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| INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY | |
| Chapter 5: General Case Management | |
| Section 07: Child and Family Team (CFT) Meetings | |
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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 futures. Child and Family Team (CFT) Meetings are one (1) way in which families participate in planning for their child together with DCS and community providers. CFT Meetings allow families with the opportunity to make positive changes in their lives by bringing together children, family members, resource parents (including foster parents, licensed and unlicensed relative or kinship caregiver, and pre-adoptive parent), familial supports, community members, and providers to develop plans to expedite and achieve permanency, ensure safety, build protective capacities, and support and strengthen the child’s well-being.

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PROCEDURE

DCS will utilize the CFT Meeting process to engage with the family, child, and placement (if applicable) to form the most effective team 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.

DCS will make concerted efforts to actively engage the child’s parent, guardian, or custodian and discuss with them the benefits of having a child’s placement at the CFT Meeting. DCS will encourage the parent, guardian, or custodian to invite the child’s resource parent to the CFT Meeting.

Note: If a child and/or parent wants their attorney to attend the CFT Meeting, then all attorneys that are a party to the case must be invited to the CFT Meeting. If the child and/or parents are not in agreement, then a Case Plan conference must be scheduled.

A CFT Meeting should be completed upon the request of any team member (including noncustodial and incarcerated parents), at case junctures, beginning in the assessment phase (if DCS involvement will continue) and consistently continuing throughout the life of the case and prior to case closure.

The Family Case Manager (FCM) will:

1. 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 and/or child to include any residential treatment staff, service providers, resource parents, formal and informal supports, and Court Appointed Special Advocate (CASA)/ Guardian Ad Litem (GAL) as members of the CFT by explaining the benefits to case planning. If a child and/or parent wants their attorney to attend the CFT, then all attorneys that are a party to the case must attend;

Note: A CFT Meeting may fulfill the requirement to hold a Case Plan Conference if all required parties are present. However, a separate Case Plan Conference must be held to develop, update, or revise the Case Plan/Prevention Plan (See policy 5.08 Developing the Case Plan/Prevention Plan) if:

- a. A family and/or child chooses not to participate in the CFT process;
 - b. Membership of the CFT does not include the resource parent or the CASA/GAL, who are mandatory parties for the development of the Case Plan/Prevention Plan; or
 - c. A child and/or parent wants their attorney to attend the CFT Meeting but is not in agreement with other attorneys on the case attending the CFT.
2. Utilize the initial preparation meetings with all team members (prior to each CFT Meeting) to engage with and 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, concerns, or updates (see the Guide for Preparation of Initial CFT Meeting tool);
 3. Seek assistance from the FCM Supervisor, Peer Lead, or Practice Model Consultant for assistance with all families who agree to have a CFT Meeting but cannot identify informal or formal supports to form a functional team;

Note: With the exception of DCS staff, CFT members should be selected by the family and/or child. 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 [DV], child only CFT Meetings, incarcerated parents, and potential conflicts). Additional Guidance can be found in policy 2.30 Domestic Violence;
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;

Note: Prior to teaming with the child only, efforts should be made to team with the child's parent, guardian, or custodian. However, there may be reasons that support child led CFT Meetings. For example, Termination of Parental rights (TPR) has occurred for a parent of the child or the discussion at a CFT Meeting may be detrimental to the child. FCMs should seek supervisory input prior to proceeding with teaming with the child only. See Teaming with Child/Youth and/or Placement tool on the Indiana Practice Model SharePoint for additional information.

6. Ensure youth 14 years of age and older have the opportunity to attend and participate in the CFT Meeting and/or Case Plan Conference to address or create the Case

Plan/Prevention Plan and Transition Plan for Successful Adulthood for the child (see policy 11.06 Transition Plan for Successful Adulthood);

7. Encourage youth 14 years of age 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. The child may select one (1) of the child representatives to also be the child's adviser and advocate. 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. Coordinate and conduct the CFT Meetings following the Child and Family Team Meeting Agenda;
 - a. 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,
 - b. Ensure available community services (including those available to incarcerated parents) are considered. Visitation should also be discussed and included in the plan,
 - c. Facilitate a discussion for the parent, guardian, or custodian and the resource parent to engage in additional two-way communication (if applicable). See Indiana Co-Care for additional information; and
 - d. 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 the safety response documented in the case management system (e.g., a report was made to the DCS Child Abuse Hotline [Hotline] regarding the new allegations). All new allegations of CA/N must be reported to the Hotline.

9. Ensure all CFT members sign a Child and Family Team (CFT) Meeting Attendance and Confidentiality Agreement form and understand the limits of the confidentiality of team members.
10. Gather essential family and community connections and contact information to document in the Kinship Connection Diagram;

Note: When completing the Youth and Family Essential Connections Plan within the CFT Meeting Notes, update the Kinship Connection Diagram when applicable.

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

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

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

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 case 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.

Child-Focused CFT Meeting with Child's Placement

There may be times when the parent, guardian, or custodian is not available or willing to include a placement on the CFT. In these situations, DCS shall plan to support placement preservation by exploring and addressing the needs of the child and the placement provider/resource parent through a child focused CFT Meeting with the placement. DCS should engage the placement to identify CFT members including, but not limited to:

1. The placement's formal and informal supports;
2. The child's formal and informal supports (including child representatives);
3. The Court Appointed Special Advocate (CASA) and/or Guardian Ad Litem (GAL);
4. The Foster Care Specialist or Relative/Kinship Support Specialist; and
5. The child's parent, guardian, or custodian

Residential Treatment

For cases involving a child who is receiving residential treatment, the FCM will conduct a residential treatment-focused CFT Meeting within 10 days of a child beginning treatment 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 parent, guardian, or custodian (if TPR has not occurred);
3. Child's informal supports (including child representatives for youth 14 years of age and older);
4. FCM and/or Probation Officer (PO), whichever is applicable;
5. Clinical Services Specialist (CSS) 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 CFT Meeting 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.

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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 and informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition
9. Education;
10. Court, or
11. Trial Home Visit (THV).

Case Staffing

Case staffing is a systematic 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.

Formal Supports

A formal support is any support that has a professional relationship with the child and/or family.

Informal Supports

Informal supports refer to connections, such as family members, friends, or neighbors, in the home or in the community that may provide support, assistance, or care to the family and/or child and could serve in this capacity in a sustainable way once the DCS case is closed.

Qualified Residential Treatment Program (QRTP)

A 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 continue to qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Resource Parent

For the purposes of DCS policy, a resource parent includes a foster parent, licensed and unlicensed relative or kinship caregiver, and a pre-adoptive parent.

Underlying Needs

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

Forms and Tools

- [2.D Tool: Considerations When Domestic Violence is Identified](#)
- [2.E Tool: Domestic Violence and the Child and Family Team \(CFT\) meetings](#)
- [4.G Tool: Community Resources and Prevention Services](#)
- [Authorization to Contact Child and Family Team Meeting \(CFTM\) Members \(SF 54341\)](#)
- [Building Supports Tool](#)
- Case Plan/Prevention Plan –Available in the case management system
- [Child and Family Team \(CFT\) Meeting Agenda](#)
- [Child and Family \(CFT\) Meeting Attendance and Confidentiality Agreement \(SF 54339\)](#)
- [Child and Family Team \(CFT\) Meeting Notes \(SF 54601\)](#)
- [Indiana Co-Care](#)
- [Indiana Practice Model-Available in SharePoint](#)
- [Foster Care Reimagined](#)
- [Guide for Preparation of Initial CFT Meeting](#)
- [Kinship Connection Diagram](#)
- Practice Model Expectations for Supervisor – available in the [Practice Model SharePoint](#).
- [Safety Plan \(SF 53243\)](#)
- [Step-Down Planning \(SF 57072\)](#)
- [Teaming with the Child/Youth and/or Placement](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [2.30 Domestic Violence](#)
- [4.19 Safety Planning](#)
- [4.42 Plan of Safe Care](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.21 Safety Planning](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [11.06 Transition Plan for Successful Adulthood](#)

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LEGAL REFERENCES

- [IC 31-10-2-1 Policy and Purpose](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 5.07

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Child and Family (CFT) Meeting

According to The Child Welfare Policy and Practice Group, a Child and Family Team (CFT) meeting is a gathering of family members, friends, members of the family's faith community and professionals who join together to jointly develop individualized plans to strengthen family capacity, to assure safety, stability, well-being, and permanency and to build natural supports that will sustain the family over time. Bringing a family together with a solution focused team of supports contributes to a variety of potential benefits, such as:

1. Preventing abuse and neglect and speeding up permanency;
2. Preventing removal and placement disruptions;
3. Strengthening engagement with families and older youth;
4. Improving the quality of assessments about strengths and needs;
5. Increasing the likelihood of matching the appropriate services to needs;
6. Identifying kinship placement opportunities;
7. Increasing the capacity to overcome barriers; and
8. Creating a system of supports that will sustain the family over time and provide a safety net after agency involvement ends.

Child and Family Team (CFT) Meeting Composition

It is important to remember that the composition of CFTs will vary depending on each case. FCMs may facilitate CFT Meetings with the child and/or their caregiver or placement provider. Prior to teaming with the child only, efforts should be made to team with the child's parent, guardian, or custodian. However, there may be reasons that support child only CFT Meetings. For example, TPR has occurred for a parent of the child or the discussion at a CFT Meeting may be detrimental to the child. FCMs should seek supervisory input prior to proceeding with teaming with the child only. See Teaming with the Child/Youth and/or Placement tool for additional information.

Teaming with Older Youth (17.5 and Older)

Older Youth CFTs may be composed of the youth, the youth's service providers, DCS staff, and informal supports, depending on the youth's housing or placement status. These CFT Meetings are youth driven and youth focused in order to develop and adapt the Case Plan/Prevention Plan and the Transition Plan for Successful Adulthood, address any issues that may arise in the life of the case, and discuss issues at case junctures. See policy 11.06 Transition Plan for Successful Adulthood for additional information.

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