



Chittenden Child Protection and Family Support Team Overview

- 1) **Purpose:** The Child Protection and Family Support Team (CPFST) is a multi-disciplinary team with the purpose of strengthening and coordinating our community's response to concerns regarding child abuse and neglect, and promoting the safety of children and families. The CPFST is convened by the KidSafe Collaborative of Chittenden County.
- 2) **Empanelment:** CPFST empanelment, under the provisions of Title 33 VSA §4917, enables service providers to meet and share information for the purpose of case review and coordination without violating a family's right to confidentiality, in order to better serve families and provide for child safety.

The Child Protection and Family Support Team consists of a number of empanelled members representing a variety of social and human services agencies, schools, and professionals in private practice.

Temporary empanelment: Additionally, service providers working with a particular family will be empanelled on a one-time basis, under the provisions of 33 VSA §4917(b).

- 3) **Referral to CPFST:** The Referral/Screening form is filled out by someone who is working with the family and is concerned about the children's safety and well-being. It describes the family situation and the referrer's concerns, as well as goals for the CPFST meeting.
- 4) **Intake Meeting:** Prior to the full meeting of the Child Protection and Family Support Team, the referrer and/or another service provider meet with the parent(s) to:
 - a) explain the role and process of the CPFST, and let them know what to expect.
 - b) ensure that child care, transportation to/from CPFST meeting, etc., are arranged.
 - c) invite the family member(s) to bring a support person(s) or to identify one of the service providers as their primary support person in the CPFST meeting.
 - d) clarify the family's goals, and determine what they would like to get out of the CPFST.
- 5) **Parent Participation:** It is assumed that the CPFST process will involve parents/ guardians in the intake meeting and the full team meeting itself. In some exceptional cases it may be determined that informing the parents of the CPFST meeting presents a potential safety risk to the children or others. In those cases, the CPFST may meet without the parents' involvement. The parents may be included in the process at a later stage, for example with a follow-up meeting.

6) Meeting Protocol:

- Meetings are held every first and third Friday of every month from 8:30 - 10:30, at a location convenient to the referred family and/or referring service provider.

In some cases meetings may be held at a different time to accommodate participants' schedules.

- **Please arrive promptly by 8:30.** The first 15 minutes of each meeting are reserved for professionals to share information/updates with the group.

Note: Family members should be invited to the meeting at 8:45, to allow the team to get settled and meet briefly beforehand.

- Meetings begin with a brief introduction and reminders about the confidential nature of the proceedings and the Team’s operating guidelines.
 - The presenter briefly reviews the reason for the referral and their goals for this meeting. Information from the Intake Meeting is presented. Other resource people present are then asked to (briefly) share information.
 - At 8:45, the parent(s) join the discussion. We will again review the operating assumptions and guidelines for the meeting, and introduce ourselves.
 - The Coordinator will start by asking those who know the children/family to identify and share strengths that each family member has. In addressing the challenges the family faces, it is important to start by recognizing and building upon the strengths, positive attributes, and resources that they bring.
 - Then the Coordinator will ask the referrer to summarize the reasons they felt that the CPFST would be helpful, identify the primary areas of concern and the goals for this meeting.
 - The Coordinator will then invite participation from the family members, as well as from others who have been working with the family, and the regular CPFST members. Often those who have been working most closely with the family give a brief description of the services they have been providing. The discussion offers an opportunity to make sure all service providers are working in a coordinated fashion, and to brainstorm additional ideas that might be helpful to supporting the safety of the child/ren.
 - In the last 15 minutes, the Team develops and reviews the Follow-Up Plan. Agency representatives will be asked to take specific responsibility for carrying out each element of the follow-up plan. In some cases a Follow-up Case Coordinator is also assigned, whose role is to oversee/coordinate the implementation of the follow-up plan and be the ‘point person’ for the family. In some cases, a smaller follow-up meeting is scheduled.
 - The entire Follow-up Plan is reviewed before adjournment, to make sure everyone is clear about who’s doing what before they leave. If the parents are present, we take time to ‘check in’ with them about the case plan, to make sure we understand the extent of their agreement with the plan developed by the Team.
 - Staff collects written materials distributed during the meeting, in order to maintain confidentiality, except as needed for follow-up. If participants in the meeting are not active service providers for this family, they do not maintain case notes; all such notes are shredded to preserve confidentiality, except a case file which is maintained by the KidSafe Collaborative.
- 7) **Follow-Up:** KidSafe staff take notes during the meeting and prepare a summary of the Follow-up Plan. This is sent to all present, generally within two weeks of the meeting.
- Everyone who has agreed to provide follow-up contact or services is expected to do so on their own. If an “Acting Case Coordinator(s)” has been designated, they are responsible for coordinating the “Follow-up Plan” between service providers and the family, and they help the family address any barriers to accessing these services.
- 8) **Evaluation:** Included with the Follow-up Plan will be an evaluation form; please take the time to let the Child Protection and Family Support Team know what you think. This will help us to continually improve our process and better serve children and families.

Sally Borden

KidSafe Director and CPFST Facilitator
 (802) 863-9626 • sallyb@kidsafevt.org

REFERRAL SCREENING FOR CHITTENDEN CO. CHILD PROTECTION AND FAMILY SUPPORT TEAM

For office use only:

CPFST intake date:

CPFST mtg date:

Your Name: _____ Agency: _____

Phone: _____ E-Mail: _____

Date of Referral: _____ Area(s) of concern leading to referral: *please check all that apply*

Physical Safety Mental/Emotional Safety Sexual Safety

First Name	Last Name	Family Role	Sex	DOB and/or Age		Residence	Primary Client	Race/Ethnicity
Parent(s) &/or Adult Household Members:		i.e. mom, son, step-daughter, etc				i.e. in-home, not in-home: other, foster, etc	Identify with an X	For grant related use only
Children:								

1. What are the **primary safety concerns**--physical, sexual, psychological/emotional-- for the children in their current environment? Please provide a brief description of the current family composition/relationships with in the household. (you may attach a genogram or use additional pages if necessary)

2. **Has DCF: Family Services been contacted?** Yes No Open Case: Yes No

If yes, Caseworker: _____

If no, that should be the **first step**. If you would like to discuss with CPFST first, please call 863-9626.

Additional information regarding DCF status:

3. ***The CPFST is not set up to provide immediate response to child safety concerns. If this is an urgent situation, you may wish to contact any of the following agencies first:***

Adult Crisis Line (Howard Center)	863-2400	Spectrum (One-Stop)	862-5396
First Call	864-7777	DCF Family Services: Burlington	863-7370
Law Enforcement	911	Women Helping Battered Women	658-1996
Parental Stress Line (PCA-V)	1-800-244-5373	Women's Rape Crisis Center	863-1236

4. What are some of the family's strengths on which the team can focus?

5. Will parents be invited to CPFST meeting? Yes No

- If so, where is the best place for the meeting? _____

- Who would be the most helpful support person for the family to have at the meeting?

What accommodations are needed? Wheelchair Accessibility Child Care

Transportation Translation

6. What are your goals for bringing this case to the Child Protection Team?

Please check appropriate boxes

- Advice, guidance and suggestions from other child protection professionals
- Improved interagency communication about this family
- Options for involving other service providers in supporting this family
- Involve family in their own multi- agency case planning service coordination
- Family needs services to help address the following family issues:
 - Supervision
 - Supervised Visitation
 - Child Care/After School Care
 - Crisis Intervention
 - Domestic Violence
 - Employment Training
 - Financial Supports
 - Home-Based Supports
 - Housing Sanitation/Safety
 - Housing Stability
 - Legal Assistance/ Advocacy
 - Mental Health
 - Food/Nutrition
 - Parent Education/ Supports
 - Physical Health
 - Respite Care
 - School Education
 - Substance Abuse
 - Transportation
 - Youth Services (General)
 - Other

7. Please indicate which other agencies have worked with this family. Use the *first* box to indicate *past* services, and the *second* to indicate *current* services and/ or collaboration. **Please write in the names and phone #'s of those who should be invited to the CPFST meeting.**

past/current	Name & Phone #	past/current	Name & Phone #
<input type="checkbox"/> <input type="checkbox"/>	Boys & Girls Club _____	<input type="checkbox"/> <input type="checkbox"/>	Physician _____
<input type="checkbox"/> <input type="checkbox"/>	Child Care _____	<input type="checkbox"/> <input type="checkbox"/>	Sara Holbrook Center _____
<input type="checkbox"/> <input type="checkbox"/>	Clergy _____	<input type="checkbox"/> <input type="checkbox"/>	School Counselor _____
<input type="checkbox"/> <input type="checkbox"/>	Corrections/ Probation _____	<input type="checkbox"/> <input type="checkbox"/>	School Social Worker _____
<input type="checkbox"/> <input type="checkbox"/>	COTS _____	<input type="checkbox"/> <input type="checkbox"/>	School other: _____
<input type="checkbox"/> <input type="checkbox"/>	CUSI _____	<input type="checkbox"/> <input type="checkbox"/>	Spectrum _____
<input type="checkbox"/> <input type="checkbox"/>	Economic Services / Reach Up _____	<input type="checkbox"/> <input type="checkbox"/>	Supervised Visitation: _____
<input type="checkbox"/> <input type="checkbox"/>	Easter Seals _____	<input type="checkbox"/> <input type="checkbox"/>	Therapist/Mental health: _____
<input type="checkbox"/> <input type="checkbox"/>	First Call _____	<input type="checkbox"/> <input type="checkbox"/>	Transitional Svcs _____
<input type="checkbox"/> <input type="checkbox"/>	HowardCenter Adult Services _____	<input type="checkbox"/> <input type="checkbox"/>	Victim Advocate _____
<input type="checkbox"/> <input type="checkbox"/>	HowardCenter Child Youth & Family Services (gen.) _____	<input type="checkbox"/> <input type="checkbox"/>	Vt. Children's Aid Society _____
<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	Vermont Kin as Parents _____
<input type="checkbox"/> <input type="checkbox"/>	King St. Youth Center _____	<input type="checkbox"/> <input type="checkbox"/>	VNA _____
<input type="checkbox"/> <input type="checkbox"/>	IFBS _____	<input type="checkbox"/> <input type="checkbox"/>	WHBW _____
<input type="checkbox"/> <input type="checkbox"/>	Law Enforcement _____	<input type="checkbox"/> <input type="checkbox"/>	WRCC _____
<input type="checkbox"/> <input type="checkbox"/>	Lund Family Center _____	<input type="checkbox"/> <input type="checkbox"/>	Friends/ Family _____
<input type="checkbox"/> <input type="checkbox"/>	Milton Family Center _____	<input type="checkbox"/> <input type="checkbox"/>	Other _____
<input type="checkbox"/> <input type="checkbox"/>	NFI _____	<input type="checkbox"/> <input type="checkbox"/>	_____

8. Assessment of Family Involvement: Please use the following as a guideline to determine whether the family should be invited to participate in the CPFST process.

- a) Will participation in the CPFST meeting assist the family in making positive changes?
- b) Is/ are the parent(s) open to options, able to receive suggestions and actively participate in the development of a case plan to assist them?
- c) Is/are the parent(s) able to cope in a healthy way with the meeting environment?
What supports do(es) the parent(s) have? _____

- d) If appropriate, is there someone to join them in the meeting for support?
- e) Will there be retribution against the child for involving the CPFST?
- f) Is there a history of or concern about either parents' violence? Is there a history of domestic violence?
- g) Will the safety of the child or any family member be compromised?
- h) Are there concerns about Team members' safety?
- i) Is there a history of substance abuse?
- j) Are either of the parents currently suicidal? In the past?

Note: *If any of items e) - j) above are indicated, it **may not** be appropriate for this family to participate directly in CPFST meeting. Please see CPFST Guidelines, and discuss the option of a "Case Consultation" meeting with the CPFST Coordinator.*

9. Based your knowledge of the family situation, and the above guidelines, should the family be invited to participate in the CPFST meeting? ___ Yes ___ No ___ Unsure

Comments:

10. If the family is not invited to participate, but you would like to have the case proceed to CPFST for Case Consultation, what are the best ways to:

- < obtain the family's input regarding their goals?
- < develop a safety plan, if appropriate, with family members?
- < follow up with them after the meeting?

11. If the family *will* be involved in the CPFST process, are you able to set up an Intake/Pre-Meeting to explain the process to them and discuss with them their goals for the Child Protection Team?

12. Where would be the best place to meet – for the Intake/Pre-Meeting, and the full CPFST meeting, that would be helpful for the family?

13. Who would be the most helpful support person for the family to have at the "Intake" meeting and at the CPFST meeting?

14. Are there accessibility accommodations needed for the meeting (e.g interpreter)? Does the family need help with arranging/paying for child care or transportation for the meeting?

15. Please indicate, if you know, which other local teams have reviewed this situation and/or worked with this family:

- Act 264 Team CIT (Children's Integrated Services) Early Childhood Malnutrition
- LIT CHARM (Children and Recovering Mothers) Other

16. Please indicate any other information that would assist in 1) determining whether this is an appropriate referral to the CPFST, 2) understanding the issues involved in this case 3) understanding what *you* think would be most helpful to the child(ren)/family at this time.

**Upon completion of this form, please send to:
CPFST Coordinator, KidSafe 308 Pine St., Burlington VT 05401 To FAX, call first 863-9626**