



PROVIDER PARTNERSHIPS in CHILD and FAMILY TEAMING

South Carolina Department of Social Services will begin transitioning from a private provider to internal facilitators to conduct Child and Family Team Meetings. SCDSS believes this change will improve the quality, timeliness, and fidelity of CFTMs and will improve SCDSS's ability to monitor and improve care to children and families.

Along with the new GPS Practice Model, this CFTM program will increase options for solutions, kinship placement opportunities, create a system of supports and ultimately improve safety and permanency outcomes children.

How are successful Child and Family Teams formed?

Family teaming creates opportunities to bring families with their formal and informal supports together to a common table, where they discuss goals, identify strengths, assess progress, and create an action-driven plan that meets the family's individual and collective needs for safety, permanency, and well-being.

"NO DECISION ABOUT US, WITHOUT US!"

What does this look like for providers and families?

Membership and Ownership- The team contains all important supporters and decision makers, *including informal supports*. All team members feel integral to the team and the family considers the team its own.

Common View and Effectiveness- All of the team members share a common view of the issues affecting the child and family and have a consensus on the case direction and goals. *Services and supports are always coordinated so there is an optimal working team. The Team is succeeding for the family!*

Meeting and Participation- Meetings are held frequently and at critical points to develop short-term and long term plans. *Face-to-Face meetings are held*. Regular meetings have most (if not all) team members present and meeting locations may need to vary.

Types of Child and Family Team Meetings for Foster Care and Family Preservation Cases

Initial CFTM (Foster Care) - Occurs when a child enters care, ideally before the Probable Cause Hearing. The team will focus on immediate safety concerns and placement options.

7-Day CFTM (Foster Care) - This is an optional meeting that can occur after the initial CFTM. The team will bring additional supports to the table such as GAL, foster parent, service providers, foster care case manager, etc.

14-Day CFTM (Family Preservation) - This is the initial meeting held after the transition from Investigations to Family Preservation. In this meeting the Team begins to identify supports and resources as well as begin development of the Family Permanency Plan.

30-Day CFTM - Occurs 30 days after a child enters care, ideally before the Hearing on the Merits. The team will address safety, permanency and well-being of the child. Visitation and assessments will be updated.

90-Day CFTM (Family Preservation) - This is a status meeting in which the Team convenes to evaluate the progress made on the Family Permanency Plan and make any needed updates to the Plan ahead of the 6-Month Permanency CFTM.

6-Month Permanency CFTM (Foster Care and Family Preservation) - Occurs at the 6-month mark of the case

prior to the Permanency Hearing. The purpose is to review and update the Family Permanency Plan which also includes assessing any needs or barriers to achieving goals.

Transitional CFTM (Foster Care) - Occurs when a child turns 17. The youth will decide who to have on the team and influence agenda items. The team will address how to support the youth in their transition to adulthood.

Pre-Removal CFTM (Family Preservation) - This meeting is to be held at least 24 hours prior to a child in a current Family Preservation case being removed and placed in foster care.

Closure CFTM (Foster Care and Family Preservation) - In this meeting, the Team will meet to discuss safety network protocol and gather supports for ongoing safety, permanency, and well-being beyond DSS' involvement.

Special Call CFTM (Foster Care and Family Preservation) - This meeting can be called by any member of the Team at any point a concern may come to fruition. The concerns will be addressed by the team using a strengths based approach. Examples include: permanency, medical needs, placement change, educational concerns, family concerns, etc.

What are the benefits of Child and Family Teaming?

- ◆ Reduction of length of time that children are involved in systems
- ◆ Lessens length of time in foster care and leads to more stable living arrangements
- ◆ Improves relationships between families and the agency, builds partnerships
- ◆ Strengthens family involvement
- ◆ Families are more invested in their plans as they created or helped to create those plans
- ◆ Draws upon family strengths and resources, improving protective capacity
- ◆ Provides a unique opportunity to create enhanced visitation plans to maintain connections and bonds
- ◆ Improves engagement of the non-custodial parent and their family
- ◆ Facilitates a more creative, detailed and complete plans for children and families
- ◆ Increases information sharing
- ◆ Enhances ability to deal with complicated cases
- ◆ Improves outcomes and resources for families within their own families and within their communities
- ◆ Helps reconnect families



What is a Service Provider's Role in a CFTM?

Before the CFTM

- ◇ Discuss with the client their progress, concerns, barriers, breakthroughs, and/or setbacks and how these will be presented in the CFTM with their consent. Discuss the referral with the Family
- ◇ With the client's consent, staff progress, concerns, barriers, breakthroughs, and/or setbacks and how this will be presented during the CFTM to both protect the client's privacy, yet praise progress or address concerns as related to the purpose of the CFTM.

During the CFTM

- ◇ Praise client's progress during Strengths stage.
- ◇ Provide any areas of concern during the Assessment stage.
- ◇ Offer any identified adjustments to service provision to address the identified need.

After the CFTM

- ◇ Partner with the DSS Case Manager to monitor progress as it pertains to the Family Permanency Plan.

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