Administrative Policies and Procedures: 31.7

Subject: Child and Family Team Meeting Process

Standards:
DCS Best Practice: 5-201, 5-202, 5-203, 5-204, 5-401, 5-402, 5-500, 6-507 B.
COA: PA-FKC 2-3, PA-FKC 6-7, PA-FKC 9-10, PA-FKC 12-14; PA-AS 7-8; PA-CM 2-3, PA-CM 4, PA-CM 7; PA-CPS-6, PA-CPS6, PA-CPS 8, PA-CPS 11-12; PA RTX-4, PA-RTX 18; PA YIL 5
PA-JJCM 7.01, PA-JJCM 7.03, PA-JJCM 7.04.
Safe & Timely Interstate Placement of Children in Foster Care Act (PL 109-239)

Application: All DCS Family Service Workers, Contract Agency Staff, CPS Case Managers, Supervisory Staff and Youth Development Center Residential Case Managers.

Policy Statement:
The Department of Children’s Services (DCS) utilizes the building, preparing and maintaining Child and Family Teams (CFT) model to ensure that families and their support systems are engaged in the planning and decision-making process throughout their relationship with the Department.

Purpose:
To provide guidelines for the implementation of the CFT model.

Procedures:

A. Engagement of the Child and Family Team

1. From the first contact a family or child has with DCS, the case manager engages the family with empathy, genuineness and respect. Collaborative and open casework relationships foster an atmosphere of trust when case managers demonstrate competence and empathy, and communicate a belief in family strengths and resilience.

2. As risk and safety are being assessed, staff make every effort to validate the child/family’s feelings, elicit their understanding of their strengths, needs, and circumstances, and help them to identify other resources in their family, network, or community that could offer support. These individuals, along with DCS staff, other professionals from community providers, and foster parents form the foundation of an ongoing, functioning team that work with the family and DCS to:
   a) Secure the child(ren)’s safety in the least restrictive, least intrusive placement that can meet their needs;
   b) Minimize the trauma associated with separation from family and help the child to maintain meaningful connections with family members and others who are important to him or her;
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c) Contribute to an ongoing assessment of the child and family’s strengths and needs;
d) Develop and support the implementation of quality Family Permanency Plans which include Individual Program Plans (IPPs) for youth in a Youth Development Center (YDC);
e) Ensure that plans are monitored for progress and participate in revising or updating plans as the family/child’s circumstances change;
f) Support the stability of appropriate placements while in DCS custody; and,
g) Facilitate the timely achievement of permanency for children.

3. Members of the Child and Family Team are actively engaged throughout the department’s work with the family. A Child and Family Team Meeting (CFTM) is convened at certain critical junctures in the life of a case, as well as on an as-needed basis, to help the family and the department work together to achieve permanency for children as soon as possible. The Family Service Worker (FSW) coordinates the efforts of the team to ensure that everyone understands their role and responsibility to help the family achieve their long term goals, or, in the event the family is not a viable resource for the child, to work toward finding a permanent, nurturing home for each child in care.

B. Teamwork, coordination and process

The FSW has the primary responsibility for building, preparing and maintaining the Child and Family Team. This requires working closely with the family to identify their support systems, extended family members and community resources that can help the family achieve their goals. The family and child (if age-appropriate) are always central to the decision-making and planning process of the Child and Family Team. Collaboration among team members from different agencies is essential.

1. Convening the Child and Family Team

a) The development of the Child and Family Team begins when there is any risk that a child may be removed from his or her home. The Child and Family Team is convened to explore the safety and risk issues, assess how to meet the child’s needs for safety in the least restrictive, least intrusive manner possible and examine whether there are other family resources that can care for the child. No child will enter the custody of DCS without the convening of a Child and Family Team Meeting. In the event a child is removed on an emergency basis, or adjudicated by a juvenile court for delinquency and placed into DCS custody, the team will be convened as soon as possible to ensure that placement is the best alternative to keep the child safe. The team also ensures that the specific placement is appropriate to meet the child’s needs, that the foster parents or other provider have the information they need to care for the child and that a visitation schedule is arranged with the family. At this meeting, DCS staff explore who else may be added to the team, such as informal supports, extended family, and community providers. All team members will be prepared to participate in a CFTM for the development of the permanency plan to include the IPP when required.
b) The development of a comprehensive-Family Permanency Plan depends upon a full, functioning team that can: identify the child and family’s strengths and resources, address their needs, help them articulate their long term view, identify how to resolve the issues that required DCS intervention, generate creative solutions and share the responsibility for helping the family and child overcome any barriers to child safety, permanence, and well-being, including health, education information and needs. The more participants engaged in permanency planning, the more likely that permanency plans will be tailored to the child and family’s specific needs.

c) The Child and Family Team is re-convened periodically for the revision and tracking of the permanency plan to ensure that plans are relevant, that progress is being made, and that plans are revised as needed to address any new issues that may emerge. The team participates in a child and family team meeting whenever a change of permanency goal is being considered.

d) Disruptions in continuity of care are damaging to children. They can result in additional trauma, delayed development, interruptions in education, and interfere with a child’s ability to attach and trust others. No child in DCS custody will change a placement without convening a Placement Stability Child and Family Team Meeting. This meeting is to assess whether that placement is meeting the child’s needs; what DCS and the team can do to support the placement, if it is appropriate; or, if not, to help identify a more appropriate placement for the child. It is also necessary, when a change of placement has been planned and represents a move toward permanency, for the team to meet and ensure that all of the services are in place to make that placement successful.

- Depending upon the circumstances for a change of placement, it may not be necessary to have the full team involved in these meetings. However, the youth, the family, DCS staff, Contract Agency staff (if providing care) and the caregivers all participate to help identify the resources needed to stabilize the child and ensure a successful placement.

- In the event a placement disruption has taken place without sufficient time to gather the team, it is still good practice to convene a Placement Stability Child and Family Team Meeting to examine the issues that prompted the disruption, to assess how the child is adjusting to the new placement, and whether the child needs additional services or supports to maintain that placement.

- If circumstances merit and the Team agrees that a change of placement out of county or region is required, DCS Policy 31.3, Case Transfer Guidelines between Regions, Agencies, and Facilities or 13.9 Juvenile Justice Case Transfers Within and Between Regions must be followed.

e) The Department’s intent is to maintain the integrity, structure and decision-making authority within the Child and Family Team. Decisions or recommendations made by the Child and Family Team are honored and
followed unless those decisions or recommendations are not in the best interest of the child/youth as determined by the Regional Administrator/JJ Statewide Director or Designee.

f) Under certain circumstances, DCS or Contract Agency staff may appeal the decisions or recommendations made in the CFTM. The appeal of the CFTM decision may be requested to resolve disagreements only related to the child/youth’s type of placement, a child/youth’s level of care or the continuation of a child/youth’s current services. DCS and Contract Agency staff follow the **Protocol for Appeal of Child & Family Team Meeting Decision** and complete forms **CS-1061, Tier II Request for Appeal Documentation & Communication** and **CS-1062, Tier II Request for Appeal**.

g) Before a child leaves custody, begins a trial home visit or exits custody/guardianship to an approved Interstate Compact on the Placement of Children (ICPC) out-of-state resource, a Discharge Planning CFTM is convened to ensure that all the needed risk and safety issues are resolved and that there are services in place to support a successful transition.

h) If an ICPC placement resource is approved and DCS staff has determined to utilize this specific placement within a six (6) month time frame, a CFTM is convened prior to placement. Team Members include the pertinent in-state and out-of-state parties, including: Regional PSD/FPS staff, GAL, Education Specialist, Child Welfare Benefits Coordinator (CWBC), the out-of-state placement resource and the receiving state assigned case manager/supervisor.

i) This ICPC pre-placement CFTM addresses the responsibilities for the placement of the child/youth, such as: securing records to enroll the child/youth in school, securing temporary financial/medical assistance for clothing and/or medication pending the securing of a vendor in the receiving state, clarifying board payments, etc. Refer to the **ICPC Practice and Procedures Manual** for further clarification and information.

j) All CFTM guidelines are applicable for out-of-state youth being supervised in TN through the Interstate Compact for Juveniles (ICJ). Refer to the **Interstate Compact for Juveniles Overview and Guide for Family Service Workers and Court Staff** for further clarification and information.

k) There may be other occasions when the wisdom and support of the child and family team are crucial to ensuring that services are being delivered, that the barriers to permanency are being addressed, the child and family’s needs are being met, and that every effort is being made to minimize the damaging effects of out-of-home placement for children.

l) Please refer to the **Child and Family Team Meeting Protocol** for more guidance on the critical junctures that require a Child and Family Team Meeting and what will occur at each type of meeting.

2. **Preparing and Planning for the Child and Family Team**

   a) Advanced preparation is essential to a quality CFTM. DCS staff ensure that families and other team members are prepared for the purpose of the Child and Family Team Meeting and what they can expect to take place.
This includes preparing the family and youth for the issues that will be discussed and exploring with them how difficult or sensitive issues could be handled. FSWs spend time prior to each meeting helping the family/youth articulate their current situation, to identify their strengths and needs and to explore their desired outcomes. Similarly, other members of the team are informed of the purpose of the meeting and how they can contribute to the decisions that must be made and the development of action steps that will result from the meeting.

b) In the course of preparing the family for the meeting, the FSW gathers valuable assessment information to develop or update the Functional Family Assessment.

c) When a skilled facilitator is conducting the meeting, the FSW has a pre-meeting consultation to prepare the facilitator for the meeting and alert him or her to any special issues or considerations needed.

d) DCS staff plan Child and Family Team Meetings for times and locations that are convenient to the family and child(ren)/youth. Efforts are made to schedule the meeting to accommodate as many team members as possible. The location of the meeting will be conducive to the private discussion of family issues.

e) The FSW also assess any safety concerns, such as domestic violence or other sensitive issues to be discussed in the meeting when determining an appropriate location and who will be included in the meeting.

f) Families and community partners are given adequate notice of non-emergency meetings, preferably ten (10) calendar days in advance if in writing or seven (7) calendar days if notified by telephone. Form CS-0746, Meeting Notification may be used to provide written notice of any CFTM called by DCS staff. Efforts to schedule meetings and accommodate team members will be clearly documented in the case recording section of TFACTS.

DCS provides services to support the participation of parents and relatives in Child and Family Team Meetings. Such services may include transportation, childcare, interpreter services, and any other services that would facilitate and support the family’s participation.

3. Members of the Child and Family Team

a) The FSW, birth parents/guardians and family members form the core of the child and family team. Other members can be anyone identified by the family, as well as service providers or other professionals serving the child or family. Because it is considered the “family’s” meeting and confidentiality must be maintained as much as possible, the family must agree to the inclusion of community members and other professionals who may not be directly related to the case. The FSW engages the family in exploring how a diverse team could help them resolve their issues more quickly and provide more ongoing support outside of DCS.

b) A diverse team is preferable to assure that the necessary combination of technical skills, cultural knowledge, community resources and personal relationships are developed and maintained for the child and family.
Collectively, the team will have the expertise, family knowledge, authority and ability to flexibly mobilize resources to meet the child’s or family’s specific needs. Members of the team will have the time available to fulfill commitments made to the child/family. Team competence, support, and ongoing involvement are essential.

c) The goal of the Child and Family Team Meeting will influence who should participate in any particular meeting, but the child and family must always be the centerpiece of every CFTM. DCS must help youth and families to identify individuals that they want to become part of their team, people they can turn to in a crisis and rely upon. The FSW must make every effort to engage extended family and community-based, informal supports that will continue to help the family after DCS is no longer involved.

*Child/Youth*

- Children and youth who are at least 6 years of age and older will be involved in the planning process to the extent that they are capable of participating. All children and youth who are 12 years of age and older are included and prepared to participate during the meeting to the extent that is age-appropriate. In some cases, children younger than 12 can participate in the CFTM, according to his or her maturity level and ability to understand. Arrangements will be made to escort younger children out of the meeting and provide supervision when the discussion of sensitive or difficult topics must take place. Usually it’s best to include the child in the beginning of the meeting to get his/her understanding of the situation, explore the child’s needs and adjustment to placement, etc., and then excuse the child for discussions regarding the treatment needs of parents. Exceptions to this policy must be clearly documented in the case record, with an explanation for why the child’s participation would be contrary to his/her best interests.

- Generally, children/youth and families are involved together in their Child and Family Team Meetings. However, consideration will be given to issues related to safety or highly charged emotional issues, which may call for some adaptation to the meeting format. Staff assess this issue on a case-by-case basis and provide alternative means of participation if the child/youth’s best interest warrants the exclusion of any team members. Careful preparation for the CFTM help the FSW assess whether special considerations or adaptations are needed.

- A Child and Family Team Meeting can be very intimidating to young people. Youth must be informed of the option to invite up to two (2) individuals who are not direct caregivers or family members, such as coaches or mentors, to assist with the development of the plan. One of these additional participants may be designated as an advisor/advocate.

*Parent/Families (Including legal, biological and alleged fathers)*

- Unless a parent’s rights have been terminated or surrendered, the department includes all known parents, including legal and
biological fathers, in the Child and Family Team process. Depending upon the relationships and circumstances of the family, alleged fathers may need to be included, as well.

- The Department conducts diligent searches (per DCS Policy 31.9, Conducting Diligent Searches) throughout the life of the case if there are any unidentified parents, or the Department does not know their whereabouts. Efforts to locate parents are clearly documented in the case record.

- The incarceration of a parent will not be a barrier to their participation in the CFTM and permanency planning process. By law, DCS creates opportunities for all parents to participate in the plan and to meet their parental responsibilities. This may be accomplished by having meetings where they are located, or by arranging for them to participate by telephone.

- Extended family members and other support persons identified by the family or DCS are also invited to participate.

**Trained Full-Time Facilitator or Back-up Facilitator**

- These are staff that have completed the Skilled Facilitator Certification Training and have been certified as a skilled facilitator, whether working full-time as a facilitator or serving as a back-up facilitator. The facilitator is primarily responsible for the process of the CFTM, which includes ensuring that everyone participates and is heard; that everyone understands the purpose of the meeting; that all the relevant safety and risk issues are being addressed; and that the team reaches a consensus on the decisions to be made. The facilitator guides the meeting through a logical process, helping to resolve any differences that may arise, and ensuring that by the end of the CFTM, there is a plan of action developed, with the responsible persons and time frames clearly identified.

- It is mandatory in all regions that a Trained Full-time Facilitator or Back-up Facilitator conduct all Initial CFTMs and all Placement Stability CFTMs.

- CFTMs held for the development of permanency plans, the review of progress on permanency plans, or the revision of a permanency plan does not require the use of a skilled facilitator, but one may be requested if one is needed. Regions have the flexibility to determine when they will require a Trained Full-time or Back-up Facilitator for CFTMs apart from the Initial and Placement Stability CFTM.

- Whenever possible, efforts are made to ensure that the same facilitator who conducted the Initial meeting remains involved with the family for subsequent meetings.

- A Trained Full-time or Back-up Facilitator is not required to facilitate Discharge Planning CFTMs unless the Family Service Worker has less than one year of experience and the Team Leader or Family
Service Worker 3 is not present.

- In the event there is a Special Called CFTM, the team may request the presence of a Trained Full-time or Back-up Facilitator, or the FSW or Team Leader can facilitate the meeting, depending upon the nature of the concerns and the parties involved.

♦ Child’s Family Service Worker

- The Family Service Worker is responsible for working with the family and team to coordinate the resources needed to meet the needs of the child and family. As described above, the FSW helps the family identify who will be included on the team, prepares the team members, schedules meetings, and maintains contact with team members as needed between meetings, to ensure that the agreed-upon action steps are being taken. During the CFTM, the FSW is primarily responsible for the content being discussed, i.e., the worker must be prepared to explain why the meeting was needed, etc., describe the precipitating events, the current situation, the history of the problem, what strengths have been identified within the family/youth, and the worker’s recommendation. In the absence of the FSW, the Team Leader is expected to present the case and the department’s recommendations in the CFTM. For youth placed in a YDC, the meetings will be arranged and scheduled by the YDC Residential Case Manager (RCM), but the FSW responsible for the case must participate in the CFTM, even if it is by telephone or via video conferencing.

♦ Team Leader

- The Team Leader (TL) for the case is required to participate in all Initial CFTMs and all Initial Permanency Planning CFTMs. In the event the Team Leader is not available, another Team Leader can participate in his or her place. It is highly recommended that the Team Leader participate in CFTMs convened for the purposes of reviewing the progress on the permanency plan or to consider a change in the permanency goal, since the Team Leader is responsible for ensuring that children and families are moving toward permanency. For any FSW with less than 1 year of experience with DCS, there must be a Team Leader or FSW 3 participating in CFTMs convened for any reason.

- For more experienced FSWs, a Team Leader can exercise judgment in deciding whether their participation is needed, based on the competence of the FSW, the complexity of the case, and the availability of others who can participate, such as a FSW 3 or other regional staff.

- The Team Leader participates in all Discharge Planning CFTMs, regardless of the FSW’s level of experience.

- In the above instances described, when the assigned Team Leader is unavailable to attend the meeting, he/she can send another Team Leader or an FSW-3 in his or her place.
The assigned Team Leader attends a CFTM for every case under his or her supervision no less often than every 6 months.

**Foster Parents**

- Foster parents with DCS or Contract Agencies are crucial members of the child and family team. Every effort is made to ensure their full participation in CFTMs. For Initial and Permanency Planning CFTMs, this may involve working with the biological family to help them appreciate the benefit of the foster parents’ attendance. For CFTMs held to preserve a placement or to explore placement options, it is very important to have the foster parents there, if at all possible.

**Other Participants**

Depending on the purpose of the meeting, Child and Family Team Meetings may also involve some of the following individuals:

- Specialized DCS staff persons may be needed to support the work of the child and family team. These may include, but are not limited to: Assessment/Non-Custodial staff that may have worked with the family in the past, Education Specialists, Health Unit Members, Hospital Liaisons, Safety Nurses, Juvenile Justice Staff, DCS Legal Staff, Independent Living Staff, MSW Consultants, Child Welfare Benefits staff and Permanency Specialists. Staff will exercise judgment to avoid overwhelming the family with too many professional staff.

- Therapists and/or Contract Agency staff involved in providing services to the child/youth, family, and/or other identified permanency option;

- Any former legal custodian for the child;

- Court Appointed Special Advocate (CASA) Volunteer;

- Community Partners, including education or school staff where the children attend school, and other support persons identified by the Department. Please note that the inclusion of these parties is subject to the parent(s) consent;

- Informal supports that are identified by the family or youth as resources;

- Attorneys, to include the guardian ad litem and the attorney for the child/youth’s parents;

- Persons external to the case, such as OJT coaches, observers, or others not directly involved in the case will not be included without obtaining the permission of the family; and,

- An interpreter, as needed.
### C. Assessing and understanding the Child and Family Team

1. The Child and Family Team have an important contribution to make to the FSW’s ongoing assessment and understanding of the family and child(ren). This is particularly true with informal supports and extended family members, who know and care about the family. The FSW explores how each team member perceives the strengths and underlying needs of the family, the risk and safety issues presented, and what is necessary for the child to achieve a permanent home that will meet his/her needs.

2. Members of the team will have a shared understanding of the family that is reflected in coordinated efforts consistent with the goals agreed upon by the Child and Family Team. As goals are achieved, the team is engaged in reassessing the progress made and modifying strategies or services as needed, to address any new information or problems that may arise.

3. The content of a CFTM is focused around the purpose of that meeting; and the purpose will guide which team members participate. Assessment information is shared with the family and their views are incorporated into the FSW’s overall assessment.

4. There is a general agenda for each CFTM that will elicit assessment information and the team’s insight into the child and family’s strengths, needs, and circumstances. Please refer to [Stages of the Child and Family Team Meeting](#) for a detailed description of a CFTM agenda.

5. Effective CFTMs will engage all family and team members in an ongoing process of assessment and understanding of what the child and family needs to ensure that children are in a safe, permanent home.

### D. Planning and Long-Term View

1. The child/family will have a single integrated permanency plan developed by the child and family team that works as a comprehensive, dynamic service organizer and is focused by the long-term view for the child and family. The Family Permanency Plan specifies the goals, roles, strategies, resources, and schedules for the coordinated provision of assistance, supports, supervision, and services for the child, caregiver, and family.

2. The broader the representation on the team, the more likely that case plans will be developed that are specific to each family’s needs, providing a mix of services and supports that will maximize the resources of the Child and Family Team.

3. Please refer to DCS Policy [16.31 Permanency Planning for Children/Youth in the Department of Children’s Services Custody](#) for guidance on the permanency planning process.

4. In addition, plans address the desired outcomes and the long-term view for the child and family. The FSW and the team encourage the family to explore how they want their family to be in the future, beyond the resolution of the immediate safety issues necessitating DCS involvement. There will be a shared vision among the team defining what things must change and the steps it will take to achieve the goals for the child and family to maintain the change once the case is closed.

5. To be acceptable, a child and family permanency plan:
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<thead>
<tr>
<th>Section</th>
<th>Details</th>
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<tbody>
<tr>
<td>a)</td>
<td>Is based on the big picture assessments, including: clinical, functional, educational, and informal assessments;</td>
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<tr>
<td>b)</td>
<td>Reflect the views and preferences of the child and family;</td>
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<td>c)</td>
<td>Is directed toward the achievement of strategic goals and success of the child;</td>
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<td>d)</td>
<td>Is coherent in design, balanced in the use of formal and informal supports;</td>
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<td>e)</td>
<td>Is culturally appropriate; and,</td>
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<td>f)</td>
<td>Is modified frequently, based on changing circumstances, experience gained, and progress made.</td>
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6. The written child and family permanency plan defines the outcomes and reflects the collective intentions of the Child and Family Team - it describes the path and the process to be followed in order to ensure that children are safe and permanency is achieved in a timely fashion.

7. The Child and Family Team planning process drives the implementation of strategies, actions, and services.

### E. Tracking and adaptation

1. The FSW is responsible for following up on referrals and tasks assigned to the members of the team to ensure that the services and strategies developed in the plan are being executed in a timely and competent manner. This requires coordination and resource management to ensure that progress is being made. The FSW maintains regular contact with the family and team to ensure that:

   a) The strategies, actions, and services planned for the parent/family and child are being implemented in a timely, competent, and dependable manner, consistent with family-centered practice and with necessary cultural accommodations.

   b) Actions, supports, and services linked to change strategies are being provided at a level of intensity and continuity necessary to meet priority needs, reduce risks, facilitate successful transitions, and achieve adequate daily functioning for the parent and child.

   c) Service providers (e.g., social workers, care staff, teachers, therapists, tutors, mentors) are receiving support and supervision necessary for adequate role performance in conducting the planned change strategies for the parent and child.

2. The FSW reconvenes the Child and Family team for reviews and revisions of the permanency plan when changes are needed, such as services are not being provided as planned, the child or family is not responding well to the services, or new issues have arisen that the team must address.

3. An ongoing examination process is used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. This process occurs no less often than every 3 months throughout the life of the case.
4. The service plan is modified when objectives are not met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The FSW plays a central role in monitoring and modifying planned strategies, services, supports, and results. Team Leaders review the progress on permanency plans with FSWs on a quarterly basis, at a minimum. Members of the Child and Family Team (including the child and family) apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services.

5. Following a CFTM, the development and progress of the work done with the family is documented, as follows:

a) The meeting and outcomes, as well as permanency plans, (if developed), are documented in TFACTS.

b) Additional assessment information gathered from any CFTM is utilized to update the Child and Adolescent Needs and Strengths (CANS), as necessary, and/or Family Advocacy and Support Tool (FAST) based on the program area of the Case Manager.

c) If the child or his/her birth parents did not attend or participate, this is documented in TFACTS, with a description of the efforts that were made to encourage the family’s participation.

d) For meetings in which a Family Permanency Plan is not developed or revised, form CS-0747, Child and Family Team Meeting Summary, is provided to all participants and a copy is placed in the case file. The team leader reviews and signs off the summary. The CFTM Meeting Summary is entered into TFACTS within 15 days following the conclusion of the CFTM.

e) For Initial Permanency Planning CFTMs, a written draft of the Family Permanency Plan is given to all participants at the close of Permanency Planning CFTMs. Typed copies can be provided to all team members upon completion of the plan in the current child welfare information system. DCS Policy 16.31 Permanency Planning for Children/Youth in the Department of Children’s Services Custody for more details about preparing the plan, providing copies for the parents’ signatures, and in the event the parents sign a handwritten copy which is later typed, having both versions available at court for the parents and attorneys to review and approve.

f) All Team Members receive a completed Notice of Action (NOA), form CS-0800 and TennCare Medical Appeal form at the conclusion of the CFTM. NOA’s are completed for placement recommendations of Level 2, 3 or 4 (either an increase in level or decrease in level). For more information refer to the NOA-GRIER FAQ.

g) Permanency Plans are entered into TFACTS within 48 hours from the completion of the CFTM, per DCS Policy 16.31 Permanency Planning for Children/Youth in the Department of Children’s Services Custody.
h) For Discharge Planning CFTMs, form **CS-0747, Child and Family Team Meeting Summary**, is used to document the discharge plans made and provides the child/family with the contact information for the FSW and TL, in the event they need any additional help to ensure a successful discharge. Discharge planning should begin at the beginning of the case. Whether moving toward THV, release from custody/exit from care, the discharge planning should occur in a sufficient time frame to ensure that the family’s needs are met and appropriate services are in place. The discharge plan includes any services to address parent(s)/caregiver(s)/child (ren)’s preparation for reunification and address any associated feelings/anxiety with returning home. If applicable, it should also be clarified whether there will be opportunities for contact with children by the out-of-home caregiver(s) following reunification.

F. Child and Family Team Meetings for delinquent youth in a Youth Development Center

1. A YDC has some unique challenges to practicing a child and family team model as envisioned in this policy. Some families may live far from the facility; others may be highly reluctant to be involved in this manner; and the role of the court may limit some decisions the child and family team can make. Nevertheless, DCS believes that involving families whenever possible is critical to helping delinquent youth succeed in their rehabilitation and to prepare them to return successfully to their families and community.

2. CFTMs that require the use of a Trained Full-Time or Back-Up Facilitator (either YDC or regional staff) are during **YDC Individual Program Plan (IPP)/Permanency Plan (Custody) CFTMs** and unplanned **Placement Stability CFTMs**. When an unplanned move appears imminent or has just occurred refer to the **Child and Family Team Meeting Protocol** for the use of a facilitator. CFTMs are to be conducted at the following critical junctures of a case:

   a) **YDC Individual Program Plan (IPP)/Permanency Plan (Custody) CFTM.** A youth’s classification and development of the IPP is completed at the same time the permanency plan is developed or updated in the context of a CFTM. This CFTM is held within fourteen (14) days of the youth’s arrival at the facility. Refer to policies **18.22-DOE, Development of Individual Program Plan/Individual Education Plan (IPP/IEP)** and **18.24-DOE, Information for Initial Classification** and the **Permanency Plan Development Guide** for additional guidance through this process.

   A trained full-time facilitator or back-up facilitator is required to complete this CFTM.

   b) **Placement Stability/Disruption (Unplanned)** - In a YDC, youth are assessed by crisis management services and moved to a Mental Health (MH) facility on an emergency basis without a CFTM. However, a CFTM should be convened within 7 calendar days after the placement or at least 48 hours before discharge from MH facility (whichever comes first) with a Trained Full-Time or Back-Up Facilitator. Refer to DCS Policy **19.1 Suicide/ Self Harm Prevention & Intervention in a YDC** for more information.
c) **YDC Program Transfer (Planned)** - A Placement Stability CFTM is also required for any planned transfer or step-down from the facility, but these CFTMs do not require the use of a Trained Full-Time or Back-Up Facilitator. See applicable policies: [19.7 Transitioning DCS Youth into Adult Behavioral/Mental Health Services](#) and [19.8 Transitioning Youth into the DIDD Adult Services](#).

d) **Release CFTM** - Decisions regarding a release from custody is made during a CFTM to ensure that all safety and risk issues that necessitated custody are adequately addressed and resolved. This CFTM allows the team to determine whether necessary supports are in place to support the youth and family. A YDC Team Leader, Regional Team Leader or CM3 is required to be in attendance at this meeting. This meeting type does not require a Trained Full-Time or Back-Up Facilitator. Refer to DCS Policy [12.1 Community Reentry and Trial Home Visits for Youth in Custody](#).

e) **Progress Reviews/Quarterly IPP Reviews** – A CFTM is convened for Quarterly IPP and Progress reviews no less often than every three (3) months. These in-depth reviews are for the purpose of determining whether the IPP is being implemented to meet the individual needs of the youth. They are utilized to make decisions regarding the youth’s current status; determine the readiness for step-down; identify the need for increased services or interventions; or to make changes in the current services or interventions. Following every other Quarterly review (2\textsuperscript{nd}, 4\textsuperscript{th}, etc.) this document is sent to the Executive Director and the Deputy Commissioner of Juvenile Justice for review and sign off. A Trained Full-Time or Back-Up Facilitator is not required for these reviews.

Reviews are held on a monthly basis on all youth in a YDC to assess that the youth’s current goals, objectives and interventions continue to meet the youth’s treatment needs.

f) **Special Called CFTMs** - Any team member, including the youth or the youth's family, may request a CFTM at any point during the life of a case. The need for a Trained Full-Time or Back-Up Facilitator will be determined by the nature of the case and the request. These CFTMs are recorded as “Special Called” in the CFTM Module of the current child welfare information system.

**Note:** Youth who have been determined by an IEP team to have an Intellectual Disability will have a Special Called CFTM. Refer to DCS Policy [19.6 Assessment and Placement of Youth With Intellectual Disabilities In a Youth Development Center](#).

g) **Documentation** - All CFTMs are documented on form **CS-0747, Child and Family Team Meeting Summary** and entered into TFACTS. Each team member is provided a copy of the Child and Family Team Meeting Summary at the conclusion of the meeting.

YDC RCM continue to document other internal monthly, quarterly
progress, or other administrative reviews according to current policy and practice.

3. **Additional Considerations for CFTMs:**
   a) If interpreter services are required for a CFTM, the YDC RCM will make arrangements as needed.
   b) The YDC RCM informs the youth, family, and family services worker about the purpose of the CFTM and clarifies the goal and desired outcome of the meeting.
   c) Advanced planning to ensure the participation of families and family service workers is necessary. Conference calls, video conferencing etc. may be used to ensure the participation of families and FSWs when their physical presence is not possible. The Child and Family Team Meeting may proceed when their (FSW or parent/guardian’s) participation has been arranged. YDC RCM document their efforts to secure the participation of the family and family services worker in the current child welfare information system.
   d) In the event the child and family team cannot come to a consensus decision, the facility Superintendent and Statewide Director/designee will review the case, confer with the team and make the final determination.
   e) In the event that neither the youth nor his family participates in a scheduled CFTM, the meeting will not be considered a CFTM. It will not be documented as a CFTM, but as an administrative review or staffing. Reasonable efforts to include the youth and family is documented in the current child welfare information system.

**Forms:**

- **CS-0338, Individual Program Plan Monthly Review**
- **CS-0746, Meeting Notification**
- **CS-0747, Child and Family Team Meeting Summary**
- **CS-0800, Notice of Action (NOA)**
- **CS-1061, Tier II Request for Appeal Documentation & Communication**
- **CS-1062, Tier II Request for Appeal**
- **TennCare Medical Appeal form**
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<thead>
<tr>
<th>Collateral documents:</th>
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<tr>
<td>Child and Family Team Meeting Protocol</td>
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<tr>
<td>Stages of the Child and Family Team Meeting</td>
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<tr>
<td>ICPC Practice and Procedures Manual</td>
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<tr>
<td>Protocol for Working with Hospitals</td>
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<td>Permanency Plan Development Guide</td>
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<td>NOA-GRIER FAQ</td>
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<tr>
<td>18.22-DOE, Development of Individual Program Plan/Individual Education Plan (IPP/IEP)</td>
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<td>18.24-DOE, Information for Initial Classification</td>
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