

## DSS SAMPLE CFST PLAN OUTLINE

### PURPOSE (include as stated)

The purpose of this plan is to establish an agreement for proceeding with utilizing these Child and Family Team (CFT) Facilitator funds to support the Child and Family Support Team (CFST) Initiative and:

- collaboration around the Initiative's identified goals of serving those children and their families referred to the DSS by the school that are at risk of academic failure and or out of home placement;
- to have an identified CFT Facilitator to conduct and or participate in a family-centered meeting to help identify supports/services that may be available to prevent the child from coming into care as well as to ameliorate the identified needs; and
- to establish a local collaborative relationship between the DSS and local school system.

### COLLABORATION

How is the agency collaborating with the local school system?

Ex. Do you have a memorandum of agreement/understanding, regular contact, are you facilitating a number of CFT's, etc...

### CONTACT PERSON

Provide the current contact person's name, telephone number, and email address. If this is a temporary contact person, provide the plan to establish a CFT Facilitator.

### TERMS AND CONDITIONS (include as stated)

By signing this plan/agreement, I understand:

1. This position will serve as the contact person for the CFST Initiative.
2. The Facilitator will convene and facilitate CFT's. These team meetings are the same as CFT meetings described in policy with the Children's Services manual.
3. The Facilitator will participate in any required training to enhance collaboration with the Initiative.
4. If there has been no identified person employed, whether continued, contracted or newly hired, to be the CFT Facilitator and contact for the CFST Initiative for the entire period of time between July 1, 2008 and October 31, 2008, all CFT facilitator funds will begin the process of reallocation to another county in November 2008.
5. A temporary CFT Facilitator/contact person for the Initiative may be utilized for the period of a maximum of 3 consecutive months if there is a loss/leave of that employee from that position. The temporary CFT Facilitator/contact person may have an additional position at the agency but they are to have attended CFT Facilitator training.

Signed: \_\_\_\_\_  
DSS Director Date