activities, for example, peer mentoring or enrollment and participation fees, equipment or uniforms, and
 - new **Immediate Needs** funding intended to help families address immediate needs and/or action required to aid children or youth with serious emotional, behavioral or health needs.



Improving Outcomes for Children and Families in California's Foster Care System

Permanent Rate Structure

Permanent Foster Care Tiered Rate Structure Framework

| Tier 1 (74% of children and youth) (Latent Classes 1 and 2 for the 0-5-year-olds and Latent Classes 1, 2, and 3 for the 6+ year olds) | |
|---|---------|
| Care and Supervision* Paid to the caregiver | \$1,788 |
| Strength Building and Maintenance Child and Family work with a Financial Management Coordinator | \$500 |
| Immediate Needs | NA |
| FFA Admin (for youth placed in an FFA)* <i>Recruitment, retention, approval, training, etc.</i> | \$1,610 |

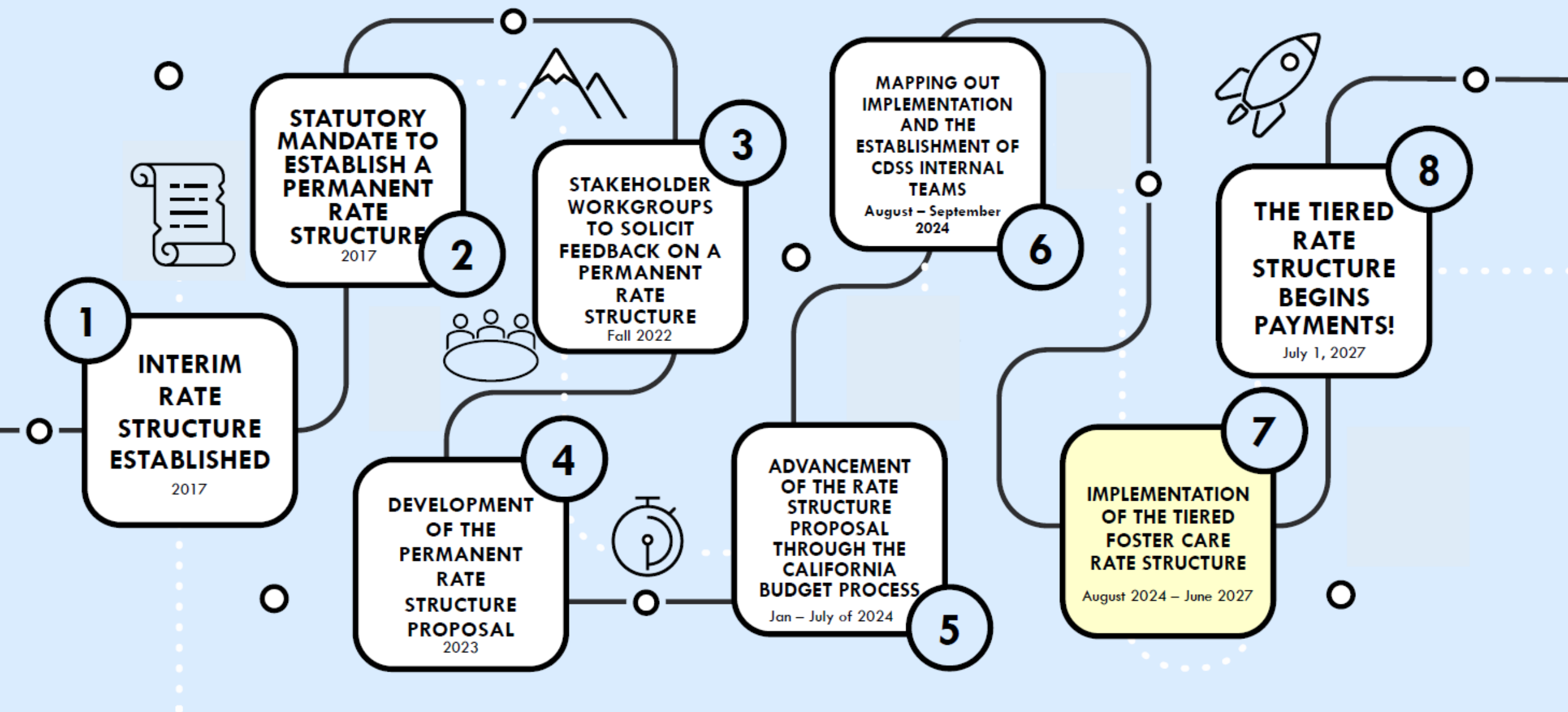
| Tier 2 (19% of children and youth) (Latent Class 3 for the 0 – 5-year-olds and Latent Classes 4 and 5 for the 6+ year olds) | |
|--|---------|
| Care and Supervision* Paid to the caregiver | \$3,490 |
| Strength Building and Maintenance Child and Family work with a Financial Management Coordinator | \$700 |
| Immediate Needs County or contracted provider coordinate services | \$1,000 |
| FFA Admin (for youth placed in an FFA)* <i>Recruitment, retention, approval, training, etc.</i> | \$2,634 |

| Tier 3 (ages 0-5) (4.5% of children and youth) (Latent Class 4 for 0 – 5-year-olds) | |
|---|---------|
| Care and Supervision* Paid to the caregiver | \$6,296 |
| Strength Building and Maintenance Child and Family work with a Financial Management Coordinator | \$900 |
| Immediate Needs County or contracted provider coordinate services | \$1,500 |
| FFA Admin (for youth placed in an FFA)* <i>Recruitment, retention, approval, training, etc.</i> | \$2,634 |

| Tier 3+ (ages 6+) (2.5% of children and youth) (Latent Class 6 and 6a for 6+ year olds) | |
|---|---------|
| Care and Supervision* Paid to the caregiver | \$6,296 |
| Strength Building and Maintenance Child and Family work with a Financial Management Coordinator | \$900 |
| Immediate Needs County or contracted provider coordinate services | \$4,100 |
| FFA/STRTP Admin (for youth placed in an FFA or an STRTP)* <i>Recruitment, retention, approval, training, etc.</i> | \$7,213 |

*Components of the rate that will receive a California Necessities Index Increase.

THE TIERED FOSTER CARE RATE STRUCTURE



WHAT IS A CHILD AND FAMILY TEAM (CFT)

- **Child and Family Team (CFT) and CFT Meetings: Collaborative team and meetings including youth, family, Tribe, caregivers, and professionals**
 - CFTs play a key role in:
 - Validating whether IP-CANS ratings accurately reflect the youth's lived experience
 - Identifying services and supports aligned with assessed needs and strengths
 - Support in developing Strengths Building and Immediate Needs spending plans
- **CFT meetings must be held:**
 - Within 60 days (30 days for Indian children) of case opening or coming into care for child welfare-involved youth and foster youth with juvenile justice involvement.
 - Not less than every six months thereafter
- **CFTs are guided by:**
 - Family preferences
 - Cultural values
 - Youth and family voice and lived experience
- **Purpose of the CFT is to:**
 - Identify strengths and needs
 - Coordinate services and supports
 - Promote safety, permanency, and well-being

IP-CANS ASSESSMENT

- Integrated Practice–Child and Adolescent Needs and Strengths (IP-CANS) is a comprehensive assessment tool adopted by CDSS in 2018
- IP-CANS is designed to:
 - Assess child well-being
 - Identify behavioral health and social service needs
 - Identify strengths and protective factors
 - Inform service planning and monitor outcomes
- Assessment tool with 7 domains (Behavioral/Emotional Needs, Life Functioning, Risk Behaviors, Cultural Factors, Strengths, Caregiver Resources, Trauma)
- IP-CANS is intended to function as a collaborative, strengths-based conversation, not solely as a compliance or scoring tool

ASSESSING NEEDS TO INFORM RATES

- IP-CANS facilitator, usually the case worker or behavioral health specialist, reviews 50 areas of assessment relevant to service/treatment planning
- Each item uses a 4- level rating system that translates into action:

For Needs:

- 0: No evidence of need. No action required.
- 1: Significant history or possible need. This may not be interfering with functioning, but warrants watchful waiting, prevention, or additional assessment.
- 2: Need interferes with functioning. Action or intervention is required.
- 3: Need is dangerous or disabling. Requires immediate and intensive action.

For Strengths:

- 0: Centerpiece strength. A core strength that is central to planning.
- 1: Strength present. A useful strength that can be used in planning.
- 2: Identified strength. A strength that needs to be built or developed.
- 3: No strength identified. Focus may be on identifying or creating a strength.

COMPLETING THE IP-CANS WITH FIDELITY

- IP-CANS assessments are completed by a certified IP-CANS completer – this may be the child's or youth's case worker or a designated system partner/community based organization
- Fidelity requires:
 - Direct and developmentally appropriate engagement with the youth
 - Meaningful input from caregivers, family members, and other supports
 - Consideration of cultural identity, lived experience, and context
- Assessment should be completed:
 - Within required timelines
 - With sufficient time for conversation and clarification
 - Without rushing, scripting, or pre-determining scores

WHY IP-CANS AND CFTS ARE CENTRAL TO THE RATE STRUCTURE

- IP-CANS directly determines a child's or youth's foster care tier, which in turn determines funding levels
- IP-CANS results must be:
 - Shared and finalized with the CFT
 - Discussed collaboratively
 - Incorporated into the case plan
- Tiered Rate Structure requires the case plan to include:
 - Youth's most recent IP-CANS assessment and assigned tier
 - Strengths Building Spending Plan
 - Immediate Needs Allocation Plan, when applicable
- Without high-quality IP-CANS completion and meaningful CFT engagement:
 - Youth may be placed in inappropriate tiers
 - Strengths Building and Immediate Needs funds may not align with actual needs

ENGAGING CAREGIVERS, YOUTH AND SUPPORTERS

Listening and learning from those
with lived experience and their
supporters



SURVEY OVERVIEW

Voluntary online survey conducted in June 2025

Targeted stakeholders in the child welfare system

Participants included caregivers, former and current foster youth, and service providers

Goal: Seeking feedback on the effectiveness of the IP-CANS measurement tool, and how it is currently being utilized in CFT settings to help identify potential barriers.

Aim: Uplift the voice of those with lived experience to ensure the implementation of the Tiered Rate System meets the needs of youth in care and supports their well-being and development.

STAKEHOLDER INPUT: SURVEY

| | |
|-----------------------------|----|
| Youth in Foster Care | 10 |
| Caregiver | 14 |
| Parent | 2 |
| Service Provider | 20 |
| Lawyer/Advocate | 10 |
| Other | 10 |

*Survey gathered insights from 66 stakeholders in the child welfare system, offering a range of insights (some stakeholders represent more than one role in system).

AWARENESS OF TIERED RATE STRUCTURE

- Survey respondents were asked whether they were aware that the CDSS is developing processes to implement a new permanent foster care Tiered Rate Structure
 - 56% reported that they were aware of the proposed Tiered Rate Structure
 - 44% reported that they were not aware of the policy change prior to taking the survey
- **Awareness levels varied significantly by role:**
 - **Service providers and advocates were more likely to be aware of Tiered Rate Structure**
 - **Caregivers and youth were more likely to report limited or no awareness**
- **Lack of widespread awareness presents a risk that IP-CANS assessments and CFT meetings may be conducted without a clear understanding of how assessment results connect to funding, services, and opportunities for youth**

PARTICIPATION IN CFT MEETINGS

- Survey respondents were asked whether they had participated in a CFT meeting
 - CFTs are widely implemented across California's child welfare system
 - Most stakeholders have direct experience with the CFT process
 - However, qualitative responses reveal that participation does not equate to meaningful engagement
- While stakeholders were physically or virtually present at meetings:
 - Many reported that their voices were not consistently heard or valued
 - Youth and caregivers in particular reported feeling overwhelmed, sidelined, or talked about rather than talked with
- Several respondents described CFTs as being treated as procedural requirements rather than intentional spaces for shared decision-making

QUALITY AND EXPERIENCE OF CFT PARTICIPATION

- Respondents reported wide variation in the quality of CFT meetings across counties, facilitators, and cases
- **Positive CFT experiences were described as meetings where:**
 - Youth and caregivers were prepared in advance
 - Facilitators actively ensured balanced participation
 - Decisions were made collaboratively and documented clearly
- **Less effective CFT experiences were characterized by:**
 - Meetings dominated by professionals
 - Use of technical or clinical language without explanation
 - Limited opportunity for youth or caregivers to express disagreement or ask questions
- Youth respondents emphasized that:
 - Being outnumbered by professionals contributed to discomfort
 - Meetings sometimes felt judgmental or adversarial rather than supportive
- **These experiences suggest that facilitation quality and meeting structure play a critical role in determining whether CFTs fulfill their intended purpose**

TIMELINESS OF CFT MEETINGS

- Survey participants were asked whether CFT meetings were scheduled in accordance with required timelines:
 - Within 60 days of case opening
 - At least every six months while the case remains open
- Approximately 55% reported that CFTs were held in a timely manner
- Approximately 39% reported that meetings were not scheduled timely
- **Respondents identified several reasons for delayed or inconsistent scheduling:**
 - **High caseloads and staffing shortages**
 - **Difficulties coordinating schedules among multiple stakeholders**
 - **Lack of administrative support or automated reminder systems**
 - **Delayed or missed CFT meetings were perceived as:**
 - **Hindering early service planning**
 - **Weakening follow-through on prior decisions**
 - **Undermining trust among youth, caregivers, and team members**
- Findings indicate a need for system-level scheduling infrastructure and accountability mechanisms to support consistent, timely CFT meetings

BARRIERS TO PARTICIPATION

- **Scheduling conflicts were the most frequently identified barrier to meaningful participation in CFT meetings**
- **Respondents reported difficulty coordinating availability across multiple stakeholders, including youth and caregivers, social workers, service providers, attorneys and advocates**
- **Meetings were often:**
 - **Scheduled with little advance notice, limiting the ability to rearrange work, school, or caregiving responsibilities**
 - **Held during standard business or school hours, excluding working caregivers and youth required to miss school**
- **Youth respondents noted that missing school for CFT meetings contributed to academic disruption and increased stress and stigma**
- **Several respondents described CFT scheduling as being driven primarily by professional availability, rather than by youth and family needs**
- **Scheduling barriers were cited as contributing to:**
 - **Reduced youth and caregiver attendance**
 - **Inconsistent engagement across meetings**
 - **Perceptions that the CFT process is not truly family- or youth-centered**

BARRIERS TO CFT PARTICIPATION: LACK OF PREPARATION AND CLARITY

- **Many respondents reported entering CFT meetings with little to no preparation, particularly youth and caregivers**
- Common challenges included:
 - No advance agenda or explanation of the meeting's purpose
 - Unclear understanding of who would be attending and why
 - No guidance on what decisions would be discussed or expected
- **Caregivers and youth reported that this lack of preparation:**
 - **Increased anxiety prior to meetings**
 - **Made it difficult to participate meaningfully or advocate for needs**
 - **Contributed to confusion about next steps following the meeting**
- Several respondents recommended providing:
 - Pre-meeting materials, including agendas, participant lists, and key discussion topics
 - Plain-language explanations of how the CFT connects to IP-CANS assessments and case planning
- **Without clear structure, respondents noted that CFT meetings often:**
 - **Drifted off-topic**
 - **Failed to result in clear decisions or actionable outcomes**
 - **Reinforced perceptions that the process is procedural rather than purposeful**

BARRIERS TO CFT PARTICIPATION: POWER DYNAMICS, EMOTIONAL SAFETY, AND ACCESS

- Respondents described significant power imbalances within CFT meetings, particularly affecting youth and caregivers
- Common concerns included:
 - Professionals dominating discussions
 - Decisions appearing to be made prior to the meeting
 - Youth feeling talked about rather than talked with
 - Youth respondents reported feeling:
 - Judged or criticized in meetings
 - Outnumbered and intimidated by unfamiliar professionals
 - Emotionally unsafe when sensitive topics were discussed without adequate support
- Caregivers similarly reported feeling that their lived experience and observations were discounted in favor of clinical or bureaucratic perspectives
- Technology and accessibility issues also created barriers:
 - Limited internet access or unfamiliarity with virtual platforms
 - Technical glitches that disrupted participation
 - Lack of alternative participation options (phone or in-person)
- These factors combined to limit authentic collaboration and underscored the need for:
 - Trauma-responsive
 - Facilitation
 - Intentional power-sharing practices
 - Multiple participation options to ensure equitable access

FEELING VALUED IN CFTS: DO PARTICIPANTS BELIEVE THEIR INPUT COUNTS?

- **When asked whether their input was valued by the CFT facilitator and considered in case planning, 78% of respondents replied yes; 20% said no, and a small remainder were unsure**
- **Positive experiences described facilitators who:**
 - **Invited multiple perspectives (youth, caregivers, service providers, CASAs, advocates)**
 - **Translated complex information into plain language and checked for understanding**
 - **Documented agreements transparently and linked them to specific case-plan actions**
- **Negative experiences highlighted performative engagement:**
 - **Perception that decisions were pre-determined prior to the meeting**
 - **Limited time or opportunity for youth/caregivers to challenge assumptions or ask questions**
 - **Tokenism—stakeholder comments captured but not reflected in final case plans or follow-through**
- **Respondents emphasized that visible incorporation of input (e.g., action items, named owners, timelines) is essential to building trust; absent this, participation feels ceremonial rather than collaborative**
- **Consistency of facilitators' skills and meeting structures strongly influenced whether participants felt heard, respected, and impactful within CFTs**

YOUTH VOICE: AUTHENTICITY VS. TOKENISM

- Youth reported frequent experiences of being talked about rather than talked with, particularly when outnumbered by unfamiliar professionals or when clinical language was used without explanation
- Barriers to authentic youth voice included:
 - Power imbalance and meeting dominance by professionals
 - Emotional intensity when discussing trauma or conflict without adequate safeguards
 - Lack of pre-meeting preparation (purpose, agenda, who will attend, what decisions are expect
- Youth emphasized the need for:
 - Age-appropriate explanations of IP-CANS purpose, rights (questions, pauses, skipping sensitive items), and how results guide services and Strengths Building plans
 - Choice and consent regarding meeting attendees and topics; options to pause, step out, or set boundaries on sensitive discussions
 - Ongoing post-assessment debriefs explaining outcomes and how their input changed case-plan actions (services scheduled, activities funded, timelines set)

CAREGIVER VOICE: LEVERAGING LIVED EXPERIENCE AND ENSURING INFLUENCE

- Caregivers reported that their observations and daily experience with youth are critical to accurate IP-CANS ratings and practical case planning, yet are not consistently solicited or weighted
- Common caregiver concerns:
 - Minimal preparation (no advance agenda, unclear purpose, not knowing who will attend or what decisions are on the table)
 - Dismissal of caregiver insights in favor of bureaucratic or clinical narratives
 - Limited clarity on how to request supports (transportation, equipment, provider enrollment) tied to Strengths Building plans
- Caregivers indicated they are better able to meaningfully contribute when provided:
 - Plain-language guides to IP-CANS domains and action levels, with examples of observable behaviors and strengths
 - Pre-meeting checklists (recent successes, current challenges, ideas for activities, logistics needs, questions for the team) delivered ≥ 48 hours in advance
 - Clear step-by-step instructions on funding access (FMC processes, direct payments vs. reimbursements), documentation requirements, and points of contact

ALIGNMENT BETWEEN CFT DISCUSSIONS AND CASE PLANS

- **Survey respondents were asked whether the case plans resulting from CFT meetings reflected the discussions that occurred during those meetings**
 - Approximately 60% reported that case plans did reflect the CFT discussion
 - Approximately 39% reported that case plans did not reflect what was discussed
- **Respondents who reported alignment described:**
 - **Case plans that incorporated youth and caregiver priorities raised during the meeting**
 - **Clear documentation of services, supports, and Strengths Building activities tied to identified needs and strengths**
 - **Assigned responsibilities and timelines that mirrored CFT agreements**
 - **Respondents who reported misalignment identified several recurring issues:**
 - **Case plans appeared to be pre-written or finalized prior to the CFT meeting, limiting meaningful influence**
 - **Promises or agreements made during CFT meetings were not reflected in written plans**
 - **Action items discussed in the meeting were vaguely documented or omitted entirely**
- **Several respondents recommended that:**
 - **Case plans be co-developed or reviewed in real time during CFT meetings**
 - **Draft case plans be shared with youth and caregivers for review before finalization**
 - **Explicit mechanisms be established to document how CFT input shaped final decisions**

YOUTH INFORMATION AND PREPARATION NEEDS BEFORE IP-CANS COMPLETION

- Survey respondents emphasized that youth often enter their first IP-CANS assessment with little understanding of what it is or why it is happening
- **Youth indicated they need clear, age-appropriate explanations of:**
 - **What the IP-CANS assessment is and how it works**
 - **Why it is being completed and how often it occurs**
 - **How the results are used to guide services, supports, and funding decisions**
- **Youth expressed concerns that the IP-CANS can feel like:**
 - **A test or evaluation**
 - **A tool to judge behavior or justify placement decisions**
 - **Something that could negatively impact them if they answer honestly**
- Respondents recommended that youth receive explicit reassurance that:
 - IP-CANS is not punitive or disciplinary
 - Honest answers will not automatically change placements or result in punishment
 - Their perspective is essential to ensuring the assessment accurately reflects their needs and strengths
- Youth also need information about their rights during the assessment, including:
 - Ability to ask questions or request clarification
 - Option to pause, take breaks, or skip questions that feel overwhelming
 - Who will see the information and how confidentiality is handled

CAREGIVER INFORMATION NEEDS BEFORE PARTICIPATING IN IP-CANS AND CFTS

- **Caregivers reported needing clear, accessible information before participating in IP-CANS assessments and CFT meetings in order to engage meaningfully**
- Respondents emphasized the importance of understanding:
 - Purpose of the IP-CANS as a planning and strengths-based tool, rather than an evaluation of caregiving quality
 - How IP-CANS ratings influence services, tier determination, Strengths Building funding, and Immediate Needs supports
- Many caregivers reported:
 - Feeling unprepared to contribute due to lack of orientation or training
 - Uncertainty about what information would be most helpful or relevant to share
- **Respondents recommended that caregivers receive plain-language explanations of:**
 - **IP-CANS domains and action levels, with concrete examples**
 - **The structure and goals of CFT meetings**
 - **How their observations inform both assessment accuracy and service planning**
- Lack of preparation was linked to:
 - Reduced caregiver confidence during meetings
 - Missed opportunities to identify strengths, patterns, or unmet needs
 - Increased likelihood that assessments and plans would not reflect the child's daily lived experience

YOUTH INFORMATION AND SUPPORT NEEDS AFTER IP-CANS COMPLETION

- Respondents emphasized that youth often complete the IP-CANS without receiving clear follow-up or explanation of results
- **Youth need timely, developmentally appropriate information about:**
 - **What the assessment found regarding their strengths and needs**
 - **How those findings will be used in CFT meetings and case planning**
 - **How IP-CANS results influence tier assignment, services, and Strengths Building opportunities**
- Lack of post-assessment explanation was reported to:
 - Reinforce feelings of being judged or labeled
 - Increase confusion and mistrust of the system
 - Limit youth understanding of how to advocate for themselves in future meetings
- Respondents recommended structured post-assessment debriefs that:
 - Review key themes from the IP-CANS in plain language
 - Validate the youth's experience and emotional responses
 - Identify specific next steps and anticipated services or supports

DEFINING A SUCCESSFUL CFT MEETING: CLEAR OUTCOMES AND FOLLOW-THROUGH

- **Survey respondents consistently defined successful CFT meetings as those that result in clear, concrete, and actionable outcomes, rather than simply discussion**
- **Key indicators of success included:**
 - **Specific action steps identified during the meeting, not left implicit**
 - **Named individuals or entities responsible for each action (e.g., social worker, provider, caregiver, FMC)**
 - **Clear timelines for completion and follow-up**
- Respondents expressed frustration when:
 - Meetings ended without clarity on “who is doing what by when”
 - Agreements reached during CFTs were not implemented or revisited
- Lack of follow-through was described as:
 - Undermining confidence in the purpose of the CFT
 - Leading to repeated discussions of the same issues without progress
 - Limiting access to services, Strengths Building activities, or Immediate Needs supports
- **Respondents emphasized that successful CFTs translate discussion into documented commitments that are tracked and reviewed at subsequent meetings**

DEFINING A SUCCESSFUL CFT MEETING: YOUTH AND FAMILY VOICE AT THE CENTER

- **Across roles, respondents emphasized that a successful CFT meeting must center the youth's and family's voice, not just their presence**
- Indicators that voice was meaningfully centered included:
 - Youth and caregivers being invited to share priorities and goals early in the meeting
 - Facilitators ensuring youth and caregiver perspectives were respected and validated, even when there was disagreement
 - Decisions reflecting youth interests, strengths, and stated needs rather than solely professional recommendations
- Youth and caregivers reported that CFTs felt successful when:
 - Adults spoke directly with them, using accessible language
 - Their input visibly influenced service selection, supports, or Strengths Building plans
 - They felt safe to express concerns or disagreement without fear of retaliation or dismissal
 - Respondents cautioned that youth and family voice should not be:
 - Treated as a formality or checkbox
 - Solicited only at the end of meetings after decisions are effectively finalized

DEFINING A SUCCESSFUL CFT MEETING: STRUCTURE, STRENGTHS, AND TRANSPARENCY

- Respondents identified meeting structure and facilitation quality as critical to success
- **Successful CFTs were described as meetings that:**
 - **Followed a clear, consistent agenda known in advance by all participants**
 - **Balanced discussion of challenges with intentional identification of strengths**
 - **Made explicit connections between identified needs, available services, and Strengths Building opportunities**
- Transparency was identified as a core component of success, including:
 - Clear explanation of how decisions were made
 - Honest discussion of constraints or barriers (e.g., service availability, timelines)
 - Documentation and sharing of meeting notes and action items
- Respondents emphasized that transparent, structured CFTs help:
 - Reduce power imbalances
 - Improve trust among participants
 - Ensure alignment between IP-CANS assessments, CFT discussions, and written case plans

STRENGTHENING CANS AND CFT IMPLEMENTATION RECOMMENDATIONS

From Proposal to Reality



IMPLEMENTATION RECOMMENDATIONS: STRENGTHENING CFT INFRASTRUCTURE AND TIMELINESS

- **Establish Statewide Scheduling Protocols & Automated Reminders -**
Require systems that trigger CFT meetings:
 - Within 60 days of case opening
 - Every six months thereafter
- **Fund Dedicated CFT Facilitators & Scheduling Support -** Fund neutral facilitators and cross-agency staff to coordinate meetings and reduce delays
- **Offer Flexible Scheduling & Technology Access -**
 - Offer evening/weekend options and multiple participation formats (in-person, virtual, phone)
 - Provide tech supports (hotspots, tablets) for families with limited access

IMPLEMENTATION RECOMMENDATIONS: FACILITATION, PREPARATION, AND CASE PLAN ALIGNMENT

- **Require Trauma-Responsive, Youth-Centered Facilitation Training** - Certification and annual refreshers for facilitators on power-sharing, emotional safety, and cultural humility
- **Mandate Pre-Meeting Preparation Protocols** - Provide youth and caregivers with agendas, attendee lists, and discussion topics at least 48 hours in advance
- **Standardized Case Plan Documentation** - Show clear links between:
 - CFT discussions and decisions
 - IP-CANS ratings and service plans
- **Require Post-Meeting Summaries** - Distribute summaries within five business days, including decisions, assigned tasks, and timelines

IMPLEMENTATION RECOMMENDATIONS: IMPROVING IP-CANS FIDELITY AND YOUTH/CAREGIVER ENGAGEMENT

- **Mandate Comprehensive IP-CANS Training for All CFT Members** - Include purpose, domains, action levels, and funding implications
- **Develop Youth & Caregiver-Friendly Materials** - Develop plain-language guides, FAQs, and short videos
- **Require Pre- and Post-Assessment Debriefs** - Explain purpose, rights, confidentiality before; review results and next steps after
- **Establish Minimum Engagement Standards** - Define time with youth, number of informants, and documentation of collaborative input
- **Create Feedback Loops** - Allow youth and caregivers to review and comment on IP-CANS results before finalization
- **Standing Agenda Item** - Make IP-CANS review a required part of every CFT meeting
- **Financial Literacy & Advocacy Training for Older Youth** - Provide training on budgeting, rate structures, and self-advocacy for youth 14+

IMPLEMENTATION RECOMMENDATIONS: MONITORING, FEEDBACK, AND CONTINUOUS IMPROVEMENT

- **Conduct Quarterly Audits** - Assess alignment between IP-CANS, CFT discussions, case plans, and Strengths Building spending
- **Implement Real-Time Tracking of Action Items** - Use digital tools to document tasks, assign responsibilities, and monitor deadlines
- **Establish Formal Feedback Mechanisms** - Enable youth and caregivers to evaluate meeting quality and flag concerns about assessment accuracy
- **Integrate Continuous Quality Improvement (CQI)** - Identify patterns in delays or barriers and inform targeted technical assistance and cross-county learning

CENTERING YOUTH VOICE TO STRENGTHEN IMPLEMENTATION

- Survey findings consistently underscored that youth and caregiver voice is not ancillary—it is foundational to effective IP-CANS and CFT implementation
- Key themes across all responses included:
 - Need for transparency in assessment, planning, and funding decisions
 - Importance of skilled, neutral facilitation to address power dynamics
 - Necessity of translating discussion into documented action and follow-through
- Respondents emphasized that:
 - IP-CANS fidelity depends on collaboration, not speed
 - CFTs must function as active planning spaces, not procedural checkboxes
 - Strengths Building funding achieves its purpose only when it is integrated, accessible, and accountable
- Effective implementation of the Tiered Rate Structure requires:
 - Investment in training, infrastructure, and facilitation
 - Clear standards and accountability
 - A sustained commitment to centering lived experience

IP-CANS & CFT Partner Engagement

**California Department of Social Services
UC Davis Northern Training Academy**

Sharing Lived Expertise: Proactively Participating in CFTs From a Resource Parent's and Parent's Perspective

- *Can you share positive experiences or successes you've have with child welfare and the CFT process?*
- *How were you informed about the CFT meeting (timing, method, inclusion of supportive people at the meeting)?*
- *How were you involved in the preparation for the meeting?*
- *How clear was the information shared regarding the plan, next steps, timelines, and shared responsibilities?*
- *How was your input elevated in the plan during and after the CFT?*



CDSS & UC Davis: Engaging Stakeholders



Listening & Discussion
Sessions



Tools to Support
Fidelity &
Implementation

IP-CANS and CFT Partner Engagement

Several structures were established to bring together key statewide implementation partners from system of care organizations, training entities, and persons with lived experience to support, and provide feedback and guidance on the implementation of CANS and CFT practice.

2018

- **CFT/CANS Implementation Team.** A collaborative that guided the integration of CANS/CFT practices with the Integrated Core Practice Model towards a consistent and aligned approach to assessment, case planning, and service delivery.

2023

- **CFT/CANS Steering Committee.** Provides guidance to CFT/CANS workgroups and solicits information to inform goal and priority setting.
- **CFT/CANS Statewide Forum.** Quarterly convening to share information and engage stakeholders in discussions that support the evolution of policy and practice for CANS and CFT.

2024

- **CQI & Fidelity Workgroup.** Informed IP-CANS/CFT fidelity definitions; reviewed, provided feedback, and updated fidelity related guidance and tools.

2025

- **Coaching and Technical Assistance Framework Workgroup.** Defined and developed the IP-CANS/CFT technical assistance framework aligned with fidelity efforts including Technical Assistance Guides, and Levels of Technical Assistance.

Listening & Discussion Sessions

11 listening sessions were held from 8/24-1/25.

- A diverse group of **176 professionals and individuals with lived experience from across California** participated in Statewide Listening and Discussion Sessions. Survey data was gathered from an additional 13 people who were unable to attend a live session.
- Sessions were co-hosted by the UC Davis Northern Training Academy and CDSS to further explore and strengthen CFT and the CANS assessment.

1. CFT Facilitators

2. CANS Completers

3. CW Social Workers

4. Probation Officers & Supervisors

5. Contract Managers & Program Managers

6. Juvenile Court Judges & Attorneys

7. Training Partners

8. Parents

9. Resource Parents & Caregivers

10. Youth

11. Tribes & Tribal Partners



Clarity and Consistency

Promotes **shared understanding** of the IP-CANS and CFT processes, tools, and intent
Encourages **consistent implementation** across agencies and partners



Youth & Family Partnership

Ensures **family voices guide system improvement**
Multiple **fidelity tools highlight lived experience**, and these **insights** are used to inform system improvement



Cultural Responsiveness

Centers **equity and inclusion** within the System of Care
Focuses on practices that ensure **fair, culturally responsive approaches** in IP-CANS and CFT work



Gaps Analysis & CQI

Identifies **barriers and opportunities** in communication, data, and collaboration
Supports **solution-focused strategies** for ongoing improvement



Support

Helps tailor **training, technical assistance, and resources** to meet each county's specific needs
Aligns with **upcoming TA Guides** to sustain progress and system growth

IP-CANS: Enhancing and Supporting the CFT

The Child & Family Team (CFT) is the vehicle for collaboration on assessment, case planning and placement decisions.



Summarizes the Assessment Process

The IP-CANS is intended to be the process by which the assessment information is organized, summarized, used and communicated after it has been collected.



Integrates the Family's Story

The IP-CANS provides a summary of the family's story, but it should be done as an integration of multiple story tellers.



Develops a Shared Vision

The consensus-based process of determining action levels on items, and prioritizing relevant needs and strengths to build creates a shared understanding from which a coordinated plan is developed. This plan guides the case plan



Supports Change Management

Mapping the IP-CANS to the plan facilitates outcomes monitoring and management by the team members, allowing for plan adjustment, acknowledgement of accomplishments and celebrating goals that have been met.

Released
August 2025

IP-CANS & CFT Fidelity ACL 25-54

Background includes info on CFT, IP-CANS, the Tiered Rate Structure, and Cultural Considerations (page 3).

Juvenile Probation Departments will begin utilizing the IP-CANS with youth in foster care statewide beginning January 1, 2026 (page 5).

Partner and Tribal Engagement is included - CQI & Fidelity Workgroup (page 6).

Fidelity to the CFT & IP-CANS Practices & CQI Efforts (page 10)

1. System-Level Fidelity Tool
2. Case-Level Fidelity Tools
3. CFT & IP-CANS Data Reports
4. Training, Coaching, and Technical Assistance

Technical Assistance and Support includes information on levels of support and requesting technical assistance (page 12).

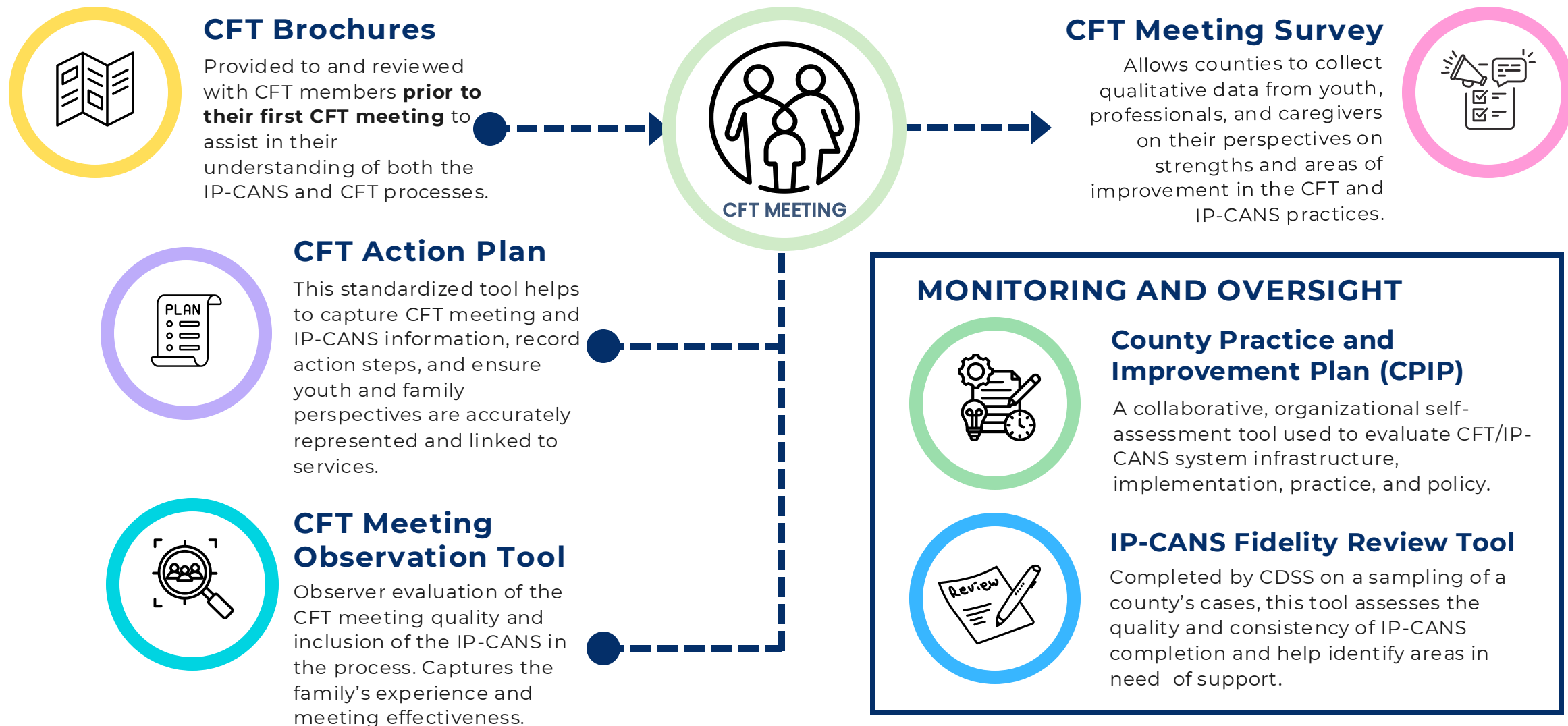
Updated Training Requirements issued by role for IP-CANS completion and CFT Meeting Facilitation. Includes information on accessing trainings (page 13).

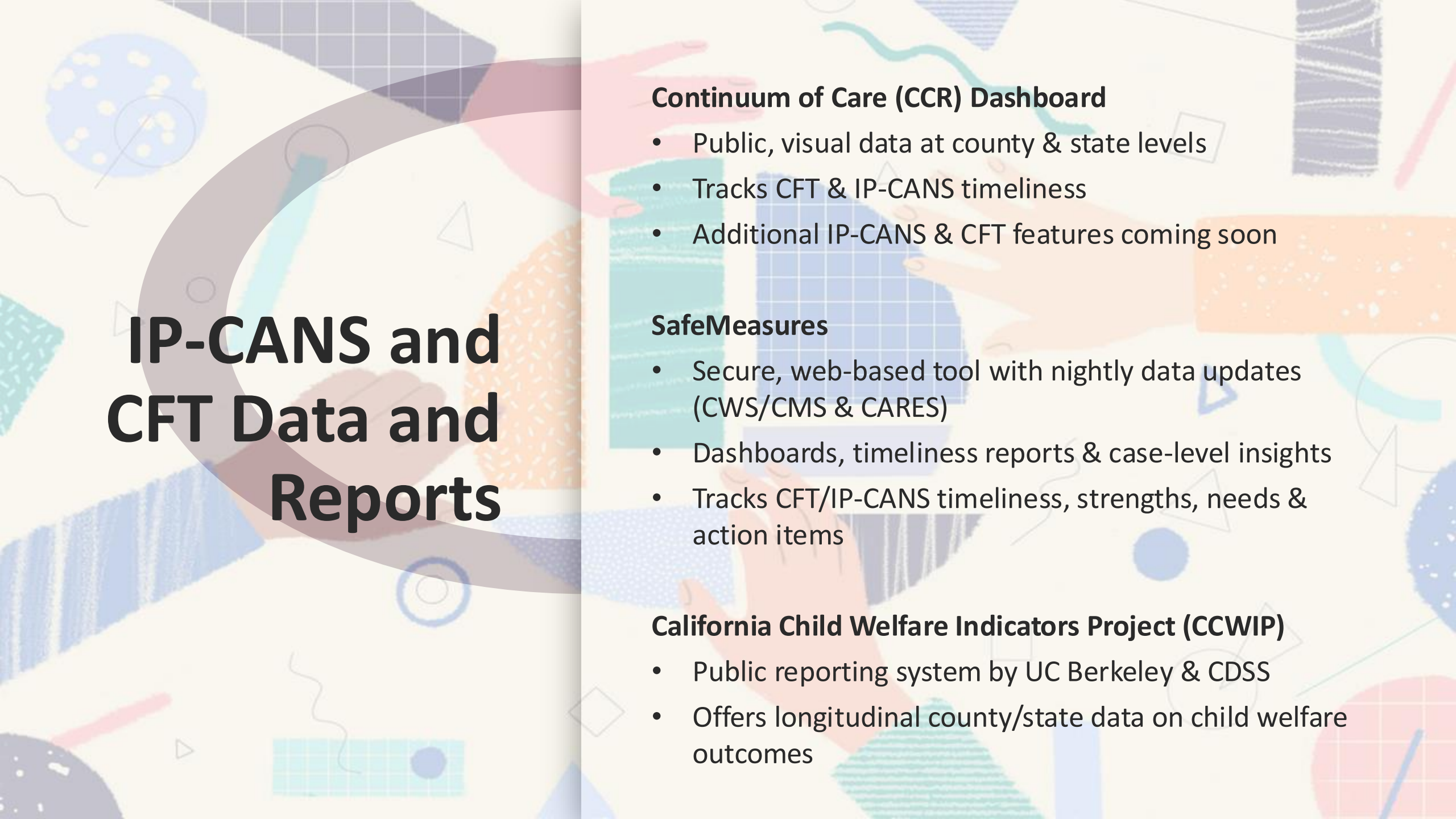


Key Elements to the IP-CANS & CFT Fidelity Plan

1. System-Level Fidelity Tool
2. Case-Level Fidelity Tools
3. CFT and IP-CANS Data and Reports
4. Training, Coaching, and Technical Assistance

IP-CANS and CFT Fidelity Flow





IP-CANS and CFT Data and Reports

Continuum of Care (CCR) Dashboard

- Public, visual data at county & state levels
- Tracks CFT & IP-CANS timeliness
- Additional IP-CANS & CFT features coming soon

SafeMeasures

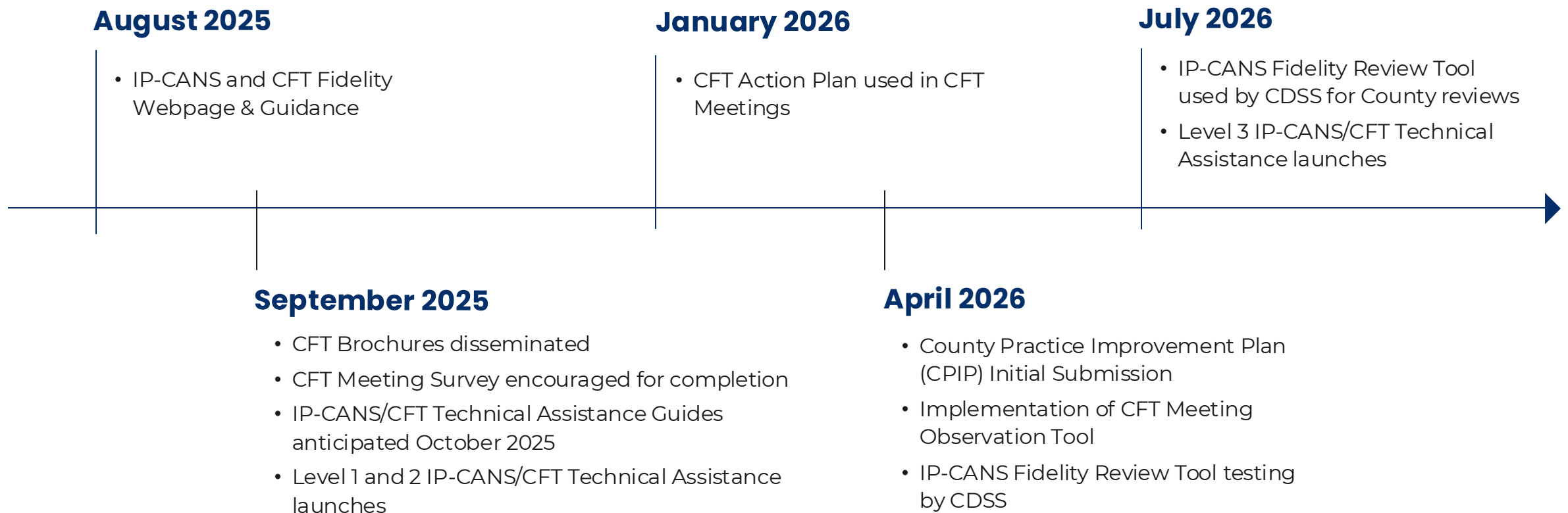
- Secure, web-based tool with nightly data updates (CWS/CMS & CARES)
- Dashboards, timeliness reports & case-level insights
- Tracks CFT/IP-CANS timeliness, strengths, needs & action items

California Child Welfare Indicators Project (CCWIP)

- Public reporting system by UC Berkeley & CDSS
- Offers longitudinal county/state data on child welfare outcomes

IP-CANS and CFT Practice with Fidelity

Guidance on fidelity requirements as well as tools and resources to identify, describe, and analyze IP-CANS and CFT practices strengths and areas for improvement.



RESOURCES

- [Alliance for Children's Rights Report: Engaging the Child and Family Team and Completing the CANS With Fidelity to Inform the Permanent Foster Care Rate Structure](#)
- [Assembly Bill 161 – Permanent Foster Care Rate Structure \(Chapter 46, Statutes of 2024\)](#)
- [CDSS Tiered Rate Structure Webpage](#)
- [The Permanent Foster Care Rate Structure Implementation Overview Webinar](#)
- [CANS Assessment Tool](#)
- [Fidelity to CFT and IP-CANS Practices](#)
- [Fidelity Webinar and Learning Labs Series](#)
- [CFT/CANS Resources](#)
- [Fidelity Through Technical Assistance](#)
- [ACL 25-54 – IP-CANS and CFT Fidelity](#)
- [CCR Data Dashboard](#)

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*Webinar resources, including
recording and supplemental
materials, will be posted at
[https://allianceforchildrensrights.org
/resources/](https://allianceforchildrensrights.org/resources/)*

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