



Chittenden County  
Child Protection and Family Support Team  
Referral Packet

Thank you for referring a case to the Chittenden Co. Child Protection and Family Support Team.

Enclosed please find the following materials to assist you in preparing this case for presentation to the CPFST.

If you have any questions, please do not hesitate to call me at (802) 863-9626 or email [kidsafe@kidsafevt.org](mailto:kidsafe@kidsafevt.org).

*Sally Borden*

KidSafe Collaborative Director/CPFST Coordinator

1. Overview of CPFST
2. Referral/Screening Form
3. Intake/Pre-Meeting Process
  - A) Intake Meeting: Family Goals worksheet

If you are faxing this referral form, please call us first to make sure the fax line is open. If you are sending a CPFST Referral to KidSafe via email, please either 1) send it through your organization's secure email system (e.g. Barracuda, etc.), or 2) password-protect your document, then let us know what the password is in a separate email or by phone. Please do not send client information via unsecured email.

KidSafe Collaborative Inc.

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## Chittenden Co. 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 empaneled members representing a variety of social and human services agencies, schools, and other service providers.  
**Temporary empanelment:** Additionally, service providers working with a particular family will be empaneled 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) **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.
- 5) **Intake Meeting:** Prior to the full meeting of the Child Protection and Family Support Team, the referrer and/or another service provider meet/talk 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.
- 6) **CPFST 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 another time to accommodate participants' schedules.
- 7) **Meeting Protocol:** Please arrive promptly by 8:30. The first 15 minutes of each meeting is reserved for professionals to sign in and share information.  
**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 referrer briefly reviews the reason for the referral and goals for this meeting.
- At 8:45, the parent(s) join the discussion. We will again review the operating assumptions and guidelines for the meeting, and introduce ourselves. We start every meeting by focusing on strengths of family members. The CPFST Facilitator will ask those who know the child(ren)/family to share their strengths, so that we are starting the meeting from a positive place.
- The CPFST Facilitator will ask the referrer to summarize the reasons for safety concerns, and will ask the family members if they want to comment on their goals for the meeting. The CPFST Facilitator will then invite participation from others who have been working with the family, the regular CPFST members, and family members if present.

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 which 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 make sure there is a shared understanding of the plan.
- 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.

**8) Follow-Up:** KidSafe staff takes notes during the meeting and prepare a summary of the Follow-up Plan. This, along with a list of participants and their contact information, is sent to all present.

Everyone who has agreed to provide follow-up services and/or contact is expected to do this 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 provide help to the family to address any barriers to accessing these services.

**9) 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  
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[www.kidsafevt.org](http://www.kidsafevt.org)

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**For office use only:**  
 CPFST mtg date: \_\_\_\_\_  
 CPFST case #: \_\_\_\_\_

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

<b>Your Name:</b>		<b>Agency:</b>	
<b>Phone:</b>		<b>E-Mail:</b>	
<b>Date of Referral:</b>		<b>Town</b> in which children currently live:	
<b>Area(s) of concern leading to referral:</b> <i>please check all that apply, below</i>			
<input type="checkbox"/> Physical Safety	<input type="checkbox"/> Mental/Emotional Safety	<input type="checkbox"/> Sexual Safety	

First Name	Last Name	Family Role	Sex	DOB and/or Age	Residence	Primary Client if applic	Race/Ethnicity
<b>Parent(s) &amp;/or Adult Household Members:</b>		i.e. mom, son, step-daughter, etc			e.g. in-home, not in-home: res., foster, etc.	X	For grant related use only

**I. Has VT DCF-Family Services been contacted?** Yes  No

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

If so, when was DCF-Family Services contacted? \_\_\_\_\_

Open Case: Yes  No  If yes, Caseworker: \_\_\_\_\_

Additional information regarding DCF status:



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

- 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:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Supervision of children      | <input type="checkbox"/> Home-Based Supports        | <input type="checkbox"/> Physical Health          |
| <input type="checkbox"/> Supervised Visitation        | <input type="checkbox"/> Housing Sanitation/Safety  | <input type="checkbox"/> Respite Care             |
| <input type="checkbox"/> Child Care/After School Care | <input type="checkbox"/> Housing Stability          | <input type="checkbox"/> School Education         |
| <input type="checkbox"/> Crisis Intervention          | <input type="checkbox"/> Legal Assistance/ Advocacy | <input type="checkbox"/> Substance Abuse          |
| <input type="checkbox"/> Domestic Violence            | <input type="checkbox"/> Mental Health              | <input type="checkbox"/> Transportation           |
| <input type="checkbox"/> Employment Training          | <input type="checkbox"/> Food/Nutrition             | <input type="checkbox"/> Youth Services (General) |
| <input type="checkbox"/> Financial Supports           | <input type="checkbox"/> Parent Education/ Supports | <input type="checkbox"/> Other                    |

5. 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**, and **indicate who should be invited to the CPFST meeting**.

Past/current                      Contact Name & Email/Phone #                      past/current                      Contact Name & Email/Phone #

<input type="checkbox"/>	Boys & Girls Club	<input type="checkbox"/>	Lund
<input type="checkbox"/>	Child Care/After School care	<input type="checkbox"/>	Mercy Connections
<input type="checkbox"/>	Clergy / Faith Supports	<input type="checkbox"/>	Milton Family Community Ctr.
<input type="checkbox"/>	Corrections/Probation	<input type="checkbox"/>	NFI
<input type="checkbox"/>	COTS	<input type="checkbox"/>	Physician
<input type="checkbox"/>	CUSI	<input type="checkbox"/>	Sara Holbrook Center
<input type="checkbox"/>	DREAM	<input type="checkbox"/>	School Counselor
<input type="checkbox"/>	Economic Services / Reach Up	<input type="checkbox"/>	School Social Worker
<input type="checkbox"/>	Easter Seals	<input type="checkbox"/>	School other:
<input type="checkbox"/>	The Family Room (formerly VNA)	<input type="checkbox"/>	Spectrum
<input type="checkbox"/>	Hope Works	<input type="checkbox"/>	Steps to End Domestic Violence
<input type="checkbox"/>	Howard Center First Call	<input type="checkbox"/>	Therapist/Mental health:
<input type="checkbox"/>	Howard Center Adult Services	<input type="checkbox"/>	Victim Advocate
<input type="checkbox"/>	Howard Center Child Youth & Family Services (IFBS, general):	<input type="checkbox"/>	Vermont Kin as Parents
<input type="checkbox"/>		<input type="checkbox"/>	VNA
<input type="checkbox"/>	King St. Center	<input type="checkbox"/>	Friends/ Family
<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	Other

6. 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?

(continued)

- 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.

7. 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:

8. If the parents/caregivers will be invited to the meeting, what arrangements and accommodations are needed? Will they need help with arranging/paying for child care or transportation for the meeting?

- Wheelchair Accessibility  Transportation  Child Care
- Interpreter (Please specify): \_\_\_\_\_  None needed

9. Where is the best place for the meeting (consider: comfortable place for parents/family; accessible; easy location for family to get to; accessible for team members?)

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10. Who would be the most helpful support person for the family to have at the CPFST meeting?

\_\_\_\_\_ Who will invite them? \_\_\_\_\_

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 their goals for the meeting? \_\_\_\_\_

12. 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?

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13. Please indicate, if you know, which other local teams have reviewed this situation and/or worked with this family:  Act 264 Team  CIS (Children's Integrated Services)  Early Childhood Malnutrition

- LIT  CHARM (Children and Recovering Mothers)  Other:

14. 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 fax to KidSafe (call first) (802) 865-4857  
If you wish to email it, please password-protect it for confidentiality, then contact KidSafe at (802)863-9626  
to let us know the password.

**KidSafe Collaborative**  
**CPFST Intake / “Pre-meeting” Process**

**I. Purpose:**

- to **introduce the family\* to the process of the Child Protection and Family Support Team (CPFST)**, and
- to **assist the family in clarifying their goals** for a full CPFST meeting.

\* “Family” is defined by referrer and person(s) they are working with, usually parents/guardians or non-offending parent; may include, extended family and other support people as requested by parent(s)/guardian(s); does not usually include child/ren.

**II. Protocols**

- A. The person referring the case to CPFST will set up the “Intake/pre-meeting” with the appropriate family member(s).

The Intake/pre-meeting meeting should include: the referrer; appropriate family member(s); a support person working with the family, if possible (e.g. mental health provider, parent educator, etc.). Parent/guardian(s) should be invited to bring personal support person(s) if they wish.

In many cases, the “pre-meeting” consists of just the referrer and parent/guardian. If the referrer feels that they are not the best person to hold the “pre-meeting” because the parent(s) would not be comfortable with this, then another support person may facilitate the meeting. In some cases, the CPFST Coordinator may be available to attend this meeting if necessary.

- B. This intake/pre-meeting will be at a date/time/location convenient to the family. This meeting will take place prior to the date of the scheduled full CPFST meeting.
- C. At the meeting, the referrer will:
1. Explain the role, function and process of the CPFST.
  2. Work with parent(s)/guardian(s) to clarify their goals for the CPFST, using attached forms.
  3. Review logistical concerns regarding the CPFST meeting such as child care, transportation, interpreters, etc., and assist the parents with these issues (KidSafe will provide funds to assist with transportation, child care, sign language and spoken language interpreters).
  4. Identification of a support person to attend the CPFST meeting with family member(s).
  5. If parent(s)/guardian(s) are not going to be attending CPFST meeting, discuss a plan for following up with them afterwards.
- D. Family goals identified in “Intake” meeting will be shared with CPFST members at the CPFST meeting.



### III. Intake Meeting Worksheet: What to Review With Family

- A. Review the reasons you believe the CPFST may be helpful: it is a meeting with a number of service providers from the community who may be able to offer helpful services, resources and suggestions for their children and family. This process also helps to ensure that everyone is “on the same page” and that services are coordinated.
- B. Review the date, time, location of meeting, and directions to meeting/parking. Family members are instructed to arrive at 8:45; inform them that the Team convenes at 8:30 in order to get organized, and to receive a brief overview/update from the referrer.
- C. Let them know, in general, who will be there - there are usually about 15 people there. Some of the people are from local service-provider agencies and are “regular” or “standing” members of the team; others are people who work with their children or with them, such as teachers, child care providers, Reach-Up worker, etc. and they are there as “one-time” members of the team. (People often ask if DCF-Family Services will be there; you may explain that they are there as regular members of the team. The goal of this meeting is to provide and coordinate supports for children and families, including Family Services. It is not a meeting to “take away their children.”)
- D. Encourage family members to bring whomever they wish to the meeting for personal support. Help them identify someone who might be a support to them.

Let them know that there is a “parent representative” from Vermont Family Network, which is a peer-based parent-support organization, who will be at the meeting for support as well.

- E. Determine if child care is needed, and if assistance is needed to arrange and/or pay for child care. If so, submit expense request to KidSafe.
- F. Determine if there are access issues (interpreter, wheelchair access, etc.), and if assistance is needed - same as above.
- G. Let them know that as part of this process we want to be sure that they have an opportunity to say what they think would be most helpful from this meeting.

You might also want to explain that a large meeting like this can sometimes feel intimidating, so they may want to make some notes for themselves about things they want to be sure to say.

Use the attached worksheet if you’d like, to ask something along the lines of the following questions:

1. *Now that I’ve explained the Child Protection Team process and my reasons for thinking it would be helpful for you and your family, what do you think would be most helpful to you as a result of this meeting?*
2. *What supports do you think would help you and your children feel safe and/or be safe with others?  
How do you think your children’s safety can best be supported?*
3. *If your child/children could come to a meeting like this, what do you think their goals would be? What do you think they would say would help them feel safe and/or be safe with others?*

