



State of Tennessee
Department of Children's Services

Policy Attachment:

Subject:	CFTM Guidelines for Identifying an Adoptive Family
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Additional Information:

When a custodial child with a goal of adoption is in full guardianship and there is no pre-adoptive family identified, a Special Called Child and Family Team meeting shall be convened within thirty days or less to review home studies and to identify a permanent family who can meet the lifelong needs, support the best interests, and provide permanency through adoption for the child. The team will determine each month whether a meeting is needed if no family has been identified and there are additional inquiries/home studies to review. This team should include all of the previous child and family team members and the following additional members if they have not been subsequently included.

For children in full guardianship who are placed in a foster home that is willing to adopt, the team will convene a Special Called Child and Family Team Meeting to determine if adoption by the foster family is in the child's best interest. The decision to move forward with adoption by the foster family must be made in the context of a Child and Family Team Meeting. The child and family team must discuss and document why adoptive placement with the foster family is in the child's best interest and describe the family's capacity to meet the child's needs.

A. Participants and Responsibilities:

1. Team Chairperson

The Team Chairperson will be the Permanency Specialist and will have the following responsibilities: a) Assists FSW in completion of pre-placement summary to ensure child's needs/strengths are fully documented.

- b) Ensures that the contract provider (if applicable) has completed the pre-placement summary.
- c) Ensures all AdoptUSKids (AUK)/Heart Gallery/other inquiries have been reviewed prior to the CFTM, and home studies from appropriate families are available for the CFTM, when indicated.
- d) Secures and notifies team members of the meeting time and location.
- e) Facilitates the Special Called CFTM to ensure the group maintains focus on the child/youth's strengths and needs.
- f) Articulates the role of each team member and makes certain that each member is adequately represented in the discussion.
- g) Remains objective about the information presented regarding the potential adoptive families.
- h) Assists team in identifying and/or clarifying adoption specific issues that may affect permanency such as loss and grief, sibling placement, bonding, etc.

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- i) Ensures that each team member obtains pertinent but non-identifying information regarding potential families.

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- j) Moves the team through the decision-making framework and guides the group toward consensus.
- k) Ensures that federal guidelines are taken into consideration such as ICWA, MEPA, IEPA, ASFA, and legal risk placement.
- l) Ensures presentation summary and home studies are properly secured and/or shredded after the CFTM.

2. Child/Youth (by proxy)

Prior to the CFTM, children/youth shall have been engaged about their desires for a permanent family; however, they shall not be made responsible for making adult decisions. Children/youth in need of a permanent placement shall be represented by proxy through any or all of the following methods that may be applicable to their case: a) The child/youth's FSW

- b) The child/youth's Permanency Specialist
- c) Applicable sections of the child/children's Life Story Book
- d) The Guardian Ad Litem
- e) CASA
- f) Child/youth's Foster Parent
- g) Older youth might actively be engaged at some level in identifying a permanent family, such as reviewing non-identifying family profiles/narratives.

3. Family Service Worker

The child/youth's FSW will have the following responsibilities:

- a) Ensures that each team member has a copy of the child's presentation summary completely describing the child's full life history (full disclosure) to include current strengths/needs.
- b) If the child/youth is served by a private contract agency, then the private agency staff and the DCS FSW will share responsibility for the aforementioned tasks.

4. Child/Youth's Foster Parent (if applicable)

The Foster Parent will have the following responsibility:

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- ☐ Describe daily strengths/needs of the child as related to parenting, school and/or therapeutic issues, and assist the team in identifying issues which may affect permanency.

5. Health Unit Representative

The Health Unit Representative will have the following responsibility:

- ☐ Assist team in identifying and/or clarifying clinical and/or medical issues that may affect permanency and assist the team in identifying what services will be needed to support permanency.

6. Other Participants

It may be necessary to include other participants based on the needs and best interest of the child/youth. It would be appropriate to have input from supportive members of the child/youth's Child and Family Team. Additional, potential Child and Family Team members may include, the Educational Specialist or Independent Living Specialist.

B. Preparation for the Permanency CFTM:

1. The primary goal of the Special Called CFTM is to identify the family whose strengths best match the child's needs. Therefore, the child/youth's presentation summary must be complete and available for review by the team.
2. A child/youth that will be in need of a Special Called CFTM should have had all other options for permanence thoroughly explored and exhausted, including all family connections prior attachments/significant relationships and community options. When there appears to be no possibility of reaching permanence through adoption with a family familiar to the child, the FSW, Provider agency (if applicable) and the Permanency Specialist must review at least-the following information prior to a request for the Special Called CFTM:
 - a) The barriers to an adoptive placement with the current foster or kinship family;
 - b) The results of past attempts to place the child/youth with familiar family; and
 - c) Determine whether the conditions that prevented or disrupted the child/youth's placement with the familiar family are still present.
 - d) The current availability of potential adoptive resources identified through recruitment of a prior attachment/ significant relationship and adoption exchange searches such as AdoptUSKids or Heart Gallery.
3. The final decision regarding placement of siblings for the purpose of adoption must be made prior to the Special Called CFTM and documented in the DCS record. **C. Selection Process:**
 1. The FSW will present the child to the Special Called CFTM by thoroughly discussing the child's strengths/ needs and give detailed reasons why the child does not have a current permanent placement.

2. The Team Chairperson will present each family in a non-identifying manner through the facilitation process and document each family's strengths/needs as they relate to the child's strengths/needs as discussed by the team.
3. The team will make every effort to consider the family's perspective on how they will meet the child's specific needs.
4. Other team members will provide any other thoughts/insights to the discussion regarding the child and/or the family.
5. The team will come to a consensus in determining that no more than three (3) families that would best meet the child's needs.
6. The Special Called CFTM chairperson will document results of the meeting on the CFTM Summary form.

D. Visiting Potential Families and Reconvening the Team:

A home visit to the chosen potential families (by at least two members of the child's team) will be completed by the FSW, Contract Provider, Permanency Specialist and/or Team Leader to further discuss the family's willingness or desire to provide permanency through adoption. Any changes in the family's current parenting strengths/needs will be discussed as well. The home visit must also include a brief discussion of the child's strengths and needs.

1. For families outside of Tennessee, other methods might be used to gain additional information about the family and share information about the child. Such methods might include but are not limited to video recordings submitted by the family and video conferencing.
2. A recorder must be identified who can observe the family's interactions with each other, their responses to questions, and any nonverbal cues noted.
3. After all home visits are made, the FSW and home visit attendees will reconvene the Special Called CFTM and discuss the interviews, observations and provide overall feedback of the home visits.
4. The Special Called CFTM will review the home visit information for the identified families. The team will determine the family most suitable to meeting the needs of the child. The family will be noted as the prospective adoptive placement. An additional family (if one has been identified during the original Special Called CFTM) that is also capable of meeting the child's needs may be chosen as a secondary placement option if the identified prospective adoptive family declines placement of the child/youth in their home.

E. Presentation:

1. The FSW, Contract Provider, Permanency Specialist and/or Team Leader shall notify the family of the team's decision. Families whose home studies were presented, but who were not selected will also be advised by a team member who will document this information.
2. The FSW, Contract Provider, Permanency Specialist and/or Team Leader will present the child to the prospective adoptive family, utilizing the presentation summary, ensuring full disclosure. Information presented should be non-identifying, and form **CS-1039, Confidentiality for Full Disclosure** must be explained and signed prior to full disclosure. The child's full disclosure should include:

- a) Child's complete medical information (includes genetic links to diseases or disorders and prenatal care information)
 - b) Referral information
 - c) Current description of child
 - d) History of trauma
 - e) Mental health information
 - f) Child development information
 - g) Psychological tests/evaluations
 - h) Education records

 - i) Social information concerning the child; and
 - j) Immediate birth family and other birth relative information back several generations
3. The family must be given sufficient time to review the information provided to them in the presentation summary and presentation notebook.
4. If the family has advised the FSW, Private Provider, Permanency Specialist and/or Team Leader of their decision to proceed with pre-adoptive placement, a CFTM to include the newly identified family will reconvene to determine a transition plan. The transition plan must include: a) Details of when and where visits with the child will take place;
- b) How feedback on those visits will occur; and
 - c) Details regarding educational, and any other well-being needs of the child must be worked out prior to placement in the home.
5. Once the child is ready to permanently be placed in the pre-adoptive home, the protocol for making an adoptive placement should be followed.

F. Documenting the Permanency CFTM:

Work Aid: DOCUMENTING A SPECIAL CALLED CFTM

Using Form [CS-0747, Child and Family Team Meeting Summary](#), document the CFTM noting the following:

- a) Information regarding why an adoptive placement is being identified such as details if a disruption, whether it was due to the child's behaviors and the family's inability to parent the child's specific needs, etc.
- b) A copy of the child's presentation summary will be reviewed and the child's strengths/needs will be discussed so the team members understand what type of parenting and environment the child

needs. Secondly, each family's strengths/concerns are discussed separately. For example, the strengths/concerns of the first family are thoroughly discussed as they relate to the child's strengths/needs prior to moving on to the next family.

- c) After discussing all of the families' strengths/concerns as they relate to the parenting and environment for the child, the team determines which families are not a match as a permanency option due to obvious safety, risks, or the family not being best suited to meet the child's physical, emotional, and/or behavioral needs. For example, the child cannot be placed with younger children and this family has younger children in the home, etc.
- d) After all of the families have been considered, the team will choose no more than three (3) families for which to schedule home visits. A date to reconvene the team is scheduled to discuss any issues, concerns or answers gathered at the home visits. If the team has reconvened, the team documents the family that can best meet all of the child's needs.
- e) Ongoing transition plans should be noted and will be reviewed as needed or after every quarterly CFTM. Depending on the child's and family's needs, the length of adoptive visits may vary. This timeframe is to be determined by the team and documented along with the specific steps to be taken. For example, the level of supervision during visits, with or without the current family, who is transporting, if there are multiple siblings that are currently placed separately but moving to this placement together, etc.
- f) Any action steps pertaining to the decisions made by the team, who is responsible for each action step, and the timeframe for completion are to be documented.