

PROCEDURE

Series:	Operating Procedures	COA: NET 1.02, 2.02, 4.01, 5.01, 5.02, 6.01, 6.02, 6.03, 7.04, 8, 9 CFOP: NA
Procedure Name:	Care Center Service Coordination Family Team Conferencing and Standing Team Conference Procedure	
Procedure Number:	OP-1128	
Reviewed Date:	06/18/19	
Revision #/Date:	06/22/11, 11/13/15. 01/13/17	
Effective Date:	02/20/09	
Applicable to:	All Brevard Family Partnership Family of Agencies (BFP FOA) Staff and Contract Providers	

SUBJECT: Care Center Service Coordination Family Team Conferencing (FTC) and Standing Team Conference (STC) Procedure

PURPOSE: Brevard Family Partnership (BFP FOA) uses the Wraparound process combined with Family Team Conferencing/Standing Team Conference approach to address the needs of families in the child welfare dependency system. The goal of the team process is to enable children to safely remain in their own homes whenever possible while ensuring families have voice in the planning process. In incidences where the child is in out-of-home placement, the focus is to assist in safely returning the child home. Both Family Team Conferences and Standing Team Conferences are used for case planning and the periodic utilization (progress) reviews of all sections of the Care Plan. The purpose of Family Team Conference is:

- 1) to ensure successful engagement of families occurs early in the process with identification of the family's vision, strengths and potential barriers to success;
- 2) to clarify with the family the reasons for DCF/Brevard Family Partnership involvement;
- 3) to focus on the safety and permanency needs of the child;
- 4) to ensure the family drives the process in identifying needs;
- 5) to ensure the family has access, voice, and ownership of their plan;
- 6) to clarify expectations for behavioral change with all persons involved;
- 7) to acknowledge the family's strengths and commitment to their child;
- 8) to document the families' accomplishments;
- 9) to form community based, culturally sensitive support groups that will provide on going support to the family;
- 10) to identify community resources that can assist the family and
- 11) to enhance caregiver protective capacities and address the identified danger threat.

PROCEDURE:

Definitions

- a. Care Coordinator – Employed by Brevard C.A.R.E.S. (Coordination, Advocacy, Resources, Education, and Support) or Brevard Family Partnership to oversee the authorization and utilization of services and coordinate and facilitate Family Team Conferences.
- b. Clinical Services Coordinator- Employed by Brevard Family Partnership to oversee the authorization and utilization of services and coordinate and facilitate Standing Team Conferences.
- c. Dependency Care Manager – Case Management Agency (CMA) staff that provide oversight to child welfare case management activities.
- d. Care Plan – Tool utilized by the Care Coordinator to identify family strengths and needs. This plan will be forwarded with the referral request to authorize and guide service provision.
- e. Case Plan—Court approved plan for legal cases. This is developed by the CMA Dependency Care Manager through completion of the Family Functioning Assessment –Ongoing.
- f. Strength and Cultural Discovery—Process in which a Care Coordinator meets with the family to hear strengths, needs, vision/mission statement. The family’s natural/informal supports will also be identified.
- g. Family Team Conference Process (FTC) – The group of individuals that meet for the primary purpose of coordinating services with the family, discussing care plan progress. This is a process to assist the family in developing long term sustainability. The team may include the Care Coordinator, Care Manager, Care Manager Supervisor, parents, substitute care parents, service providers, informal supports, Guardian ad Litem (if assigned), and anyone else the family wished to invite.
- h. Utilization Review/Family Team Conference – Each subsequent review after the initial Family Team Conference of the family’s progress, any services to be added or deleted or any additional services required that result in a modification of the care plan and to discuss the effectiveness of the current providers.

System

Brevard Family Partnership’s system of care contracts with a Case Management Agency (CMA) to provide the day to day oversight to child welfare case management activities for families in the dependency system. The Clinical Services Coordinators authorize services, facilitate the Standing Team Conference and conduct utilization reviews to monitor the progress and changing needs of families in the dependency system.

Brevard Family Partnership provides an array of services designed to assist families through the Florida Safety Decision Making Methodology Process in enhancing caregiver protective capacities and addressing the identified danger threats that may lead to placement disruption or out of home placement of children. The Family Functioning Assessment is utilized to determine progress towards achieving changes in one or more protective capacities and to determine whether the parent is demonstrating required considerable commitment to change. These services are a resource for families intended to prevent the removal of their children, and to ensure a smooth transition back to their family upon reunification. These services are family-focused, as well as home and community based.

Prioritization of Families for Family Team Conferencing:

Priority 1. a: Families with child or children aged 0-3 (or at least one child if sibling group) residing in Licensed Out of Home Care with a goal of reunification and has met at least two of the following conditions:

- 1) Family has primary maltreatment indicator of substance abuse, mental health or domestic violence;
- 2) Family has experienced prior removal episode; and
- 3) Family has history of five or more priors with DCF.

Desired Outcomes:

- Reduction in average length of stay in out of home care placement;
- Reduction in total number of placements;
- Increased visitation resulting in expedited reunification;
- Improved family functioning;
- Permanency goal of reunification achieved;
- Increased natural and community supports; and
- Reduced recidivism.

Priority 1.b: Families who are participating in Family Treatment Court, have experienced a removal episode and are receiving intensive substance abuse treatment.

Desired Outcomes:

- Reduction in substance abuse recidivism;
Parents are safely maintained within the community and engaged in treatment;
- Successful completion of Family Treatment Court;
- Improved family functioning;
- Increased natural and community supports; and
- Expedited reunification.

Priority 1.c: Any family that is Court ordered to receive a Family Team Conference.

Priority 2: Families with children aged 3-5 (or at least one child if sibling group) residing in Licensed Out of Home Care with a goal of reunification and has met at least two of the following conditions:

- 1) Family has primary maltreatment indicator of substance abuse, domestic violence or mental health;
- 2) Family has experienced prior removal episode; and
- 3) Family has history of five or more priors with DCF.

Desired Outcomes:

- Reduction in average length of stay in out of home care placement;
- Reduction in total number of placements;
- Increased visitation resulting in expedited reunification;
- Increased natural and community supports;
- Improved family functioning; and
- Permanency goal of reunification achieved.

Priority 3: Families with children residing in Licensed Out of Home Care with a goal of reunification in which children have experienced multiple placement disruptions due to the presence of Human Trafficking involvement, a mental health diagnosis, substance misuse or co-occurring disorder.

Desired Outcomes:

- Reduction in number of crisis and restrictive psychiatric placements;
- Engagement in treatment;
- Increased natural and community supports;
- Step down to less restrictive level of care; and
- Permanency goal of reunification achieved.

General Description

1. The Care Coordinator facilitates the Family Team Conference (FTC). The composition of the team ensures the Care Plan is individualized to the family's needs. Members of the team should include 51% informal supports and may include the following: family members (including the child, if appropriate), Case Management Agency Dependency Care Manager or supervisor, attorney(s), caregiver, network provider, and any others designated by the family such as teachers, therapists, and neighborhood resources. Extended family members, employers, coaches, clergy may also be included. With coordination provided by the Wraparound Fidelity Liaison, the team will assess strengths, needs, risks, and develop a Care Plan with goals specific to that child and their family.
2. The frequency of team meetings will be determined at the FTC meeting, ensuring subsequent meetings occur no less than every 90 days. Initially FTC's may occur weekly, or as often as the team agrees necessary based upon the acuity of the family. Any Family Team Conference member may request the convening of an FTC meeting more frequently than scheduled if significant changes in the child/adolescent or family plan warrant.
3. At a minimum, the FTC will be reconvened every 30 days thereafter to evaluate the progress of the child and family and to modify, as needed, the services and supports being provided to the child and family. In addition, an FTC should be convened prior to the completion of a second 12-week authorization and prior to approving a reauthorization of this ongoing service. The provider of the service requesting a third authorization will be required to attend this FTC either in person or by phone so the team can assess progress made and discuss goals to be accomplished during another authorization as well as identify measurable outcomes that for these goals. In addition, the plan for discharge determination should also be discussed in order to ensure that transition is planned as services come to a close.
4. Family members will be included and present at all FTC meetings. In cases where the family is unable to attend, they will have a narrative presented on their behalf or a representative of their choosing to speak on their behalf present. Barriers to nonattendance will be addressed initially and throughout the FTC process.
5. For children in out-of-home care, residential and foster care providers will be expected to participate in FTC's for children in their care to ensure they are partners in developing and implementing the plan.
6. Providers requesting a third reauthorization will also be required to attend the FTC by phone or preferably in person to discuss progress toward goals and reasons for request for additional units beyond the 24 weeks provided.

Preparation for Family Team Conference

1. The first step in the FTC process is the Strength and Cultural Discovery. Once an FTC referral is received from the DCM, the Family Partner will speak with the DCM within three business days to obtain additional information about the family. After the Family Partner has spoken with the DCM, the Family Partner will contact the family within three business days to discuss and inform the family of ways the FTC process would benefit their family. The Family Partner will also set an appointment to meet with the family to conduct the strength and cultural discovery. This appointment should be scheduled within three business days from contact with the family, or within ten business days of receipt of referral from the DCM. However, if the DCM or, family expresses a more urgent situation then this process can be shortened to one to three business days.
2. The Strength and Cultural Discovery should be conducted in person with the family, including the child (ren) when appropriate. When possible, this meeting should take place in the family's home.
3. During this meeting the Family Partner will work with the family to identify their needs and vision/mission statement. If the family needs additional support in terms of a revised/updated or initial crisis or safety plan, these concerns of the family will be discussed and addressed.
4. During the Strength and Cultural Discovery, the Family Partner will assist the parent(s) in identifying potential team members and will invite the team members to the scheduled Family Team Conference. These team members will include formal and informal supports.
5. The Strength and Cultural Discovery document shall be completed in its entirety and includes the Care Coordinator signature and title.
6. The Dependency Case Manager will file the completed strength and cultural discovery in their file.

Tasks at Initial Family Team Conference

1. The initial FTC must be completed within 14 calendar days of the case being accepted.
2. At the initial meeting, the Family Team will conduct a follow-up family strengths/cultural discovery, develop a family mission/vision statement, identify family needs, develop/review the crisis and/or safety plan, rank and order which needs will be discussed/addressed first, and develop and implement an individualized and comprehensive Care Plan. If necessary, the team will review/develop a visitation plan. The team will establish basic ground rules for the team and possibly more comprehensive ground rules in complex situations. Team members will agree to follow the ground rules and agree the Care Coordinator will re-focus the team when necessary. The FTC reviews determine services and supports available within the network based on the family's identified needs and dependency case plan. All FTC care plans will be individualized and focused on remedying the conditions that led to the original referral and strengthening the family for long term sustainability.
3. The FTC team proactively strategizes ways to address the family's identified needs that resulted in the abuse or neglect complaint. These services may include mental health,

medical assistance, disability assistance, educational supports, substance abuse treatment, and material and financial assistance. The team will identify the frequency and duration of the supports needed as well as measurable goals and outcomes so the team knows when the service will be completed. The FTC team will also assist in seeking community services to provide support and assistance to the family. The strategizing and planning to meet the family's needs is critical to long term sustainability for the family.

4. If the parents or child require services not offered by the Brevard Family Partnership network, a referral will be made to the appropriate community service, the DCM and Care Coordinator will work to locate a community resource and assist the family in making this connection. The Care Coordinator may also inform the Contracts and Compliance Manager of this referral so he/she can determine if this is a service that can be added to the Brevard Family Partnership network. The parents or children may need services which may be offered by Brevard Family Partnership, but the parent may choose to pursue another community resource that can provide the same service.
5. Concurrent planning and discharge planning begin at the first FTC; aftercare planning is a critical readiness step that precedes discharge in order for the family to have long term sustainability.
6. The sharing of information in the FTC meetings is allowable under Florida laws regulating the disclosure of confidential information. However, a confidentiality statement will be signed by all participants in the initial FTC and any new participants at later meetings to ensure that shared confidential information will not be disclosed outside of the meeting. However, based on the family's involvement with the Dependency Court process the care plan and progress of the family may be discussed in court or the DCM may use the information in preparation of the Judicial Review.
7. At the conclusion of the FTC the care plan will be completed and agreed upon by all required parties. All service must be included in the Care Plan for children and adults. For children eligible for SAMH funds for the purchase of eligible services, a treatment goal and plan must be included as part of the overall planning process
8. The Director of Fidelity and Wraparound will provide a copy of the care plan to all meeting attendees and file a copy in the family's FTC file. The DCM is responsible for filing a copy in the case management case file.

Tasks at Subsequent Family Team Conferences

1. At each subsequent FTC, the progress towards reaching the permanency goal and meeting other care plan/case plan goals will be discussed. The care plan should be amended at subsequent FTC's to reflect change in the family's need. After each subsequent FTC, all attendees will receive a copy of the care plan and each plan will be filed in the FTC file and case management case file.
2. In the development of the initial plan and throughout the time the child and family receive services, the FTC will be working to set attainable, measurable goals and objectives that are directed towards meeting the safety, permanency, and well-being goals of the child. In addition, short term goals for service identified should be developed in order to be achieved

during the authorized period approved so progress can be monitored and subsequent short-term goals be developed and monitored.

Information Sharing

This phase starts with an introduction of the parties present and an explanation of the process for the meeting. Family strengths and culture are identified. The reasons for DCF involvement are outlined. If there is a substantiation of the abuse or neglect, the allegations and findings are relayed to the family. The family will have been informed previously of the findings of a CPI investigative assessment, however; it is important to clarify the issues that warrant DCF/court involvement at the start of the meeting.

Group Discussion and Resulting Family Plan

- A. The care plan must be completed with the family, including the child (ren) when appropriate, at a Family Team Conference.
- B. Family and participants discuss strengths, issues, and services that need to be in place, goals and measurable outcomes expected as a result of the service, and the level of court supervision/intervention.
- C. The family and professionals in the FTC arrive at a final decision and develop a formalized, written plan that is signed by the family and participants.
- D. The Care Coordinator is responsible to ensure the care plan is completed on all families involved in the FTC process.
- E. The family is asked if the plan is realistic, fair, and manageable thereby allowing the family to own the plan.
- F. Brevard Family Partnership Care Coordinator and DCM must ensure all safety issues have been addressed.
- G. The development of the care plan will be evolutionary, based upon information obtained through formal and informal information and assessments.
- H. The care plan must be completed in its entirety and using either the initial care plan or a subsequent care plan.
- I. Children of all ages are encouraged to participate in the FTC unless emotional, developmental, or physical disability hinders participation or participation would be harmful to the child's well-being. If the child is not participating, the reason should be documented in the case file by the DCM.
- J. The care plan will continue to be updated as necessary, and at a minimum of every 90 days or as appropriate in order to review goals and outcomes of services provided.



BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

A handwritten signature in blue ink that reads "Philip J. ScarPELLI".

PHILIP J. SCARPELLI
Chief Executive Officer
Brevard Family Partnership Family of Agencies

APPROVAL DATE: 3/12/2020