



South Carolina Department of Social Services

Work Aid 16.5: Child and Family Team Meetings (CFTM)

Supplemental to DSS Policy Manual: Child Welfare Services, Chapter 16

Purpose: Child and Family Team Meetings (CFTM) provide a forum to create and sustain working teams with families, their support system, and professionals who share a common purpose, unity in an effort, and a demonstrated effectiveness in problem solving towards safe case closure.

A. Establishing the Child and Family Team	1. The Child and Family Team includes: a. Parents, non-custodial parents, and guardians (if applicable) b. The child or youth (if developmentally appropriate) c. The DSS case manager/team leader d. Other agency providers involved with the child or youth or family e. The Guardian ad Litem (GAL) or Court Appointed Special Advocate f. Foster parents g. Relatives or family friends identified by the family 2. Parents and non-custodial parents are included in the CFTM if: a. The parent or non-custodial parent's attendance in person is prohibited by specific case circumstances (i.e., a restraining order, a recommendation of no contact by the child or youth or parents' therapist) the case manager makes special accommodations for the parent or non- custodial parent's views to be represented. b. The parent or non-custodial parent is unable to attend the Child and Family Team Meeting, the case manager encourages the parent or non-custodial parent to ask someone to represent their views or to send written comments. 3. Youth 14 and older are included in the CFTM. Youth 13 and younger will be assessed for their participation in the CFTM. a. At the Initial CFTM, the Team will assess if it is developmentally appropriate for the child or youth to participate in subsequent CFTMs. b. If the youth is unable to attend, the case manager encourages the youth to ask someone to represent their views or to send written comments. c. Whenever possible, a Transition Specialist attends the CFTMs to support youth that are transitioning out of Foster Care or into adulthood. d. A CFTM can be very intimidating for young people. All youth in attendance will have a designated support person present. 4. A representative for any identified member of a federally recognized Indian tribe or native Alaskan tribe is part of the Child and Family Team and shall be included in the CFTM.
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	5. Parents are encouraged to invite any family or other support persons unless DSS find that the involvement of such support persons would be contrary to the safety or well-being of the children or youth.
B. Preparing for the Child and Family Team Meeting	1. Advanced preparation is essential to a quality CFTM. DSS staff ensures that families and other team members are prepared for the CFTM and what they can expect to take place. This includes preparing the family and child or youth for the issues that will be discussed and exploring with them how difficult or sensitive issues could be handled. Facilitators and case managers spend time before each meeting helping the family and the child or youth articulate their current situation, identify their strengths and needs, and 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. 2. While preparing the family for the CFTM, the Facilitator and case manager gathers valuable assessment information to develop or update assessments including the CANS or FAST. 3. The case manager has a pre-meeting consultation to prepare the Facilitator for the meeting and alert him or her to any special issues or considerations needed. 4. The DSS staff plan CFTMs for times and locations that are convenient to the family and child or 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.
C. Family Preservation CFTM Meetings	1. Children or youth remain in the custody of their parent or caregiver in Family Preservation Services (FPS) cases. Families are strongly encouraged to participate in the CFTM process. All families that are involved in the DSS Child Welfare system are entitled access to the same services and those services must be provided with the same level of respect, care, compassion, and competence. 2. At every CFTM, the team addresses safety, well-being, permanency, visitation, services, and placement stability. CFTMs are required at least every six months.
D. Before the 25-Day CFTM	1. Within two business days, after the FPS line opens, the FPS case manager or team leader contacts the family to explain the Child and Family Teaming process and begin building the family team. 2. The FPS case manager or team leader will schedule the CFTM and invite identified family, supports, and professionals.
E. 25-Day	1. The FPS case manager or Team Leader holds a 25-Day CFTM within 25 calendar days from determination to finalize the Family Permanency Plan. 2. The 25-Day meeting is led by the FPS Case Manager or Team Leader

	and includes the Child and Family Team. The team addresses needs, goals, barriers, and a timeline. The Child and Family Team develops a Family Permanency Plan that includes necessary referrals. 3. The FPS case manager or Team Leader makes referrals for services within seven business days. If applicable, the Child and Family Team develops the visitation plan and identifies opportunities for enhanced visitation during the meeting. If a child or youth is living outside the home, the Child and Family Team assesses the possibility of the child or youth returning home safely. 5. Within five business days of the 25-Day Meeting, the FPS case manager finalizes the Family Permanency Plan and distributes the plan to the parent(s) or legal guardians for signatures.
F. 90-Day Status	1. The FPS case manager or Team Leader holds a Status CFTM within 90 calendar days of the FPS service line opening to review and update the Family Permanency Plan. 2. During this meeting, The Child and Family Team gathers to review progress and address barriers. 3. If applicable, the team addresses the status of the visitation plan and identifies opportunities for enhanced visitation. If a child or youth is living outside the home, the Child and Family Team assesses the possibility of the child or youth returning home safely. 4. Upon completion of the 90-Day Meeting, the FPS case manager updates the Family Permanency Plan, obtains the parent(s) or legal guardian's signatures, and distributes the plan to the team members. 5. The FPS case manager makes referrals for services within seven business days of the 90-Day Status CFTM.
G. 6-Month Permanency	1. The FPS case manager or Team Leader holds a Permanency CFTM within six months of the service line opening to assess progress on the Family Permanency Plan. 2. CFTMs are required at least every six months to assess progress, address barriers and update the Family Permanency Plan. 3. If applicable, the team addresses the status of the visitation plan and identifies opportunities for enhanced visitation. If a child or youth is living outside the home, the Child and Family Team assesses the possibility of the child or youth returning home safely. 4. The FPS case manager makes referrals for services within seven business days. 5. Upon completion of the 6-Month Meeting, the FPS case manager finalizes the Family Permanency Plan, obtains the parent(s) or legal guardian's signatures, and distributes the plan to the team members.
H. Pre- Removal	1. Within two calendar days after the legal consultation confirms that a child or youth cannot safely remain in the home and that a Non-

	Emergency Removal Petition or a Motion for Temporary Relief will be filed, the FPS case manager completes a referral for a Pre-Removal CFTM in the CFTM Tab in CAPSS. 2. Before seeking an Ex-Parte Order of Custody, the case manager consults with the CFTM Facilitator and team leader to determine whether a Pre-Removal CFTM can be safely held before the filing of the action. If it is appropriate, the case manager completes a referral for a Pre-Removal CFTM in the CFTM Tab in CAPSS before requesting the Ex-Parte Order of Custody. 3. The case manager supports the CFTM Facilitator in organizing and holding a Pre-Removal CFTM. This meeting is held to gather supports and identify placement options to prevent the removal of the child or youth. The case manager is an active participant in the Child and Family Team. 4. If a child enters foster care within 30 days of a completed Pre-Removal CFTM, the case manager notifies the CFTM Facilitator and CFTM team leader. The Pre-Removal CFTM meets the requirement for the Initial CFTM if the child enters foster care: a. Within 7 days of the Pre-Removal CFTM; and b. Due to the maltreatment addressed in the Pre-Removal CFTM.
I. Special Call	1. The FPS case manager or team leader holds a Special Call CFTM within seven calendar days following a request. 2. This CFTM is held when any member of the Child and Family Team requests a meeting to discuss a concern. Reasons for a Special Call meeting include but are not limited to psychiatric, behavioral, medical, educational, or legal issues. A CFTM Facilitator may be requested by submitting a Special Call CFTM referral in circumstances where a neutral facilitator is required. 3. The Child and Family Team utilizes a strengths-based approach to address the concern. 4. Within five business days of the meeting, The FPS case manager finalizes the Family Permanency Plan and distributes the plan to the team members for signatures.
J. Closure	1. The FPS case manager or Team Lead holds a Closure CFTM at least five days before case closure. 2. The purpose is to reinforce the safety network protocol and gather supports for ongoing safety, permanency, and well-being after the DSS involvement ends. 3. The FPS case manager will make any referrals needed for continued services to ensure the family's success.
K. Foster Care CFTMs	1. Families of children or youth who are in Foster Care are required to participate in CFTMs. All families that are involved in the DSS Child Welfare system are entitled access to the same services, and those

	services must be provided with the same level of respect, care, compassion, and competence. 2. At every CFTM, the Child and Family Team addresses safety, well-being, permanency, visitation, services, and the possibility of the children or youth safely returning home. CFTMs are required every 90 days when the CANS/FAST assessment is updated.
L. Before the Initial CFTM	1. The Investigations case manager immediately notifies the family that they will have a CFTM: - schedules the CFTM with the family and - informs the family to expect a call from a facilitator - then completes the referral in CAPSS unless a qualifying Pre-Removal has been held* 2. Within 24 hours of a child or youth entering foster care, the Investigations case manager requests a facilitator-led CFTM utilizing the CFTM Referral in the CFTM tab in CAPSS. 3. Once the referral is marked “COMPLETE” the CAPSS system automatically sends completed referral to the appropriate CFTM e-mail inbox. 4. Before the CFTM, the case manager meets with the CFTM Facilitator to prepare for the CFTM and share information. 5. If a child enters foster care within 30 days of a completed Pre- Removal CFTM, the case manager notifies the CFTM Facilitator and CFTM team leader. The Pre-removal CFTM meets the requirement for the Initial CFTM if the child enters foster care: - Within 7 days of the Pre- Removal CFTM; and - Due to the maltreatment addressed in the Pre-Removal CFTM. 6. See DSS Form 37677: CFTM Timeline for FPS and Foster Care.
M. 7-Day	1. The Foster Care case manager or Team Leader may hold a seven-day CFTM within seven business days of Foster Care entry to assist the family or caregiver with urgent psychiatric, behavioral, medical, educational, or legal issues post entry into care if they were not addressed at the initial meeting. 2. This meeting can also be held to bring additional supports to the table, such as the guardian ad litem (GAL) or court- appointed special advocate, foster parent, service provider, etc.
N. 25-Day	1. The Foster Care case manager supports the CFTM Facilitator in organizing and holding a 25- Day CFTM within 25 calendar days of Foster Care entry to develop the Family Permanency Plan. 2. Ideally, the 25-Day CFTM will take place before the Pre-Merits Conference and the Merits Hearing. 3. The Child and Family Team will gather to address the safety,

	permanency, and well-being of the child or youth. 4. Visitation, services, and assessments are addressed and updated at this meeting. 5. The Child and Family Team assesses the possibility of the child or youth returning home safely.
O. 90-Day Status	1. The Foster Care case manager or Team Leader holds a Status CFTM within 90 calendar days of the Foster Care service line opening to review and update the Family Permanency Plan. 2. During this meeting, the Child and Family Team gathers to review progress and address barriers. 3. If applicable, the team addresses the status of the visitation plan and identifies opportunities for enhanced visitation. If a child or youth is living outside the home, the Child and Family Team assesses the possibility of the child or youth returning home safely. 4. Upon completion of the 90-Day Meeting, the Foster Care case manager updates the Family Permanency Plan, obtains the families signatures and distributes the plan to the team members.
P. 6-Month Permanency	1. The Foster Care case manager or Team Leader holds a 6-Month Permanency CFTM to review and discuss the child or youth's recommended legal Permanency Plan and prepare for the upcoming Permanency Planning Hearing. 2. CFTMs are required at least every six months to update the progress on the Family Permanency Plan, review the child or youth's legal Permanent Plan and prepare for an upcoming Permanency Planning Hearing.
Q. Transitional	The Foster Care case manager holds a Transitional CFTM before transitions including but not limited to: 1. Planning for transition-age youth; 2. Prevention of placement disruption; 3. Reunification; 4. Placement with a kinship caregiver; and 5. Changes to the visitation plan.
R. Special Call	1. The Foster Care case manager holds a Special Call CFTM within seven calendar days following a request. 2. This meeting is held when any member of the team requests a meeting to discuss a concern. 3. A Special Call meeting is requested when a child or youth is at risk for or has been in Foster Care for 12 months or longer.

S. Placement	1. Placement CFTMs (PCFTM) occur when a child or youth is experiencing placement disruption. 2. The Placement CFTM is facilitated by a team leader, team coordinator or performance coach. 3. The Placement CFTM occurs within specific timeframes dependent on the youth's placement circumstances (see trigger and timeframe chart to follow). 4. The Placement CFTM is focused on finding solutions for a child/youth's placement with a team of individuals that can best support the identification of strengths, resources, barriers and solutions. 5. The PCFTM team must include representation from: the youth, parents/family, friends, supports (teacher, mentor, pastor), case manager, team leader/coordinator, wellbeing manager, placement unit, kinship coordinator, Chafee transition specialist and agency partners (CPA's, Group Home, GAL, DMH, DJJ, etc.).	
	Trigger	Timeframe
	Child/youth moving from one setting to another	Held within 48 hours of notice
	Child/youth is night to night in office	Held within 24 hours with County Director follow-up daily
	Child/youth is night to night in foster care placement	Held within 24 hours with County Director follow-up daily
	Provider notice of discharge due to disruption	Held within 48 hours of notice
	Provider requests higher level of care	Held within 48 hours of notice
	Child/youth completed a therapeutic program, but placement is not identified	Held within 48 hours of notice
	Returning from runaway status prior to or within 3 days of being placed back into the home from which they ran or into a new setting	Held within 48-72 hours of notice
T. Child and Family Team Meeting Agenda	1. Welcome and Introductions a. Confidentiality b. Introduction of Attendees 2. Purpose Statement 3. Identify the Statement a. Family Story b. Family Strengths and Supports c. Concerns and Needs from Agency and Family 4. Assess the Situation • Needs and Barriers	

	5. Brainstorm a Solution a. Family Plan b. Placement Options c. Visitation Plan d. Communication Plan 6. Closing and Recap
U. Stages of the CFTM	1. Introduction a. Welcome b. Purpose and Goal c. Consensus Goal/Agency Owned d. Introduction of participants, roles, relationship to the child or youth/family/case e. Confidentiality f. Guidelines for the meeting (Community Agreements) g. Questions before beginning 2. Identify the Situation a. Family story b. Define the concern c. Precipitating event/why we are here 3. Assess the Situation (identify strengths, needs, and concerns) a. Determine the magnitude of the situation b. Family's strengths, supports, and protective capacities c. Risk concerns and safety need(CANS/FAST) d. Services involved presently and utilized in the past e. History and stressors f. Participants' perception of the situation g. Case managers recommendation 4. Brainstorming solutions a. Brainstorm ideas to address concerns and provide safety and protection. Ideas are usually in 3 categories. i. Placement and custody ii. Services to reduce risk, and iii. Actions to provide safety iv. Family Private Time (Optional) 5. Develop a plan and reach a decision a. The action plan is developed b. Safety and protection in the least intrusive and restrictive manner, and c. Timely linkage to services, priority services need immediate connection
V. Documenting the CFTM	1. The child or youth and family will have a single integrated Family Permanency Plan developed by the Child and Family Team that works as a comprehensive, dynamic service organizer and is focused on the long- term view for the child or youth 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 or youth, caregiver, and family. 2. The broader the representation on the Child and Family 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. Family Permanency Plan must be distributed to the family within 5 business days of the completed CFTM. 4. Also, plans address the desired outcomes and the long-term view for the child or youth and family. The Facilitator and the Child and Family 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 the DSS involvement. There will be a shared vision among the Child and Family Team defining what things must change and the steps it will take to achieve the goals for the child or youth and family to maintain the change once the case is closed. 5. The written child or youth and Family's 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 to ensure that children or youth are safe, and permanency is achieved in a timely fashion. 6. The Child and Family Team planning process drives the implementation of strategies, actions, and services. 7. The Family Permanency Plan will be updated in CAPSS and linked in the case file. Refer to the Family Permanency Plan Policy and the Family Permanency Plan Form.
W. Special Considerations	1. Medically Fragile: It is recommended that a DSS nurse attend CFTMs for children or youth who are considered medically fragile. 2. Special Needs: It is recommended that a member of the DSS Well-Being Team attend CFTMs that are held for children or youth who have special needs. 3. Transition Age Youth: It is recommended that a DSS Transition Specialist attend CFTMs that are held for transition-age youth. 4. Interpreters: If any family member attending the CFTM is not a native English speaker, DSS staff will coordinate the presence of an interpreter at the meeting. 5. Native American Families: Contact ICWA to include Tribal representation