

## SOME OF THE CHILD AND FAMILY TEAM MEETING MODELS USED IN NORTH CAROLINA

Approach and Its Goals	People Involved	When	Currently Used In
<p><b><u>Team Decision-making</u></b>                      Involves the family and community, but the agency maintains responsibility for ultimate decision                      A diverse team makes decisions regarding placement (i.e., removal, moves, reunification, etc.)                      Purpose of the meetings is to make an immediate decision regarding the child’s placement; case planning, assessment, and review functions are secondary</p>	<ul style="list-style-type: none"> <li>• <b>Facilitator:</b> Trained agency facilitator not involved in the case</li> <li>• Family’s social worker convenes the group</li> <li>• Family may include anyone they wish</li> <li>• Community partners encouraged to attend</li> </ul>	Meetings held at four critical points: <ol style="list-style-type: none"> <li>1. Prior to placement in foster care</li> <li>2. Prior to any placement disruptions</li> <li>3. Prior to reunification</li> <li>4. Anytime there is a critical decision to be made about the child</li> </ol>	<ul style="list-style-type: none"> <li>• Family to Family counties</li> <li>• Follows philosophy from Annie E. Casey Foundation</li> </ul>
<p><b><u>Family Group Conferencing</u></b>                      Primarily a clinical intervention where the family makes the ultimate decision regarding a plan to stabilize the current crisis, with support from helping professionals                      May be called by any helping professional involved with the family</p>	<ul style="list-style-type: none"> <li>• <b>Facilitator:</b> Must remain impartial and have no direct connection to the case</li> <li>• Involves the entire extended family</li> <li>• Family may include anyone they wish</li> <li>• Community partners encouraged to attend</li> </ul>	<ul style="list-style-type: none"> <li>• Whenever family problems lead to crisis: typically, a child is on the brink of out-of-home placement</li> </ul>	<ul style="list-style-type: none"> <li>• Select counties</li> <li>• Follows philosophies designed by NC State University</li> </ul>
<p><b><u>System of Care</u></b>                      Seeks to organize the spectrum of mental health and other necessary services and supports into a coordinated network to meet the needs of children with mental health needs, and their families</p>	<ul style="list-style-type: none"> <li>• <b>Facilitator:</b> Must be trained and remain impartial, may work for any involved agency</li> <li>• Frontline service providers in mental health, social services, juvenile justice, schools</li> <li>• Informal supports such as recreational clubs, family friends, church supports, etc.</li> <li>• Entire family system included as full partners</li> </ul>	<ul style="list-style-type: none"> <li>• Each child enrolled in the At Risk Children’s Program (ARC) will have a System of Care Team that meets upon enrollment and when deemed necessary by the case manager</li> </ul>	<ul style="list-style-type: none"> <li>• Part of the “New Beginnings” partnership involving mental health, juvenile justice, and DSS</li> </ul>
<p><b><u>Community Assessment Team</u></b>                      Brought to North Carolina by the Families for Kids initiative. Identifies barriers to permanence for children and ensures a safe, permanent home for each child is being actively pursued. Frequently uses family group conferencing model                      Team is involved with ongoing assessments and planning for as long as the child is in DSS custody or placement responsibility. Size and scope is broader than a PPAT</p>	<ul style="list-style-type: none"> <li>• See family group conferencing, above</li> </ul>	<ul style="list-style-type: none"> <li>• Often first meet prior to a child coming into agency custody, then periodically for as long as child is involved with child welfare</li> <li>• May serve as an MRS child and family team (see below)</li> </ul>	<ul style="list-style-type: none"> <li>• Children’s services policy (see Children’s Services Manual, Chap. IV: 1201 Child Placement Services)</li> </ul>

### **What About the Permanency Planning Action Team (PPAT)?**

*In general, PPAT meetings arranged and conducted to meet the minimum standards set forth in North Carolina policy are not family-centered enough to be considered child and family team meetings. For example, although state policy emphasizes the need for objectivity in these meetings, it does not require PPAT meeting coordinators to be objective, nor does it prescribe conditions that sufficiently empower the family and community as true partners in assessment and case planning. To fit the description of child and family teams outlined on pages 2 and 3, PPATs must go beyond the minimum criteria for PPATs to include neutral facilitators and other elements found in Community Assessment Teams. For more on the difference between the child and family team-compatible Community Assessment Team and the PPAT, consult North Carolina’s Children’s Services Manual < <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CDs1201c9-06.htm> >.*