

**Child and Family Team Meeting Protocol \* Refers to Footnotes**

Type of CFTM	Person Responsible for Building, Preparing and Maintenance of Team Members	Time Frame CFTM Must Take Place *1	Purpose of the "Decision to be made at the CFTM"	Who facilitates the CFTM *2	Team Leader Presence *3	Other comments *4 and *5
Initial CFTM	CPS or FSS Case Manager or Family Service Worker or Team Leader	<p>Whenever there is an imminent risk of a child coming into custody (to prevent removal if possible)</p> <p>If a child has entered custody, this should take place within 24 hours; if that is not possible, prior to the preliminary hearing</p> <p>The Initial CFTM must take place <u>no later</u> than 7 calendar days after placement for all children or youth who enter custody.</p> <p>Initial CFTMs that take place prior to custody to prevent removal can be considered as the Initial meeting if they occurred within 7 calendar days prior to the</p>	<p>Assess all the safety and risk factors and determine how the child's safety can be maintained in the least restrictive, least intrusive manner possible.</p> <p>If the child was removed on an emergency basis, the CFTM must determine if a plan can be developed to allow the child to safely return to his parent's home w/services or if other kinship/community placements are available for the child. If a plan is developed, DCS would pursue divestment of custody at the preliminary hearing.</p> <p><u>If DCS is to maintain custody, be sure to address the following matters:</u></p> <p>Identify relatives, kin, or other persons with meaningful pre-existing relationships with the child that might be considered for potential</p>	Trained Full-Time, or Back-up Facilitator	Required	<p>It is recognized that time constraints may limit full preparation and development of a team. At the least, the caseworker must ensure that families understand the decision to be made at the meeting and are encouraged to bring extended family and/or other support persons with them.</p> <p>The Team Leader for the case is required to be present at all Initial meetings. In the event the assigned Team Leader is unavailable, another Team Leader or FSW3 can serve in his or her place.</p> <p>In order to ensure the facilitator's objectivity, the facilitator should not be directly involved with the case.</p> <p>If placement in custody were a result of CPS involvement (this could be either</p>

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		custody date.	<p>placement or visitation; complete a family diagram; and make efforts to ensure that siblings are placed together.</p> <p>Verify names, addresses and any other information regarding all legal, birth, and putative fathers.</p> <p>Assess the appropriateness of temporary placement, and discuss how to minimize any possible trauma to the child as a result of removal.</p> <p>Provide TennCare appeals rights information and medical appeal form for DCS placements that are TennCare funded. (Levels 2, 3,4)</p> <p>Develop a plan to obtain child's clothing and other items that child will need in current placement.</p>			<p>investigation or assessment staff), the CPS Case Manager would be responsible for the preparation of team members.</p> <p>If the placement in custody did not involve CPS, the Social Services Case Manager would be responsible for the preparation of team members.</p> <p>If an Initial CFTM is utilized for children who do not enter care as a result of a safety issue, but through a court adjudication of unruly and/or delinquency, the Family Service worker or the Team Leader would be responsible for the preparation of team members.</p> <p>Information gathered in the Initial CFTM should be synthesized and entered into the Functional</p>

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			<p>Discuss any medical or behavioral health issues for the child, as well as any other immediate case-related issues or concerns of the team members.</p> <p>Set up an immediate visitation schedule for child with parents, siblings and other family members and arrange for a schedule of contacts between the FSW and the family.</p> <p>Encourage the family to identify support persons, both formal and informal, who can become part of the Child and Family Team.</p> <p>Explain the purpose of permanency planning and schedule the Initial Permanency Planning CFTM to be held within 30 days.</p> <p>For youth ages 14 and up; if a plan is developed, an Independent Living or Transition Plan must be</p>			<p>Assessment.</p> <p>When there is the potential for a child to be removed from the home, an Initial CFTM is held. The team attempts to create a plan that will prevent the child's placement into custody. Despite the teams' efforts, if the child enters custody several days later, it may be necessary to reconvene the team. Issues that may need to be addressed are:</p> <ul style="list-style-type: none"> <li>• medical /behavioral needs of the child</li> <li>• minimization of trauma</li> <li>• family visitation</li> <li>• preparation for the Initial Permanency Planning CFTM</li> </ul> <p>If the CFTM took place more than 7 days before the child entered custody, there <u>must</u> be an Initial CFTM held to address</p>

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			<p>included, as applicable. This must include use of Life Skills Assessment results.</p>			<p>these custody-related issues.</p> <p>If a decision is made to place the child, the CANS should be completed and consulted to help identify the best placement.</p> <p>Whenever there is a CFTM, DCS must ensure that parents and other team members are informed of the child's TennCare Appeal rights and provided a copy of form, <a href="#">CS-0800, Notice of Action</a> form and a <a href="#">TennCare Medical Appeal form</a>.</p>
<p><b>Initial Permanency Planning CFTM</b></p>	<p>Family Service Worker</p>	<p>This CFTM takes place and the Family Permanency Plan completed and forwarded to legal within 30 calendar days of entering custody.</p>	<p>Establish a Permanency Plan Goal and review placement appropriateness/options.</p> <p>Provide TennCare appeals rights information for DCS placements or recommended services</p>	<p>Family Service Worker or Team Leader</p>	<p>Required</p>	<p>Full preparation of the family and team for participation in this CFTM is expected. There should be as many team members involved in this meeting as possible, to help craft a comprehensive plan</p>

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		<p>Permanency Plan is entered into TFACTS within 48 hours from the completion of the CFTM per DCS Policy <a href="#"><u>16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody</u></a></p>	<p>that are TennCare funded.</p> <p>Address issues that created risk for the child, building on the outcomes of the Initial CFTM.</p> <p>Affirm strengths identified in the first CFTM and identify new strengths in the family.</p> <p>Assess the concerns, issues, and underlying needs of the family/child. The plan is based upon assessments made through the Functional Assessment, CANS, SDM, FAST (when applicable), EPSDT, mental health assessment, or other evaluations.</p> <p>Examine the long-term view for the family and child.</p> <p>Develop concrete action steps with target dates and persons</p>			<p>that will utilize all of the resources on the team.</p> <p>The FSW comes to the meeting with all demographic information already on the plan, so the meeting can focus on identifying goals, needs, action steps, etc.</p> <p>The Team Leader for the case is required to be present in Initial Permanency Planning CFTM's, to ensure that appropriate preparation has been provided, to assist in the development of a meaningful, realistic plan for the family, and to mentor the Family Service Worker. In the event the Team Leader is not available, another Team Leader or FSW/3 can participate in his or her place.</p> <p>Please refer to DCS</p>

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			<p>responsible.</p> <p>Complete the permanency plan and provide copies to all members of the team.</p> <p>Continue to engage the family and their support network in the plan.</p> <p>For youth ages 14 and up; an Independent Living or Transition Plan must be included, as applicable." This must include use of Life Skills Assessment results.</p>			<p>Policy <a href="#">16.31, Permanency Planning for Children/Youth in Department of Children's Services Custody</a> and <a href="#">Permanency Plan Development Guide</a> for the timelines and requirements for permanency plan development and reviews.</p> <p>For youth who are 14 years of age or older, there shall be an Independent Living Case plan developed in conjunction with the Family Permanency Plan, in compliance with DCS Policy <a href="#">16.51, Independent Living Case Plan</a>, and <a href="#">Permanency Plan Development Guide</a></p> <p>For youth whose initial placement is in a Youth Development Center (YDC), the classification/IPP is developed at the same</p>

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						<p>time the permanency plan is completed or updated. This CFTM shall be held within fourteen days of the date of placement.</p> <p>Whenever there is a CFTM, DCS must ensure that parents and other team members are informed of the child's TennCare Appeal rights and provided a copy of form, <a href="#">CS-0800, Notice of Action</a> and a <a href="#">TennCare Medical appeal form</a></p>
<p><b>YDC Individual Program Plan (IPP)/ Permanency Plan (Custody) CFTM</b></p>	<p>YDC Residential Case Manager</p>	<p>Within 14 days from admission date</p>	<p>Review of comprehensive assessments, both formal and informal, to formulate treatment recommendations and to determine an appropriate program placement.</p> <p>Develop the Individual Program Plan section within the permanency plan addressing the strength and needs of youth and their families;</p>	<p>Trained Full-Time or Back-up Facilitator</p>		<p>Upon completion of this CFTM, the CS-0747, Child and Family Team Meeting Summary will be completed and entered into TFACTS. Recommendations for further assessments and any pending referrals will be noted in the summary.</p> <p>Please refer to the <a href="#">Permanency Plan Development Guide</a></p>

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			provision of services which build upon the strengths and address needs; success directed goals and objectives (desired outcomes/action steps; and continuum of care (if needed), aftercare planning and permanency.			for additional requirements and information.
<b>Progress/Quarterly IPP Review CFTM</b>	Family Service Worker For YDCs, the Residential Case Manager	Teams should be convened every 3 months to review the progress on achieving permanency.  If no other type of CFTM has taken place during a 3-month period, a Progress Review CFTM must take place.	Review the child and family’s progress towards permanency. Identify the remaining barriers to permanency and develop plans to remove those barriers.  Assess the effectiveness of services and whether revisions to the plan or additional action steps are needed.  Make an alternate or concurrent plan for permanency, if applicable.  Emphasize the importance of achieving permanency for	Family Service Worker (with 1 year or more of experience), or Team Leader  For YDCs, the Residential Case Manager	Required if the FSW has 1 year or less of experience  For YDCs, no trained full-time or back facilitator is required	Full preparation of the family and team for participation in this CFTM is expected.  A CFTM to review progress on the Family Permanency Plan can be conducted whenever there are changes needed or progress is not being made in a timely fashion.  It is recommended that the Team Leader participate in all permanency plan progress review CFTM’s; however, TL’s can exercise judgment in deciding whether their



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			<p>children in as timely a manner as possible. Ensure all team members understand the impact of prolonged separation and uncertainty upon children.</p> <p>Prepare the child and family team for finalizing a permanency decision at the twelve (12) month CFTM.</p> <p>For YDCs, 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 to increase services or interventions; or to make changes in the current services or interventions.</p>			<p>participation is required, based on the experience of the FSW, the complexity of the case, and the availability of other supports, such as a FSW 3 or other regional staff. For any family service worker with less than 1 year of experience with DCS, there must be a Team Leader or FSW 3 participating in permanency plan progress review CFTM's.</p> <p>Anytime the team is convened, there should be a review of the progress being made toward achieving permanency - whether services are being provided, are effective and all responsible parties are doing what they agreed to on the plan. This requires the FSW to follow up on all referrals and obtain reports from service</p>

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						<p>providers prior to the progress review CFTM.</p> <p>For YDCs, the residential case manager completes form <a href="#">CS-0747 Child and Family Team Meeting Summary</a> and enters it into TFACTS.</p>
<b>Revised Permanency Plan CFTM</b>	Family Service Worker	Any time the Family Permanency Plan needs to be revised. This has to occur before the Permanency Plan has expired, and no less often than 12 months from the date of custody	<p>Revise the Family Permanency Plan - this includes goal changes, adding action steps, and revising time frames.</p> <p>The process for development of the revised plan should be similar to the process for developing the initial plan, with the full participation of the family and team.</p> <p>The revised Family Permanency Plan should reflect an updated assessment that addresses the needs and utilizes strengths that have been identified since the</p>	Family Service Worker (with 1 year or more of experience) Team Leader, or Trained Full- time or Back-up Facilitator	Required if the FSW has 1 year or less of experience	<p>Full preparation of the family for participation in this CFTM is expected. The family should not hear about changing the goal from reunification to adoption, for example, for the first time in the context of a CFTM. Emotionally charged issues need to be raised and processed with the family prior to the meeting as part of preparation.</p> <p>Permanency specialists should be encouraged to become part of any child and family team when progress toward</p>

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			<p>Initial Family Permanency Plan was developed.</p> <p>Family Permanency Plan revisions should be done whenever they are deemed necessary by the Family Service Worker and/or other team members. This has to occur no less often than annually from the date of custody.</p> <p>In addition to the basic steps of the Initial Family Permanency Plan CFTM, the following needs to be considered:</p> <p>If progress is being made and the goal is return to parent, begin planning for the child's safe return home and revise the plan accordingly.</p> <p>If no progress is being made toward return to parent and a goal change is being</p>			<p>reunification is not proceeding and other permanency alternatives need to be explained and explored with the family.</p> <p>It is recommended that the Team Leader participate in all permanency plan revision CFTM's; however, TL's can exercise judgment in deciding whether their participation is required, based on the experience of the family service worker, the complexity of the case, and the availability of other supports able to participate, such as a FSW 3 or other regional staff. For any family service worker with less than 1 year of experience with DCS, there must be a team leader or FSW 3 participating in Permanency Plan Revision CFTMs.</p>

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			<p>considered, explain to the family the reasons for the proposed goal change. Consider alternative options for permanency, such as permanent guardianship, adoption, developing concurrent goals, etc.</p> <p>Explore with the family the possibility of termination of parental rights or voluntary surrender, if applicable.</p> <p>For youth ages 14 and up; revise the Independent Living or Transition Plan section of the permanency plan, as applicable.” This must include use of Life Skills Assessment results.</p> <p>The Family Permanency Plan and action steps included should reflect the chosen Permanency goal(s).</p>			<p>Whenever there is a CFTM, DCS must ensure that parents and other team members are informed of the child’s TennCare Appeal rights and provided a copy of form, <a href="#">CS-0800, Notice of Action</a> and a <a href="#">TennCare Medical appeal form</a></p>
<b>Placement Stability CFTM</b>	Family Service Worker	Within 15 days of any change of placement, preferably prior to any change of	To reduce the number of disruptions of children/youth in custody and to minimize the trauma	Trained Full- time or Back-up Facilitator for potential disruptions,	Required if the FSW has 1 year or less of experience	For disruptions, preparation for this CFTM may be limited if there is an urgent nature to the

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		<p>placement, and no longer than 15 days after a move has occurred.</p> <p>If there is a risk that a placement may be disrupted, the meeting should be scheduled as soon as possible.</p> <p>If any member of the Child and Family Team (i.e., contract provider, foster parent, youth, family, etc.) requests a CFTM to address an issue, DCS convenes the CFTM as soon as possible.</p> <p>If it is an emergency, the CFTM is scheduled within 3 business days and take place within 5 business days.</p> <p>For those youth</p>	<p>when a placement disruption cannot be avoided.</p> <p>Review progress in current placement and determine if the current placement is still appropriate to meet the child's needs, and is the least restrictive, least intrusive placement that can meet those needs.</p> <p>If the current placement can be maintained, develop a plan to stabilize the current placement - this may include additional services to support the child's needs, providing respite or other supports to the caregiver(s), etc.</p> <p>If the current placement is not appropriate and/or cannot be maintained, develop a plan for the transition to an alternative placement in the least traumatic manner</p>	<p><u>unplanned</u> changes of placement For <u>planned</u> changes of placement, such as a move to an adoptive home or to a lower level of care, the FSW (with 1 year or more of experience) or the Team Leader can facilitate the CFTM.</p> <p>If this placement change was planned during a Progress Review CFTM, an additional CFTM may not be needed.</p>		<p>placement move. In these situations, preparation may be limited to ensuring families understand the decision to be made at the meeting. Families should be encouraged to bring extended family and/or other support persons to these CFTMs.</p> <p>It is important that youth be engaged in this CFTM and efforts must be made to avoid shaming or alienating the youth in the process of discussing the issues related to the potential disruption of a placement.</p> <p>In order to ensure the facilitator's objectivity, the facilitator should not be directly involved with the case.</p> <p>In order to make the best placement decision, caregivers are critical team</p>

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		<p>returning from runaway status, a CFTM will be convened (whenever possible) prior to being placed back into the home from which they ran or into a new placement.</p>	<p>possible. The team should explore ways to strengthen the new placement and prevent any future disruptions.</p> <p>If an unplanned change in placement has already occurred, explore ways the team can help to strengthen the present placement and prevent any future disruptions.</p> <p>For planned changes of placement, the CFTM should focus on such issues as how to make the transition successful; what services may be needed; how the child can maintain meaningful connections with people that are important to him or her; and what supports are necessary to help the child adjust to a new setting.</p> <p>Provide TennCare appeals rights information and</p>			<p>members to include in Placement Stability CFTMs. The Placement Team Coordinator should be consulted and efforts should be made to include the Placement Specialist in the CFTM.</p> <p>If the current placement cannot be stabilized, the CANS should be updated and consulted to assist in identifying the best placement.</p> <p>For changes of placement that are planned moves toward permanency, such as moving into an adoptive home, a move to reunite siblings, or to a lower level of care, representing progress, there should be full preparation of the team. A facilitator may not necessarily be required, unless there are difficult issues or</p>

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			<p><u><a href="#">TennCare Medical appeal form</a></u> for DCS placements that are TennCare funded.</p>			<p>conflicts on the team.</p> <p>It is recommended that the Team Leader participate in CFTM's related to placement stability; however, TL's can exercise judgment in deciding whether their participation is required, based on the experience of the family service worker, the number of disruptions or issues involved, and the availability of others able to participate, such as a FSW 3 or other regional staff. For any family service worker with less than 1 year of experience with DCS, there must be a team leader or FSW 3 participating in Placement Stability CFTMs.</p> <p>Whenever there is a CFTM, DCS must ensure that parents and other team members are informed</p>

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						<p>of the child's TennCare Appeal rights and provided a copy of form, <a href="#"><u>CS-0800, Notice of Action</u></a> and a <a href="#"><u>TennCare Medical appeal form</u></a></p> <p>For youth in a YDC, this policy does not supersede DCS Policy <a href="#"><u>19.1 Suicide/ Self Harm Prevention &amp; Intervention in a YDC</u></a> that allows a youth to be 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).</p>



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<b>YDC Program Transfer (Planned)</b>	YDC Residential Case Manager	At any time a youth has achieved maximum program benefit at a YDC and may need additional transitioning services or a step-down	A Youth has completed the program or received maximum program benefits at a YDC but may require additional transitioning services or a step-down. A youth has completed their treatment in a secure setting but has additional placement needs based on location of family, mental health, medical and educational needs.			See applicable policies: <a href="#">19.7 Transitioning DCS Youth with Serious Psychiatric Disorders into Adult Behavioral/Mental Health Services</a> and <a href="#">19.8 Transitioning Youth to the Employment and Community First (ECF) Choices Program for Adult Services</a>
<b>Discharge/Exit Custody CFTM (Social Services)</b>	Family Service Worker	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.	To make sure that all safety and risk issues that resulted in custody have been adequately addressed and resolved.  To ensure that there is a concrete plan for any needed services and that they are in place. This includes information about continued health care coverage for those receiving TennCare benefits. For youth transitioning to adulthood; inform youth regarding their right to make their own	Team Leader, Family Service Worker (with 1 year or more of experience), or a Trained Full-Time or Back-up Facilitator	Required	This meeting is critical to ensure that the services and supports are in place to make the discharge successful and prevent re-entry. A Transition (DC) CANS needs to be completed prior to this CFTM and the CANS consultant should be engaged to recommend the appropriate services for the needs identified by the CANS.  In order to ensure the facilitator’s objectivity,

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			<p>health care decisions and their right to communicate about health care decisions through advance directives. Youth eligible to receive Extension of Foster Care Services have the opportunity to accept these services during this CFTM by signing Form CS-0488, Rights and Responsibilities to Receive Foster Care as an Adult.</p> <p>To assess that the child and family are ready to proceed with a trial home visit, release or exit from custody.</p> <p>To anticipate and address any issues that could compromise a successful discharge, reunification, or exit from custody.</p> <p>To ensure that there are community supports in place to sustain the child and family after DCS is no longer involved.</p>			<p>the facilitator should not be directly involved with the case.</p> <p>Be sure the FSW assists the child to maintain or obtain health insurance following their exit from custody.</p> <p>A one-page flyer about TennCare extension applications should be provided. For youth transitioning to adulthood or post custody services, they will be provided information regarding their ability to make their own health care decisions, including their ability to communicate those decisions through advance directives. The one page flyer for youth transitioning to adulthood or post custody services includes this information regarding advance directives.</p>

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						<p>The Team Leader for the case is required to be present in Discharge Planning CFTMs. This is to ensure that all safety and risk concerns have been adequately addressed and that appropriate preparation has taken place to ensure a successful discharge. In the event the Team Leader is not available, another Team Leader can participate in his or her place.</p> <p>Refer to DCS Policy <a href="#">16.12 Severe Abuse Review</a></p>
<p><b>JJ Release to Aftercare CFTM (Pre-Release Planning CFTM)</b></p>	<p>Family Service Worker</p> <p>For YDCs, upon request by residential case manager for release, Family Service Worker becomes responsible.</p>	<p>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</p>	<p>To make sure that all safety and risk issues that resulted in custody have been adequately addressed and resolved.</p> <p>To develop the aftercare plan and ensure there is a concrete plan for any needed services and</p>	<p>Team Leader, Family Service Worker (with 1 year or more of experience), or a Trained Full-Time or Back-up Facilitator</p>	<p>Required</p>	<p>This meeting is critical to ensure that the services and supports are in place to make the release successful and prevent re-entry/recidivism.</p> <p>Refer to DCS Policy <a href="#">13.11 Trial Home</a></p>

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		<p>frame to ensure that the family’s needs are met and appropriate services are in place.</p> <p>Immediately following the meeting in which it is decided that the youth is ready for release a summary is written, along with the aftercare plan and all applicable forms are completed.</p> <p><b>Note:</b> a meeting is required for youth with indeterminate and determinate sentences; however, approval from the court is not required when a youth completes the sentence.</p> <p>The paperwork is then immediately presented to the committing court to request the Judge’s consent or</p>	<p>that they will be in place <b>BEFORE</b> the youth begins the trial home visit. This includes aftercare rules and information about continued health care coverage for those receiving TennCare benefits.</p> <p>To assess that the youth and family are ready for the youth to return home and can support the aftercare plan with attention to the supervision of the youth, school attendance, etc.</p> <p>For youth transitioning to adulthood; inform youth regarding their right to make their own health care decisions and their right to communicate about health care decisions through advance directives. Youth eligible to receive Extension of Foster Care Services have the opportunity to accept these services during this CFTM by signing Form CS-0488,</p>			<p><a href="#"><u>Visits and Aftercare Requirements for Delinquent Youth.</u></a></p> <p>A Transition (DC) CANS needs to be completed prior to this CFTM and the CANS consultant should be engaged to recommend the appropriate services for the needs identified by the CANS.</p> <p>In order to ensure the facilitator’s objectivity, the facilitator should not be directly involved with the case.</p> <p>Be sure the FSW assists the child to maintain or obtain health insurance following their exit from custody.</p> <p>A one-page flyer about TennCare extension applications should be provided.</p> <p>For youth transitioning to adulthood or post custody services, they will be provided information regarding</p>

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		objection to the release of the youth. If the youth is under a dual commitment (from two or more county courts), this process must be completed in the second court as well.	Rights and Responsibilities to Receive Foster Care as an Adult.			<p>their ability to make their own health care decisions, including their ability to communicate those decisions through advance directives. The one-page flyer for youth transitioning to adulthood or post custody services includes this information regarding advance directives.</p> <p>The Team Leader for the case is required to be present in JJ Release to Aftercare CFTMs. This is to ensure that all safety and risk concerns have been adequately addressed and that appropriate preparation has taken place to ensure a successful discharge. In the event the Team Leader is not available, another Team Leader can participate in his or her place.</p>

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<p><b>JJ-Discharge from Probation/Aftercare CFTM</b></p> <p><b>(Case Closure)</b></p>	<p>Family Service Worker</p>	<p>Within 30 calendar days of the proposed case closure date for youth on Probation, Aftercare or under Interstate Compact on Juveniles Supervision (ICJ)</p>	<p>To assess that the youth and family are ready for case closure.</p> <p>To anticipate and address any issues that could compromise the closing of the case.</p> <p>To ensure that there are community supports in place to sustain the child and family after DCS is no longer involved</p>	<p>Team Leader, Family Service Worker (with 1 year or more of experience), or a Trained Full-Time or Back-up Facilitator</p>	<p>Required</p>	<p>This meeting should take place prior to closing a probation or aftercare case. Refer to DCS Policy <a href="#">13.11 Trial Home Visit and Aftercare Requirements for Delinquent Youth</a></p>
<p><b>Special Called CFTM</b></p>	<p>Family Service Worker</p>	<p>As appropriate based on case need.</p> <p>In the event of an emergency, DCS should schedule the CFTM as soon as possible - no later than 3 business days. It must take place within five working days.</p> <p>If not an emergency, the CFTM takes place within 7 business days from the</p>	<p>To address a specific concern raised by any member of the child and family team.</p> <p>To pull the team together immediately to address any urgent need or emergency situation that may arise.</p> <p>Some examples of these would include:</p> <ul style="list-style-type: none"> <li>• CFT meetings needed to discuss the child’s educational needs, in the event of a change in educational setting is being considered or</li> </ul>	<p>Team Leader, Family Service Worker (with 1 year or more of experience), or a Trained Full-Time or Back-up Facilitator</p> <p>The use of a Trained Full-time or Back- up Facilitator is not required, but may be advisable in certain cases, depending upon the needs of the team and reason for the meeting. If there are</p>	<p>Team Leader is required if the FSW has 1 year or less of experience.</p> <p>For more experienced staff, the Team Leader can exercise judgment to decide if his or her participation is needed, considering the experience of the FSW, the complexity of the case, and the availability of other supports,</p>	<p>The purpose of this CFTM is to pull together the members of the Child and Family Team necessary to address the situation that has arisen. Depending upon the issue to be resolved, it may not be necessary to convene the whole team; however, the child and family should always be included.</p> <p>Any team member may call a meeting.</p>

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		<p>request date.</p> <p>If child is expelled/suspended from school, the CFTM must take place within 5 days.</p>	<p>is necessary;</p> <ul style="list-style-type: none"> <li>• CFT meetings to develop or update an Independent Living plan for an adolescent</li> <li>• CFT meetings for children that are in full-guardianship without a permanent family to identify the best possible family for achieving permanency, or for referral to the Permanency Focus Team.</li> <li>• 90 to 180 days prior to an adolescent turning 18 and is at risk of aging out of custody without achieving permanency.</li> </ul> <p>Review the appropriateness of a goal of PPLA every six months and whenever there has been a disruption from the original PPLA resource home.</p>	<p>questions about the quality of services or conflicts between team members, it is recommended that the facilitator be utilized to conduct the meeting.</p>	<p>such as an FSW 3 or other regional staff.</p>	

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<b>Transition Planning</b>	Family Service Worker	<p>When a custodial youth turns 17, or a youth enters who is 17 or older.</p> <p>The Transition Plan may be revised in a CFTM as needed. It must be reviewed by the court within ninety (90) days of the youth’s planned exit from custody.</p>	<p>A Transition to Adulthood CFTM is convened to develop a Transition Plan for custodial youth 17 years of age or older.</p> <p>An Initial (Post Custody) CFTM is convened to develop the initial Transition Plan to reflect a version appropriate for young adults receiving Extension of Foster Care Services.</p>	<p>Family Service Worker, Trained Skilled facilitator.</p> <p>The IL specialist’s attendance in these meetings is preferable and highly recommended.</p>	<p>Team Leader is required if the FSW has 1 year or less of experience.</p> <p>For more experienced staff, the Team Leader can exercise judgment to decide if his or her participation is needed, considering the experience of the FSW, the complexity of the case, and the availability of other supports, such as an FSW 3 or other regional staff.</p>	<p>Transition Plans must address the key outcome areas of the youth’s transition to adulthood, including:</p> <ul style="list-style-type: none"> <li>• Housing Plan as an Adult</li> <li>• Job Skills and Employment as an Adult</li> <li>• Education Plan and Accessing Financial Aid</li> <li>• Managing Health Issues as an Adult</li> <li>• Financial Management as an Adult</li> <li>• Transportation Plan as an Adult</li> <li>• Access to Benefits as an Adult</li> <li>• Receipt of essential documents</li> <li>• Parenting Plan for Child (as applicable)</li> <li>• Immigration Status (as applicable)</li> <li>• Immigration Status (as applicable)</li> <li>• Referral to DIDDS or DMH ( as applicable)</li> <li>• Availability of</li> </ul>



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						Extension of Foster Care and Other IL Services <ul style="list-style-type: none"> <li>• Life Skills instruction (as assessed and needed)</li> </ul>
<b>Initial (Post Custody)</b>	Family Service Worker	Within 30 business days of direct transition from custody to Extension of Foster Care Services, or within thirty (30) business days of the Extension of Foster Care Services effective date when young adults return from a break to receive services.	An Initial (Post Custody) CFTM is convened to develop the initial Transition Plan to reflect a version appropriate for young adults receiving Extension of Foster Care Services.	Family Service Worker  The IL specialist's attendance in these meetings is recommended.		Transition Plans must address the key outcome areas related to the EFCS permanency goal, including: <ul style="list-style-type: none"> <li>• Housing Plan as an Adult</li> <li>• Job Skills and Employment as an Adult</li> <li>• Education Plan and Accessing Financial Aid</li> <li>• Managing Health Issues as an Adult</li> <li>• Financial Management as an Adult</li> <li>• Transportation Plan as an Adult</li> <li>• Access to Benefits as an Adult</li> <li>• Receipt of essential documents</li> <li>• Parenting Plan for Child (as applicable)</li> </ul>

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						<ul style="list-style-type: none"> <li>• Immigration Status (as applicable)</li> <li>• Immigration Status (as applicable)</li> <li>• Referral to DIDDS or DMH ( as applicable)</li> <li>• Availability of Extension of Foster Care and Other IL Services</li> </ul> Life Skills instruction (as assessed and needed)
<b>Progress Review (Post Custody)</b>	Family Service Worker	Every 6 months	A Progress Review (Post Custody) CFTM is convened to review and/or revise the Transition Plan for young adults receiving Extension of Foster Care Services.	Family Service Worker  The IL specialist's attendance in these meetings is recommended.		Transition Plans must address the key outcome areas related to the EFCS permanency goal, including: <ul style="list-style-type: none"> <li>• Housing Plan as an Adult</li> <li>• Job Skills and Employment as an Adult</li> <li>• Education Plan and Accessing Financial Aid</li> <li>• Managing Health Issues as an Adult</li> <li>• Financial Management as an Adult</li> <li>• Transportation Plan as an Adult</li> </ul>

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						<ul style="list-style-type: none"> <li>• Access to Benefits as an Adult</li> <li>• Receipt of essential documents</li> <li>• Parenting Plan for Child (as applicable)</li> <li>• Immigration Status (as applicable)</li> <li>• Immigration Status (as applicable)</li> <li>• Referral to DIDDS or DMH ( as applicable)</li> <li>• Availability of Extension of Foster Care and Other IL Services</li> </ul> <p>Life Skills instruction (as assessed and needed)</p>

## Child and Family Team Meeting Protocol \* Refers to Footnotes

Footnotes	
*1	If any member of the Child and Family Team (i.e., a contract provider, foster parent, youth, family, etc.) requests a CFTM to address an issue, DCS must convene the CFTM as soon as possible. If it is an emergency, it must be scheduled within 3 working days and take place within 5 working days of the request.
*2	A trained Full-time or Back up Facilitator is someone who has completed Advanced Facilitation Training and been certified to facilitate. This person provides an objective voice, so it is best if it is someone who is not directly involved with the case.
*3	This refers to the Team Leader or FSW3 that has the primary responsibility for the supervision of the case. The DCS Supervisor is expected to participate in a CFTM for each case under his/her supervision no less often than every 6 months.
*4	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.
*5	DCS and Contract Providers have the right to appeal decisions related to a child's type of placement, a child's level of care and continuation of a child's current services. The DCS worker or contract provider must announce their intent to appeal to the Child and Family Team prior to the conclusion of the CFTM. However, all parties will be afforded one (1), 24 hour business day cycle after the adjourning of the CFTM in which to lodge their request for appeal. Special circumstances may arise where this 24-hour notification is not possible. In such cases, the initiation of the appeal will be considered on a case-by-case basis. The contract provider will contact the CFTM facilitator notifying them of the intent to appeal. If the CFTM did not require a facilitator, the FSW for the case will be contacted.