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Iowa Department of Human Services

# **Family Team Decision-Making Evaluation Handbook**

## Introduction

The Iowa Department of Human Services (DHS) has recognized the promise of family team meetings to develop respectful partnerships with families and to help them plan for their needs with the overall goal to live successfully, independent of external interventions and supports.

The family team decision-making (FTDM) process is a family-driven process to develop a plan of action and long-term informal supports. The outcome of the family team meeting is child and family stability, safety, permanency, and well-being, both during the family's involvement with the Department and following case closure.

In Iowa, family team meetings are required to meet the following standards:

- ◆ **Standard 1: Preparation of Participants.** Careful preparation of all participants is required for successful family team decision-making.
- ◆ **Standard 2: Family Engagement.** The family is engaged throughout the family team decision-making process.
- ◆ **Standard 3: Cultural Accommodations.** Relevant cultural issues of the child and family are identified and accommodated through adjustments in strategies, services, and supports for the family in the family team decision-making process.
- ◆ **Standard 4: Appropriate Participants.** Family teams include the family, supporters identified by the family, and others who sponsor or deliver plans of intervention for the family or any of its members.
- ◆ **Standard 5: Qualified Facilitator.** Family team meetings are facilitated by a person who has completed the DHS-approved FTDM facilitator training and competent to conduct meetings that focus on child safety, permanency, and well-being.
- ◆ **Standard 6: Meeting Location.** Family team meetings are conducted at a mutually agreeable and accessible location that maximizes opportunities for family participation.
- ◆ **Standard 7: Support of Casework Practice.** The focus of family team meetings is case planning, coordination, communication, and accountability.
- ◆ **Standard 8: Confidentiality.** Team members keep personal and private details of the family discussed in a team meeting private.
- ◆ **Standard 9: Family Support.** The team assists the family to develop and use a network of informal supports that can help sustain the family over time.
- ◆ **Standard 10: Review and Refinement.** The effectiveness of each meeting is assessed and adjustments are made to improve the ongoing process and the results for families.

Good family outcomes depend on quality preparation, facilitation, developing a plan, and monitoring progress toward safe case closure. Quality team meetings are enhanced by:

- ◆ In-class skill- based training,
- ◆ Facilitation coaching and feed back, and
- ◆ Formal approval of Iowa FTDM facilitators.

## **Important Decisions to Be Made**

Family team meetings should be used when making important life decisions. Participants should know of major decisions to be made in advance of a meeting so that each participant will come prepared to contribute. Major **decisions** should be a primary focus, along with “next step” actions planned for interventive supports and services addressed after a major decision is made. Important decisions for a family include:

1. Removal of children.
2. Selection of intervention and treatment options for parents or children, such as:
  - ◆ Intensive in-home services
  - ◆ Mental health or substance abuse treatment
  - ◆ Wraparound supports
3. Transition or movement of children within care or treatment arrangements that alter level of restriction or placement.
4. Reunification of children with parents.
5. Voluntary relinquishment of children or termination of parental rights.
6. Selection of temporary or permanent replacement caregivers.
7. Assignment of guardianship.
8. Adoption.
9. Assignment of child or youth to independent living or long-term care arrangements.
10. Safe case closure.

Important life decisions should be the basis for and first priority of a family team meeting agenda. Course of action and “next step” planning follow when an important life decision is made. Meetings may be used for purposes other than major family intervention decisions.

## **The Right Participants**

The right people (those who are affected by a decision, those who have authority to compel a decision, and those who must make a commitment to support a decision) should be party to a decision. Due **notice** and adequate **preparation** of participants are essential. The right people must be present and participating when the decision is made. (Parent perspective: *No decision about me without me!*)

## **Decision Options to Be Considered**

The options that may be considered in making a decision should be clarified to the extent possible in advance of the meeting, so that participants can come prepared to contribute to the decision process and offer their perspectives on various options.

## Decision Support Information

Participants should bring the **information, knowledge, and wisdom** necessary to make an appropriate, adequate, and beneficial decision selected from among options presented in advance of the meeting or added during the course of the meeting.

Decision-support information includes current assessment understandings, relevant history about the effects of previous or current interventions, court requirements that must be met, details about the options to consider, criteria that will be useful in selecting from among the options considered, and next step requirements for implementation of the decision option that is selected. To be useful, decision-support information should be made available during the meeting at which the important decision is made.

## Agreement on the Decision

The people who are affected by a decision, those who have authority to compel a decision, and those who must make a commitment to support a decision should reach **agreement** or at least **acceptance** (i.e., no objections, if not in full agreement) on

- ◆ The important decision made,
- ◆ The general intervention approach selected, and
- ◆ The course of action that will flow from the decision.

## Course of Action and Next Steps

Participants should plan a sensible course of action and next steps that will follow from the major decision made. The family service plan made should provide:

- ◆ Management steps that are understood and accepted by the family and expressed in their own words,
- ◆ Actions and timelines assigned to participants,
- ◆ Persons accountable for actions and achievement of intended results,
- ◆ Resources, funding, and authorizations for necessary treatment, services, and supports,
- ◆ An assigned coordinator who functions as the single point of contact for the family and team, and
- ◆ Checks for monitoring implementation and results of the course of action selected.

## Commitments of Actors and Resources

Key people affected by and involved in the course of action and next steps should pledge their **commitments** of attention, approval, action, time, and resources to the course of action and its schedule of implementation. The commitment seals the deal.

## Organizing Family Team Meeting Activities

### Preparation

Family team meetings are used when making major life-altering decisions with a family receiving services. Basic considerations for family team meeting preparation include making sure that the:

- ◆ Family understands the purpose and philosophy of family team decision-making efforts.
- ◆ Family members are ready, able, safe, and eligible candidates for team participation.
- ◆ Right people are invited to the meeting:
  - People necessary for the major decisions to be made.
  - People invited by the family for their own support.
  - People invited by the agency for service provision.
- ◆ Participants know the purpose of the meeting and how to contribute in a positive way:
  - Come prepared and ready for decision-making.
  - Speak to their concerns in constructive ways.
  - Listen with respect to other's concerns.
  - Recognize and build on family strengths and needs.
  - Share information, ideas, and resources.
  - Keep personal and confidential information private.
- ◆ Participants know what to bring to be prepared as well as when and where to meet.
- ◆ Logistical arrangements are made:
  - Meeting place and time should be mutually convenient for the participants.
  - Meeting place should be conducive for private and confidential conversations.
  - Refreshments and restrooms should be available for participant comfort.
  - The agenda should include any family rituals to begin or end the meeting.
- ◆ Facilitator is prepared to accomplish the primary purposes of the meeting.
- ◆ Facilitator and DHS staff are prepared to follow-up on decisions made and on next step plans.

Making important decisions and the related "next step" plans for implementing those decisions should be the basis for a family team meeting agenda.

### Facilitation

Family team meetings are facilitated by a person who has completed the approved FTDM facilitator training and who is competent to facilitate meetings that focus on child safety, permanency, and well-being. Any relevant cultural issues of the child and family are accommodated before, during, and after the meeting. The facilitator:

- ◆ Convenes the meeting, defines the goals and ground rules of the meeting, introduces participants and their roles, defines decisions to be made and the possible range of actions to follow the decisions.

- ◆ Uses consensus-building decision-making techniques, handles any conflict as it surfaces, selects appropriate idea-building processes, solicits all view points, clarifies options, refocuses as necessary to stay on task and on time, monitors and manages the flow of discussion to ensure that all are heard and no one dominates, brings discussions to closure with decisions made, and moves on to next steps, assignments, and commitments. This is done by:
  - Sharing inspiring visions to guide decisions and plans.
  - Focusing on results, processes, and relationships.
  - Designing pathways to action for realizing opportunities, building capacities, and solving problems.
  - Seeking maximum, appropriate involvement in decisions.
  - Facilitating the group to build agreements and meet challenges. (What could go wrong with this plan?)
  - Coaching others to do their best.
  - Confronting problems honestly and respectfully.
  - Managing power and control issues that arise.
  - Balancing family-centered practice with protective authority to keep children safe and help parents succeed.
  - Celebrating successes and accomplishments.
- ◆ Builds an understanding of the family and requirements for safe case closure from assessment information, court requirements, and family team discussions:
  - The family's story, strengths and needs, risks, barriers to family change, and family's desire to improve.
  - Requirements for safe case closure (behavior changes).
  - Changes the family must make plus their potential, motivation, and progress as it is being made (prognosis).
- ◆ Makes decisions, sets goals, secures commitments:
  - Sets goals for change, selects change strategies, plans interventions and support with family and supporters.
  - Secures commitments from participants for plans made.

### **Service Planning and Follow-up**

Family team meetings provide a basis for service planning, coordination, communication, and accountability.

The family team develops, monitors, and evaluates an individualized, strengths-based, needs-driven service plan that fills safety and permanency requirements while meeting the unique needs of the child and family identified in the assessment. Via the planning process, the service team assists the family develop and use a network of informal supports that can help sustain the family over time. The **family service plan**:

- ◆ Defines agreed upon goals for the family that include measures of caregiver behavior changes that are consistent with safe case closure requirements.
- ◆ Focuses on achieving safety, permanency, and well-being.
- ◆ Addresses the child's needs for attachment, safety, and security.
- ◆ Plans for family preservation or reunification, as indicated.
- ◆ Identifies alternative permanency plans, safety plans, crisis plans, and any transition plans that may be necessary.
- ◆ Uses supports and services that are most likely to work for the family and be a good fit for the family and situation.
- ◆ Specifies services and supports to be provided that are culturally competent and community based.
- ◆ Defines how goals are to be measured through behavior changes.
- ◆ States consequences of not making behavior changes.
- ◆ Sets time limits, clear expectations, and alternatives.
- ◆ Defines accountability for actions of the family and service providers and ways that accountability will be ensured.

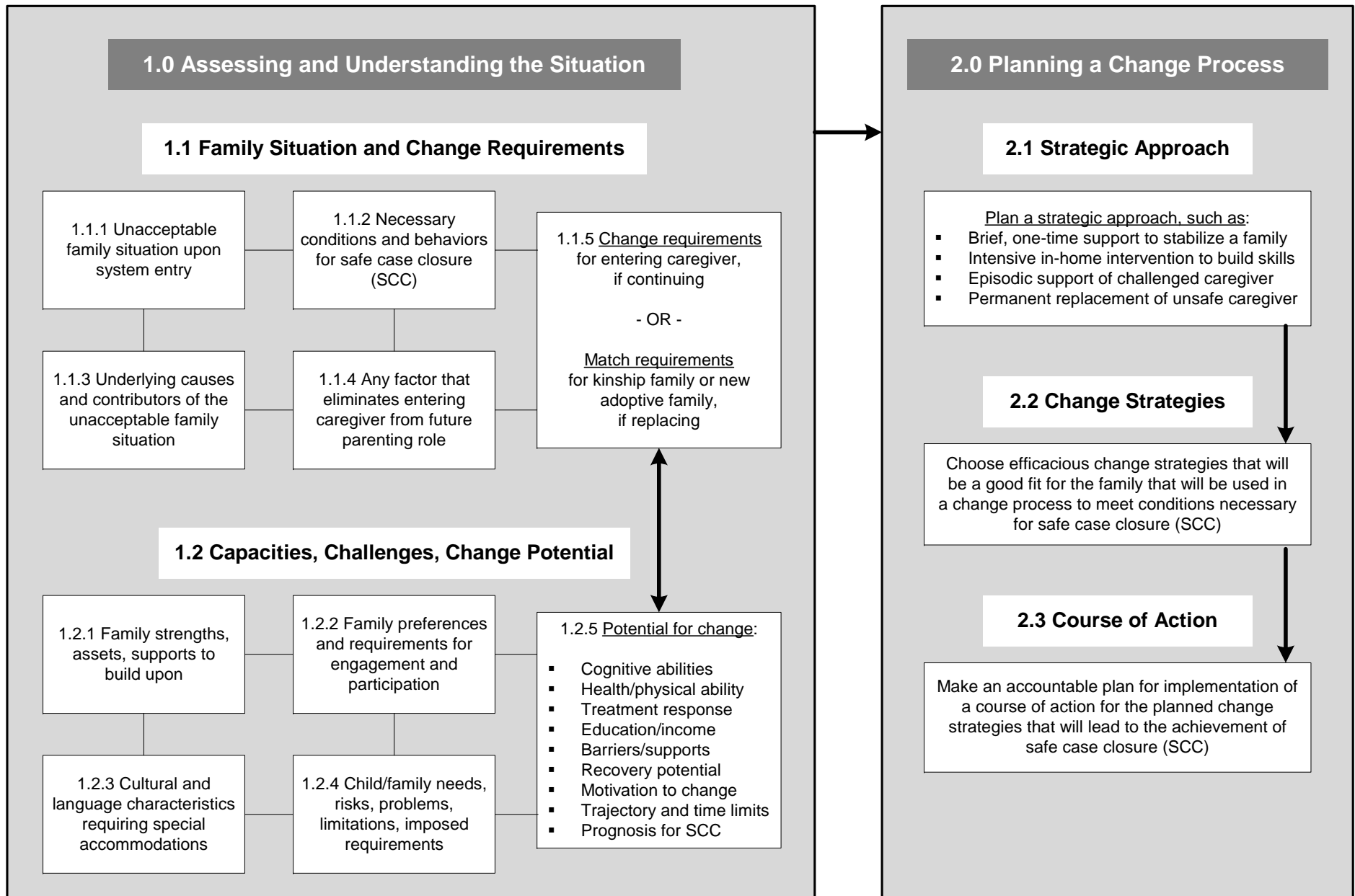
The family team develops, monitors, and evaluates any **individualized child service plans** for a child with special needs. The child service plan (a family service plan component):

- ◆ Addresses the special needs of the child or youth.
- ◆ Defines treatment goals and strategies (including an individual education plan).
- ◆ Builds resiliency and improves the child's functioning in daily settings, including home and school.
- ◆ Uses collaboration, as appropriate, between health care, mental health, special education, developmental disabilities, and juvenile justice services.
- ◆ Provide integration and coordination of services across settings, providers, levels of care, and funding sources.
- ◆ Provides for age-appropriate transitions.
- ◆ Prevents unnecessary disruption of the child's education.

The effectiveness of each family team meeting is assessed with adjustments made to improve the ongoing process and results for the family.

The effectiveness of planned services is evaluated with changes made to improve services and results achieved.

# Assessment and Planning Logic to Guide Child Welfare Practice



## Assessment and Planning Logic Framework to Guide Child Welfare Practice

Assessment is:

- ◆ An inquiry-driven learning process
- ◆ Conducted by a family's service team
- ◆ To form a "big picture" understanding of the family
- ◆ To inform family-team decisions
- ◆ For guiding a change process
- ◆ To achieve necessary conditions for safe case closure.

Assessment begins with initial family contact and continues until safe case closure is achieved. Assessment discovers and illuminates causes and contributors that led to an unacceptable situation, provides requirements and constraints for a successful change process, and guides the selection of efficacious, good-fitting change strategies necessary for planning and implementing a realistic and effective course of action for the family, supporters, and service providers.

### Assessing and Understanding the Situation

1. **Describe status upon entry.** Example of unacceptable child status situation upon entry into child welfare:

A failure-to-thrive six-month infant with a mild-MR homeless mother, age 19 (a former DCF foster child who aged-out).

2. **Determine causes and contributors.** Example of underlying issues that explain the unacceptable status situation:

- ◆ Mother lacks necessary knowledge and skills for feeding an infant or toddler.
- ◆ Mother uses unclean utensils in food preparation and serving.
- ◆ Mother lacks knowledge and skills for basic infant and child care.
- ◆ Mother lacks a knowledgeable adult to check baby and supervise child care.
- ◆ Mother does not recognize and respond appropriately to signs and symptoms of child illness.
- ◆ Mother does not recognize and remove hazards from the child's immediate environment.
- ◆ Family lacks adequate, stable housing and income.
- ◆ Mother lacks baby formula and appropriate food.
- ◆ Mother lacks assistance mentoring support for parenting an infant.

3. **Assess family fit information.** Requirements and constraints for planning interventions:

- ◆ Family strengths and assets:
  - Abilities and capabilities
  - Extended family
  - Employment and income
  - Support network
  - Living situation
  - Willingness to participate in a planned change process
  - Other assets
- ◆ Family culture and language factors to be taken into account.
- ◆ Family preferences, requirements for engagement and participation in a change process, and any “non-negotiables” that would limit family acceptance and engagement.
- ◆ Family problems or limiting factors that may impose risks or restrict the range of options used for intervention or problem solving (e.g., cognitive or physical limitations; addiction or mental health recovery and relapse patterns; English speaking ability; undocumented immigrant status; literacy; employability status).
- ◆ Special circumstances or losses (e.g., loss of house in a disaster, recent loss of significant family member, military duty abroad).
- ◆ Court-ordered requirements (e.g., child welfare plan) or constraints (e.g., restraining order, probation, or parole) that the parent or child must meet.
- ◆ Others factors (e.g., treatment response, motivation for change; case trajectory and prognosis) that must be understood and taken into account when planning a change process for this child and family.

**Planning a Results-Oriented, Accountable Change Process**

1. **Plan safe case closure (goals).** Define conditions necessary for safe case closure to set goals. Example of necessary behavior patterns to be consistently demonstrated by caregiver:

- ◆ Mother feeds the baby appropriate foods at mealtime using sanitary utensils and on a proper feeding schedule.
- ◆ Mother consistently provides adequate hygiene for diapering, bathing, and physical care of the child.
- ◆ Mother keeps the home environment safe and free from hazards that could be encountered by an infant or toddler.
- ◆ Mother recognizes and responds to signs and symptoms of child illness by calling a mature adult or nurse to advise and assist in emerging health situations.

Example of sustainable conditions put into place:

- ◆ Baby's weight is now on target.
- ◆ Mother has baby formula and WIC Food Assistance.
- ◆ Mother has adequate, stable housing.
- ◆ Mother and baby have adequate, stable income to meet basic needs.
- ◆ Baby's immediate environment is safe and free from hazards.
- ◆ Mother has an experienced parenting mentor next door to supervise and assist daily child care.
- ◆ Mother and baby have weekly visiting nurse services to monitor child health and developmental status for next 24 months.

2. **Select change strategies.** Choose efficacious, good-fitting strategies to help family make changes for safe case closure:

- ◆ Select one or more interventive strategies for each behavior change or change in conditions defined in the desired end states (goals). Such strategies may fall into the following general categories:
  - Instruction (teaching or training)
  - Treatment or therapy
  - Employment and income
  - Support network building
  - Housing and living conditions
  - Family support
  - Transitional support
- ◆ For each strategy, select one or more specific interventive techniques (e.g., Multi-Systemic Therapy) or casework tasks (e.g., securing SSI benefits or Section 8 housing) necessary to effect the strategies and make the desired changes in behaviors or conditions.
- ◆ Consider and select available evidence-based strategies that are properly matched to the type of person and change to be made.
- ◆ Give preference to strategies deemed to be the “most efficacious” (evidence-based) and “best fit” for the case.
- ◆ Determine any technical process requirements for proper implementation of strategies to insure fidelity of strategy use.
- ◆ Determine resource requirements and necessary arrangements for implementing interventive strategies.
- ◆ Strategically order (priority, logical sequence) a sequence of strategies to create a sensible course of action that is acceptable to the family and helpful to the practitioners and support providers involved.

3. **Plan a course of action.** Make an accountable plan for implementation of the course of action to achieve safe case closure:
- ◆ Use the combination and sequence of intervention strategies to lay-out a course of action with the accompanying process and resource requirements used to construct a plan of implementation. The plan should provide:
    - Manageable steps, understood and accepted by the family, in priority and logical order.
    - Actions and timelines for each strategy used to yield change.
    - Team members and persons accountable for actions and results.
    - Resources, funding, and authorizations for necessary services.
    - An assigned coordinator who functions as the single point of contact for the family.
    - Process checks for monitoring fidelity of implementation of evidence-based techniques.
  - ◆ Plan monitoring processes to be used by the coordinator and team to check and modify plans.
  - ◆ Plan the measures and tracking to be used to determine whether or when conditions necessary for safe case closure (i.e., the set end-state goals) are achieved and how measurements will be conducted and reported to the team.
  - ◆ Identify how problem-solving activities will be conducted and managed by the service coordinator with the family team and service providers during implementation of the planned course of action.
  - ◆ Plan processes by which family progress and near-term results will be evaluated and used in family team decision-making activities.

### **Completing the Observation and Debriefing**

Form 470-4441, *FTDM Facilitator Approval Evaluation*, can be used:

- ◆ To clarify and evaluate those abilities, skills, processes and outcomes of a FTDM process;
- ◆ As an everyday tool for self-evaluation of practice skills needed for successful family team meetings;
- ◆ As a tool to observe practice and provide strength-based feedback focused on specific indicators of successful FTDM practice and outcomes;
- ◆ A tool for overall practice improvement.

When the concepts of the form are integrated into everyday practice, they inform social workers of why results were or were not achieved and help identify specific training needs of facilitators, and can be used as a basis for effective FTDM consultation.

As a self-evaluation tool, facilitators can review each area of competency to evaluate their skills, abilities and outcomes. As a review tool, an observer can use the tool to evaluate the practice of family team meetings in the service area.

In addition to a tool for everyday practice, the *FTDM Facilitator Approval Evaluation* is used as a formal evaluation of facilitator's demonstrated knowledge and skills for approval to facilitate family team meetings by the Department of Human Services. At a minimum, facilitators are approved when they have:

- ◆ Completed DHS-approved training (minimum 18 hours);
- ◆ Completed two meetings with an approved FTDM coach: one as a co-facilitator and one as a lead facilitator.
- ◆ Received verbal and written feedback on their demonstrated facilitation skills and meeting outcomes.

The coach first models and demonstrates skills for meeting preparation, facilitation, and developing a plan. Then the coach observes the facilitation of the learner and completes the *FTDM Facilitator Approval Evaluation*, which includes a recommendation for approval or further development. The tool is submitted to the community liaison in the DHS service area.

The observation and debriefing tool is organized on family team meeting activities that contribute to successful outcomes. The following provides the logic model for thinking about the key task and activities of family team meetings.

FTDM meetings are conducted at different stages in the life of a case. The practitioner completing the evaluation or self-evaluation is required to differentiate those activities pertaining to where the family is in the life of the case. The practitioner must determine which evaluation criteria should be applied.

For example, an initial meeting may be directed exclusively at ensuring that a good safety plan is in effect or agreeing on assessment activities. At that point in the life of the case, many of the planning and follow-up criteria would not be evaluated. A review or safe case closure meeting may have other activities related to monitoring progress or determining if change requirements have been met, and the follow-up criteria would apply.

Safe case closure requirements define:

- ◆ Necessary behavioral patterns that must be consistently demonstrated by the caregiver to reunify the family and to conclude external supervision.
- ◆ Sustainable conditions and supports (e.g., housing, child care, health care, income, employment) that must be put into place in order to reunify the family and to conclude external supervision.
- ◆ Methods and timetables for measuring behavioral changes, sustainable conditions, and supports (how we will "know when we are done").
- ◆ Conditions for safe case closure help to define "change requirements" to be met by the family and to frame a "long-term view" of what it will take for the family to live together safely and successfully, independent of outside supervision.

The observation of family team meetings is completed in a learning context to benefit the observed facilitator and the family. There are four primary ways to gather assessment information needed to make required evaluative conclusions to complete the tool: Interviews with the facilitator, observation of a meeting, plan review, and verbal or written evaluation of the meeting by the participants at the conclusion of the meeting. Evaluation information should be shared with the facilitator in a debriefing process.

## **Interviews**

Before the observed family team meeting, the following questions for the facilitator enhance the evaluator's understanding of the preparation activities:

- ◆ Where is this meeting in the life of the case? If it is a review or subsequent meeting, how have you contributed to the continuity between meetings?
- ◆ Who has been invited and what do you expect them to contribute to the meeting?
- ◆ What is the purpose of the meeting and is it understood by all participants?
- ◆ What activities were completed to prepare participants to contribute in a positive way?
- ◆ What and how were safety issues addressed?
- ◆ What challenges will you address and how? Any worries and concerns about the meeting?

## **Observation**

1. Organization of the meeting;
  - ◆ Does the facilitator use an outline that allows completion of major tasks?
  - ◆ Is the coaching/observation process explained to the family and the need for participant feedback explained?
2. Convening the meeting and defining goals:
  - ◆ Is the structure and purpose of the meeting reinforced and clear to all participants?
  - ◆ Are the major decisions to be made defined? Does the facilitator discuss a range of actions to follow decisions?
  - ◆ Is the family supported in "telling their story?"
3. Ground rules:
  - ◆ Are ground rules developed in a way that allows the team to begin problem solving and working together as a team?
4. Introducing participants:
  - ◆ Does the introduction of participants support and respect the family's organization and culture?
  - ◆ Does the facilitator recognize the value of each participant?

## 5. Meeting management:

- ◆ Are all participants valued contributors? Are child participant's needs addressed in a sensitive way during the meeting? Does the facilitator positively reframe and summarize responses to reinforce the purpose of the meeting?
- ◆ Does the facilitator manage the time allotted for the meeting and refocus as necessary to stay on task?
- ◆ Does the facilitator use consensus-building and decision-making techniques to help the team move to solutions?
- ◆ Does the facilitator confront problems honestly and respectfully? Are conflicts managed as they surface?
- ◆ Are decisions made and does the facilitator move to next steps, assignments, and commitments?
- ◆ Does the conclusion celebrate successes and accomplishments of the team?

## 6. Meeting results:

- ◆ Has team formation been successful?
- ◆ Is there a clear understanding of the functional strengths and needs of the family?
- ◆ Are risks and barriers to family change identified?
- ◆ Are the behavioral requirements for safe case closure clear to the team?
- ◆ Have decisions, goals and commitments been identified and agreed to by the team?
- ◆ Is there a clear course of action?
- ◆ Does the team know the purpose and logistics of the next meeting and who is to attend?

## **Participant Feedback**

At the conclusion of the meeting, the facilitator or evaluator can facilitate a brief feedback session that includes the following questions:

- ◆ [To the parents] Was this meeting helpful to you? Why or why not?
- ◆ Was this meeting facilitated in a way that allowed for the positive contributions of all participants?
- ◆ Was the purpose of the meeting achieved? What contributed to that?
- ◆ Is the plan of action likely to succeed? What could go wrong?
- ◆ How do we know when team will be done?

## **Plan Review**

The plan of action is the key result of the family team meeting. Review the plan to see if it:

- ◆ Is individualized and addresses the special needs of the child and family.
- ◆ Is strengths-based.
- ◆ Is needs-driven and fills safety and permanency requirements.

- ◆ Is consistent with the needs identified in the assessment.
- ◆ Defines agreed upon goals.
- ◆ Identifies specific supports and services that match the needs of the child and family.
- ◆ Provides integration and coordination of services across settings, providers, and funding.
- ◆ Is community-based and culturally competent.
- ◆ Sets time limits and expectations for behavioral change.
- ◆ Defines how accountability will be ensured.
- ◆ Promotes use of informal supports.
- ◆ Addresses important upcoming transitions.
- ◆ Is likely to succeed.

## Debriefing

The debriefing interview is an opportunity to offer strength-based, developmental feedback to novice facilitators learning the FTDM process and to model an approach to use when working with families. When the learner takes the lead, feedback feels safer and empowers the learner to take ownership of self-development.

Form 470-4441, *FTDM Facilitator Approval Evaluation*, can be used as part of the process of coaching or as a strength-based feedback process that helps the observed facilitators examine ways that they can be even more effective. Before observation, the observed facilitator should be familiar with the form. Use the form to make notes from the observation tool about strengths, abilities, areas that need improvement to be even more effective and recommended next steps for further development.

Although much of the feedback is drawn from the facilitators self-evaluation by the questions asked, careful preparation is needed to be thorough. Careful preparation allows the observer to provide specific behavioral feedback while guiding the self-evaluation of the learner. When feedback is completed in this way, the observer often talks only 25% of the time, and the learner is guided to effective self-evaluation.

Strengths first: Identifying the strengths that a facilitator has builds trust and empowers facilitators to practice self-evaluation that is basic to continuous quality improvement. The strengths that they recognize are built upon to improve their practice. Ask the learner:

1. **What have you done in family meeting preparation that was effective? What have you done in facilitating this meeting that was effective? How does the plan that was developed reflect your contributions to the process?**

Patience is the key to drawing out the learner's strengths; many practitioners are unaccustomed to identifying their strengths and need time for thoughtful consideration. When you are confident that the learner's list is exhausted, prompt the learner with examples of behaviors that will lead to further identifying strengths.

Only when this process is completed, should you add:

**2. What skills and abilities did you use or do you have that contributed to the good outcomes of the meeting?**

This question helps the learner identify the practice behaviors that the learner will want to use repeatedly to contribute to good outcomes. Confirm what was effective, e.g. “It’s great that you think you did a good job at consensus building and managing conflict. What did you do that made a difference?”

**3. May I share with you what I saw that was effective?**

This is an opportunity to reinforce the strengths the learner has recognized and to point out important strengths and abilities that you want the learner to recognize that lead to the success of meetings. Identify what the learner did or said to help the learner clearly picture the practice. Feedback about behavior helps the learner be clear about expectations as a facilitator and enables the learner to repeat or replicate effective behaviors in subsequent meetings.

**4. What would you do differently to be even more effective?**

This is an opportunity to help the learner identify what the learner may do to be even more effective. Again, the learner should be guided to present solution-focused strategies to be more effective. For example, you may suggest: “There was a point when the family members were very negative with the father. Is there anything that you might have done at that point to help them contribute more positively?”

Recognize the learner suggestions and add to them if the learner is missing a key element of practice. For example: “That’s right, and if you remind participants of the ground rules or the purpose of the meeting as soon as that behavior starts, the meeting may not get side tracked. Sometimes that reduces the blaming and allows the process to remain positive and productive.”

**5. May I tell you what I saw?**

Feedback is most helpful when it is both specific and positively stated. It is easier to stop doing something that is counterproductive when a more helpful behavior can be substituted. For example; “You gently intervened when the aunt was dominating the process. That was respectful yet allowed others to be heard. To be even more effective you might ask specific questions from quieter participants to draw out their participation.”

**6. What would you see as the next three steps in your development as a facilitator?**

Help the learner identify ways that the learner might improve practice, and add your suggestions as an observer/coach. Examples of further learning include: Observing other skilled practitioners, co-facilitating additional meetings, attending additional or advanced training, further observation with feedback, ongoing self-evaluation, and development of individualized tools to help support weak areas. Another good support tool is the “Facilitator’s Feedback Form” from the Child Welfare Policy and Practice Group, which identifies principles and indicators of successful family team meeting process.

## Evaluation Process

The competency of a facilitator is determined by demonstrated knowledge and skills. DHS approves facilitators when they have, at a minimum:

- ◆ Completed DHS approved facilitator training (minimum 18 hours),
- ◆ Completed a family team meeting as co-facilitator with an approved facilitator who has provided coaching and written feedback; and
- ◆ Completed a family team meeting as lead-facilitator with an approved facilitator who has provided coaching and written feedback.

### Request for Approval

1. For FTDM facilitator approval, send the application to the Community Liaison for the Department service area.
2. A statewide approval list will be maintained by the service areas in the share “\\Hoovr3s2\acfs.772\FTDM\_T&C” and will include:
  - ◆ Facilitator number, name, and contact information
  - ◆ Agency name, number, and phone (if applicable)
  - ◆ DHS or private designation
  - ◆ Date of approval and name of the person approving
  - ◆ Geographic availability to facilitate
3. DHS local office will receive and process applications within 20 working days. If approval is not given, reasons will be provided with an opportunity to resubmit the application for approval when the reasons are ameliorated.

### Coaching for Family Team Decision Making

Coaching in the family team decision-making meeting process is required before a facilitator being approved by DHS.

The competency of a facilitator is determined by demonstrated knowledge and skills. At a minimum, facilitators are approved by DHS when they have:

- ◆ Completed DHS-approved facilitator training (minimum 18 hours),
- ◆ Completed a family team meeting as co-facilitator with an approved facilitator who has provided coaching and written feedback; and
- ◆ Completed a family team meeting as lead-facilitator with an approved facilitator who has provided coaching and written feedback.

The *FTDM Facilitator Approval Evaluation* should be completed as part of this process.

The following guidelines provide a list of activities to prepare for FTDM coaching.

### **Before the arrival of the coach:**

- ◆ Choose two families for the purpose of learning facilitation skills. One family will be for the coach to model and one family for the trainee to take the lead in facilitation. Suggestions in choosing a family include:
  - A family needing an initial case plan
  - A family whose goal needs to be changed
  - A family who is about to experience a major change in their circumstances, such as foster care placement
  - A family whose case plan needs to be reviewed, updated, or revised,
  - A family whose case is ready to be closed
- ◆ Get permission from the families to be interviewed by the coach and trainee. Make sure the family signs the appropriate release forms. You may also want the coach to sign a confidentiality statement.
- ◆ Have the case record ready for review by the coach. Especially important to review will be the case plan, court orders, psychological evaluations and any non-negotiables and requirements for the parents.
- ◆ After the date of the coach's on-site visit has been established, arrange the date, time, and place for an interview with the family, so that the coach and trainee can visit with the family to begin the preparation process. It is preferable to interview the family in their home.
- ◆ Arrange the date and time for an interview with the caseworker. Ideally the coach will read the record first, then interview the caseworker, then visit with the family.

### **The coach and trainee together will:**

- ◆ Visit with the family to describe/explain the process and to identify ways the FTM could benefit the family
- ◆ Help the family identify their desired outcomes
- ◆ Help the family identify their strengths and needs
- ◆ Identify additional team members
- ◆ Prepare the family to tell their story at the team meeting
- ◆ Help the family identify what supports they need and what barriers they might have (transportation, day care, etc.)
- ◆ Identify the best time and location convenient to the family to hold the meeting
- ◆ Check with the family to determine their willingness to have other learners/trainees present during the FTM for their development as facilitators

### **Next, the coach and trainee together will:**

- ◆ Conduct preparation interviews with identified team members
- ◆ Gain agreement with team members regarding their role and participation as team members
- ◆ Help the team members identify family/child strengths and needs
- ◆ Determine their availability for a team meeting at the family's preferred time/date/place

**Before the family team meeting the trainee will:**

- ◆ Follow-up with the family/team members to remind them of the date, time, and place
- ◆ Invite appropriate trainees to the meeting (for observation)
- ◆ Make arrangements for day care/transportation or other special needs
- ◆ Arrange for a speaker phone, if one will be needed
- ◆ Arrange for having a flip chart, markers, tape and tissues at the meeting
- ◆ Arrange for appropriate refreshments

**The family team meeting:**

- ◆ Should last about 1 ½ to 2 hours
- ◆ Utilize the family team decision-making meeting outline
- ◆ Utilize the family's plan (part of the DHS case permanency plan)

**Follow-up:**

- ◆ If the trainee is not the caseworker, they will have the responsibility to work with the group member who writes the plan developed in the FTM.
- ◆ The trainee will follow-up on commitments made at the team meeting.
- ◆ The trainee will arrange and invite members to the next meeting.

## FTDM Facilitator Application for Approval

Last Name	First Name
Mailing Address	
Phone	E-Mail
Name of Agency (if applicable)	<div style="display: flex; justify-content: space-around;"> <span>DHS</span> <span>Private</span> </div>
Geographic Availability to Facilitate (county names)	
Signature	Date

**Attach:**

- ◆ Training certificate or CEUs from approved training (Required 18 Hours).
- ◆ Verification of being coached by an approved facilitator and copies of written feedback provided by the coach (Required two family meetings).

**APPROVAL:**

Facilitator Number	Date Approved	Approved By
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## FTDM Facilitator Approval Evaluation

**Role:** (check one)  Facilitator  Co-Facilitator

Name:	Family Name:	Date:
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Score each competency on the 1-5 Likert scale. In order for approval must score 100% or "3" satisfactory.

				Meets DHS Expectations					
"1" very unsatisfactory	"2" mostly unsatisfactory	"3" satisfactory	N/A	1	2	3	4	5	
<p><b>Preparation</b></p>									
Introduce and engage the family around the function of family team meetings and the need for focusing on child/family safety and stability. The family is approached from a position of respect, empathy, and genuineness.				<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Comments:</b>									
The facilitator should ensure and encourage that participants are prepared to: <ul style="list-style-type: none"> <li>◆ Be ready, able, safe, and eligible candidates for team participation</li> <li>◆ Speak to their concerns in constructive ways</li> <li>◆ Listen with respect to others' concerns</li> <li>◆ Recognize and build on family strengths and needs</li> <li>◆ Share information, ideas, and resources</li> <li>◆ Maintain personal and confidential information private</li> </ul>				<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Comments:</b>									
Non-negotiables have been determined before the meeting. Confidentiality (limits and issues) and non-negotiables have been discussed with participants.				<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Comments:</b>									
Collaboration and assessment have determined the right people are invited to the meeting: <ul style="list-style-type: none"> <li>◆ People necessary for the major decisions to be made</li> <li>◆ People invited by the family for their own support</li> <li>◆ People invited by the family and agency for service provision</li> </ul>				<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Comments:</b>									

Preparation (Cont.)						
<p>Logistic arrangements are made, including establishing a:</p> <ul style="list-style-type: none"> <li>◆ Meeting place and time that is mutually convenient for the family and other participants</li> <li>◆ Meeting place that is conducive for private and confidential conversations</li> <li>◆ Agenda that includes any family rituals to begin or end meeting and address all relevant areas of the family's plan</li> </ul>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Comments:</b>						
Facilitation						
<p>Convenes the meeting, prompts introductions of participants and their roles, reviews or develops ground rules of the meeting, defines the goals and clarifies decisions to be made.</p>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Comments:</b>						
<p>Family team meeting engagement and process: The facilitator:</p> <ul style="list-style-type: none"> <li>◆ Monitors and manages the flow of the discussion to ensure that all are heard and no one dominates</li> <li>◆ Encourages maximum, appropriate involvement in decisions</li> <li>◆ Assists the family to develop natural supports that will enhance the family's capacity and build a circle of support that will see the family through difficult times</li> <li>◆ Ensures that all share strengths of the family as well as needs</li> <li>◆ Focuses on results, processes, and relationships</li> <li>◆ Focuses on achieving safety, permanency, and well-being</li> <li>◆ Celebrates successes and accomplishments</li> <li>◆ Coaches others to do their best thinking especially in regard to how services should relate to needs</li> <li>◆ Designs pathways for realizing opportunities, building capacities, and solving problems</li> <li>◆ Balances family-centered decision making with protective authority to keep children safe and help parents be successful</li> </ul>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Comments:</b>						

Facilitation (Cont.)						
<p>Time management: The facilitator:</p> <ul style="list-style-type: none"> <li>◆ Refocuses the meeting as necessary to stay on task and on time</li> <li>◆ Brings discussion to closure; summarize decisions made, next steps, assignments, and commitments to implementing the plan</li> </ul>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p><b>Comments:</b></p>						
<p>Conflict resolution: The facilitator:</p> <ul style="list-style-type: none"> <li>◆ Makes adjustments when conflict surfaces</li> <li>◆ Confronts problems honestly and respectfully</li> <li>◆ Manages power and control issues that arise</li> <li>◆ Checks-in with participants to ensure accurate assessment/ information</li> </ul>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p><b>Comments:</b></p>						
Service Planning and Follow-up						
<p>The family team meeting provides a basis for service planning, coordination, communication, and accountability as evidenced by:</p> <ul style="list-style-type: none"> <li>◆ Agreed-upon goals for the family that include measures of behavioral changes and action plans that are consistent with safe case closure requirements (safety, permanency, and family well-being)</li> <li>◆ Secured commitment from participants for plans made</li> <li>◆ Addressed needs for attachment and security, family preservation or reunification, as indicated</li> <li>◆ Identified alternative permanency plans, safety plans, crisis plans, and any necessary transition plans; anticipation of what could go wrong with the family plan.</li> <li>◆ Arranged-for supports and services that are most likely to work for the family and are culturally competent when able to achieve</li> <li>◆ Definition of how goals are to be measured through behavior changes</li> <li>◆ Established time limits, clear expectations, and alternatives</li> <li>◆ Identified consequences of not making behavior changes</li> <li>◆ Defined accountability for actions of the family and service providers and a way that accountability will be ensured</li> </ul>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p><b>Comments:</b></p>						

Service Planning and Follow-up (Cont.)						
<p>The family team develops, monitors, and evaluates any individualized child service plans for a child with special needs. The child family's plan follows the domains and:</p> <ul style="list-style-type: none"> <li>◆ Addresses the special needs of the child or youth</li> <li>◆ Addresses any placement concerns</li> <li>◆ Defines treatment goals and strategies</li> <li>◆ Builds resiliency and improves the child's functioning in daily settings, including home and school</li> <li>◆ Uses collaboration as appropriate, with health care, mental health, special education, developmental disabilities, and juvenile justice services</li> <li>◆ Provides integration and coordination of services across settings, providers, levels of care, and funding sources</li> <li>◆ Provides for age-appropriate transitions</li> <li>◆ Prevents unnecessary disruption of the child's education</li> </ul>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p><b>Comments:</b></p>						
<p>The family plan is properly assimilated and recorded. Written plan is disseminated to team members within 10 working days of the meeting.</p>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p><b>Comments:</b></p>						
<p>The team assesses the effectiveness of each family team meeting and, if necessary, adjustments are made to improve the ongoing process and results for the family.</p>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p><b>Comments:</b></p>						
<p>The effectiveness of planned services is evaluated and results are identified and adjustments are made accordingly.</p>	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p><b>Comments:</b></p>						

**Strengths:**

**Strategies to address needs and plan for follow up coaching and observation:**

**Approval Determination**

Facilitator:	Date:
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- It is my recommendation that this facilitator NOT be approved as a FTDM facilitator by DHS at this time.
- It is my recommendation that this facilitator complete the strategies to address needs and be observed and evaluated before approval as a facilitator.
- It is my recommendation that DHS APPROVE this facilitator to conduct FTDM meetings. The facilitator has the skills and has demonstrated competency in FTDM facilitation.

Evaluator:	Date:
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**Note:** *It is expected that the facilitator achieve a score equal or greater than “3” in all categories to be considered proficient at facilitating family team meetings.*

