

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: September 1, 2021
	Section 07: Child and Family Team (CFT) Meetings	Version: 8

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Practice Model is grounded in the principle that families should be primary decision makers for their future. Child and Family Team (CFT) Meetings allow for families to make positive changes in the lives of their children and family by bringing together children, family members, familial supports, community members, and providers to develop plans to expedite and achieve permanency, ensure safety, and support the child’s well-being.

PROCEDURE

DCS will utilize the CFT Meeting process to engage with the family, child, and placement (if applicable) to form the most effective team in order to create plans toward achieving goals of safety, service delivery, permanency, and residential treatment, if needed. DCS will continue efforts to engage the family and child in the CFT process throughout the life of the case. DCS will strive to meet the logistical needs of the family and child, including the time and location of the CFT Meeting. A CFT Meeting may be completed upon the request of any team member (including noncustodial and incarcerated parents), prior to case closure, and at case junctures beginning in the assessment phase (if DCS involvement will continue), and throughout the life of the case.

The Family Case Manager (FCM) will:

1. Utilize initial preparation meetings to explain the CFT process to the parent, guardian, or custodian, child (when appropriate), and other CFT members. Subsequent meetings in preparation for the CFT Meeting are used to gather information about the CFT members’ observations of the progress made by the family and/or child and to discuss any questions or concerns;
2. Utilize the Authorization to Contact Child and Family Team Meeting Members form to identify the members to be included in the CFT. Encourage the parent, guardian, or custodian to include any residential treatment staff, service providers, resource parents, formal and informal supports, and Court Appointed Special Advocate (CASA) and/or Guardian Ad Litem (GAL) as members of the CFT by explaining the benefits to case planning;

Note: With the exception of DCS staff, CFT members should be selected by the family and/or child.

3. Seek assistance from the FCM Supervisor, Peer Coach, or Peer Coach Consultant for assistance with all families who agree to have a CFT Meeting but cannot identify

informal or formal supports to form a team. If the family remains unable to identify formal or informal supports, the FCM must staff with the FCM Supervisor;

Note: In order to be considered a CFT there should be at least one (1) formal or informal support identified by the family and/or child to participate in the CFT Meeting.

4. Discuss case specifics with the FCM Supervisor to plan for safety and to overcome barriers (e.g., cases which involve domestic violence, child only CFT Meetings, incarcerated parents, and potential conflicts);
5. Actively engage the child with language the child will understand (as age and developmentally appropriate) in the CFT process to identify the child's goals and services needed;
6. Ensure youth age 14 years and older have the opportunity to attend and participate in the CFT Meeting;
7. Encourage youth age 14 years and older to select up to two (2) child representatives;

Note: Child representatives must be at least 18 years of age and are subject to the approval of DCS. A child representative may not be the foster parent or FCM. Approval may not be granted when there is cause to believe the representative may not act in the best interest of the child.

8. Send a Confirmation Notice of a Child and Family Team Meeting form to all team members to notify of any upcoming meeting;
9. Coordinate and implement the CFT Meetings following the Child and Family Team Meeting Agenda;
10. Ensure all CFT members sign a CFT Meeting Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information form and understand the limits of the confidentiality of team members;
11. Gather essential family and community connections and contact information to document in the Kinship Connection Diagram;
12. Assist the family and the CFT to identify each family member's functional strengths and underlying needs. Ensure individualized plans based on the family's and/or child's personal goals are developed during the CFT Meeting to connect the family and/or child with the appropriate services and resources to meet identified needs;

Note: Ensure available community services (including those available to incarcerated parents) are considered. Visitation should also be discussed and included in the plan.

13. Review and update the Safety Plan and/or the Plan of Safe Care, as needed. See policies 4.19 Safety Planning, 4.42 Plan of Safe Care, and 5.21 Safety Planning for further guidance;

Note: If a new safety concern arises regarding allegations of Child Abuse and/or Neglect (CA/N), the safety concerns must be addressed, and all new allegations of CA/N must be reported to the DCS Child Abuse Hotline. The safety response must be documented in the case management system (e.g., a report was made to the DCS Child Abuse Hotline regarding new allegations).

14. Complete the CFT Meeting Notes;

Note: All CFT Meeting notes must include a current plan for safety, which includes the child's current level of safety in placement, visitation, school, age appropriate programs, and/or extracurricular activities.

15. Ensure the CFT Meeting notes are distributed to all appropriate parties, including the CASA/GAL if not present at the meeting, and entered in case management system within seven (7) calendar days of the CFT Meeting; and

Note: The CASA/GAL does not need to request the Child and Family Team Meeting Notes, the Notes must be sent automatically as the CASA/GAL is a party to the case.

16. Complete a summary of all CFT Meeting notes including significant changes that occurred in the Progress Report to the court.

For cases where a child is placed in residential treatment, the FCM will conduct a residential treatment-focused CFT Meeting within 10 days of a child being placed and every 30 days until the child is transitioned to a less restrictive option. The residential treatment-focused CFT Meeting should consist of the following individuals:

1. Child;
2. Child's parents, guardians, or custodians (if Termination of Parental Rights [TPR] has not occurred);
3. Child's informal supports (including child representatives for youth ages 14 years and older);
4. FCM or Probation Officer, whichever is applicable;
5. Clinical Consultant or Probation Consultant, whichever is applicable;
6. CASA/GAL;
7. The prospective resource family (if applicable);
8. Service providers; and
9. 30 Day Assessment Provider (for first CFTM in residential treatment only).

Note: A new referral must be completed each time a child is placed in a Qualified Residential Treatment Program (QRTP), even if the child is being moved from one (1) QRTP to another QRTP.

During each residential treatment-focused CFT Meeting, the team will review and discuss the Step-Down Planning form. The Step-Down Planning form must be updated at least every 90 days. See policy 5.24 Child-Focused Treatment Review (CFTR) for additional guidance.

The FCM Supervisor will:

1. Complete all responsibilities outlined in the Practice Model Expectations for Supervisors on the Indiana Practice Model SharePoint;
2. Discuss the CFT Meetings and the child's and/or family's progress toward the goals identified by the CFT during regular staffing with the FCM; and
3. Ensure best practice for all actions related to CFT Meetings and that any deviation from best practice is documented in the case management system.

LEGAL REFERENCES

- [IC 31-28-5.8-6: Updating case plans; transitional services plan, visitation with family case manager](#)
- [IC 31-34-15-5: Cooperation in development of case plan](#)

- [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
- [Public Law No: 113-183 Preventing Sex Trafficking and Strengthening Families Act](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Case Juncture

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan and/or Safety Plan. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition; or
9. Education

Case Staffing

Case staffing is a systemic and frequent review of all case information with safety, stability, permanency, and well-being as driving forces for case activities.

Functional Strengths

Functional strengths are "the buildable" strengths of our families, which help build toward goal achievement.

Protective Factors

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems.

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Underlying Needs

Underlying needs are the root source of an individual and/or family's challenges, which determines the appropriate use of services or interventions.

Forms and Tools

- [5.A Tool: Domestic Violence and Child and Family Team \(CFT\) Meeting Considerations](#)
- [Authorization to Contact Child and Family Team Meeting \(CFTM\) Members \(SF 54341\)](#)
- Case Plan –Available in the case management system
- Child and Family Team Meeting Agenda -Available in the case management system
- [CFT Meeting Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information \(SF 54339\)](#)
- [CFT Meeting Notes \(SF 54601\)](#)
- Child and Family Team Meeting Debrief Forms – Available on Indiana Practice Model SharePoint
- [Confirmation Notice of a Child and Family Team Meeting \(SF 54338\)](#)
- [Kinship Connection Diagram](#)
- Practice Model Expectations for Supervisor – Available on the Indiana Practice Model SharePoint
- [Safety Plan \(SF 53243\)](#)
- [Step-Down Planning \(SF 57072\)](#)

Related Policies

- [4.19 Safety Planning](#)
- [4.42 Plan of Safe Care](#)
- [5.21 Safety Planning](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [11.06 Transition Plan for Successful Adulthood](#)