



Department of
Job and Family Services

Practice Manual for ProtectOHIO Family Team Meetings

Prepared by ProtectOHIO Consortium FTM Workgroup



March 15, 2011

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION TO PROTECTOHIO FAMILY TEAM MEETINGS	1
1.1: ProtectOHIO FTM Values and Principles	1
1.2: Mission and Purpose of Family Team Meetings	2
1.3: Core Components of the FTM Strategy	2
CHAPTER 2: THE FAMILY TEAM MEETING FACILITATOR	4
2.1: Facilitator Qualifications	4
2.2: Facilitator Training	4
2.3: Facilitator Independence	5
2.4: Facilitator Roles and Duties	6
CHAPTER 3: THE CASEWORKER	9
3.1: Training	9
3.2: Preparing for the First FTM: Collaboration with All Parties.....	9
3.3: Role of the Caseworker During the FTM	10
3.4: Caseworker Responsibility Following the FTM	10
CHAPTER 4: FTM PARTICIPANTS/ATTENDEES	11
4.1: Who to Include in the FTM	11
4.2: Parent Attendance at the FTM	12
CHAPTER 5: REFERRAL PROCESS AND TIMELINE	14
5.1: Who Should Be Referred	14
5.2: Referral Process	14
5.3: Referral Timelines	15
CHAPTER 6: PREPARATION FOR FTM	16
6.1: Caseworker and Facilitator Preparation	16
6.2: Preparing Parents	17
6.3: Preparing Children and Young People for the FTM Process.....	17
6.4: Preparing Service Providers	18
6.5: Scheduling the FTM	18
6.6: Follow-Up After FTMs	19
CHAPTER 7: INITIAL FTM AGENDA	20
7.1: Introduction	20
7.2: Discussion	20
7.3: Conclusion.....	23
CHAPTER 8: SUBSEQUENT FTM AGENDA	24
CHAPTER 9: FTM AGENDA FOR CRITICAL EVENTS MEETINGS	26
9.1: Types of Critical Events	26
9.2: Key Points about the Critical Event FTM Process	26
9.3: Case Closing as Occasion for FTM.....	27
9.4: FTM Not Needed in case of Child Fatality.....	28

CHAPTER 10: BENEFITS AND CHALLENGES OF FTMS.....	29
10.1: Benefits of FTMs	29
10.2: Challenges of FTMs	30
CHAPTER 11: ADMINISTRATIVE SUPPORT.....	31
11.1: Measurement/Data Collection using PODS and SACWIS	31
11.2: Leadership Support and Buy-in.....	33
11.3: Supervision	34
11.4: Organizational Policies and Functions to Support Facilitators	35
APPENDIX A: Samples and Templates for FTM Forms	
APPENDIX B: Commonly Used Acronyms and Definitions	
APPENDIX C: FTM Evaluation Findings	

CHAPTER 1: INTRODUCTION TO PROTECTOHIO FAMILY TEAM MEETINGS

ProtectOHIO is a federally-funded Title IV-E waiver demonstration program that encompasses the child welfare practices in 18 counties. Currently authorized through September 2015, the waiver enables county Public Children Services Agencies (PCSA) to receive a prescribed amount of Title IV-E funding at the beginning of each month. These funds can be expended on any child (whether or not IV-E eligible) and any service (not just out-of-home placement). This flexibility allows the participating PCSAs to experiment with differing service interventions, to learn what services will work best to improve child and family outcomes.

Currently, all ProtectOHIO PCSAs have committed to engaging in Family Team Meetings as a major focus of their waiver activities. The following sections describe the values and principles guiding FTM practice, the mission and goals of FTM, and the defining components of the innovative practice. See Appendix B for a listing of commonly used acronyms and definitions of key terms used in this manual and in FTM practice.

1.1 ProtectOHIO FTM Values and Principles

The ProtectOHIO FTM Model is rooted in a set of principles and values. These principles and values guide the program, practices, services and supports conducted within this practice model.

- We strive to achieve positive outcomes for children and families. We advocate for each child’s safety, permanency and well-being.
- We seek to preserve and empower families and respect their dignity.
- Families are most familiar with their history and can recognize their own strengths and concerns.
- Families have the right to be a part of the decision-making team. When families are part of the decision-making process and are given a voice, they are more likely to participate in the services to keep the family together.
- The most advantageous place for children to grow up is in their own family with a strong community support system. When immediate family is not available or appropriate, extended family and community resources may provide the best care and protection of the child.
- Families want and benefit from strong community support.
- We recognize the importance of providing effective and timely services.
- We aspire to be culturally competent. We honor each child’s family and culture.
- Families, communities and government share the responsibility for keeping children safe.

1.2 Mission and Purpose of Family Team Meetings

Mission: Through collaboration with families and their communities, FTM provides the opportunity for shared planning for the safety, permanency and well-being of each child in a manner that honors family and culture.

Purpose: Family Team Meetings are a collaborative activity, held for the purpose of supporting and educating parents, sharing information, and jointly making decisions, with the goal of empowering and strengthening families while keeping children safe and planning for their ongoing stability, care, and protection. Family Team Meetings provide an opportunity for the parents, family, family supports, community service providers, and natural supports to be involved in the building of partnerships to increase the likelihood of having a realistic, achievable plan that will lead to better and more lasting outcomes for their children.

This process seeks to improve specific outcomes:

- ✓ Diverting children from initial placement
- ✓ Decreasing the length of time in placement
- ✓ Increasing use of kinship caregivers when placement is necessary
- ✓ Shortening case episodes (amount of time case is open)
- ✓ Increasing reunification/permanency
- ✓ Shortening time to reunification/permanency
- ✓ Reducing future involvement of PCSA (fewer cases reopening/children returning to care)

1.3 Core Components of the FTM Strategy

- All children in cases that are transferred to ongoing services are eligible for FTMs.
- The FTM process includes the following: arranging the meetings, helping to assure that participants attend and know what to expect, providing some orientation for potential participants, and supporting the family in the meetings.
- Meetings include at least these components: agenda, introduction, information sharing, planning, and decision process.
- The initial FTM is held at the point of *transfer to ongoing services*: This meeting is held within 30 days of the transfer of a case, from assessment/investigation status to ongoing status, for the purposes of initial planning.
- FTMs are held *at least quarterly* (at least every 90 days) throughout the life of the case to share information, discuss status, review progress, and make any necessary joint decisions.
- Additional FTMs should be considered at any *critical points or combination of critical events* in the life of the case, in an effort to keep the case moving forward and have the most beneficial impact on the long-term resolution of the case. These meetings are not mandatory but are an opportunity to address issues and engage families at pivotal points. Examples of appropriate times for FTM: a

family request for a meeting; an emergency removal; the child being considered for removal; a placement change or a legal status change; or an upcoming court hearing.

- For an effective FTM, participants at the table should include:
 - ✓ Parents
 - ✓ Relatives
 - ✓ Substitute caregivers and other service providers
 - ✓ PCSA staff member (caseworker, supervisor)
 - ✓ Additional supportive parties
 - ✓ Independent trained Facilitator

Although this is an ideal mix of attendees for FTM, no specific number or mix of attendees needs to be present in order for the meeting to be considered an FTM.

- All FTMs are led by a trained and independent Facilitator, i.e. someone who does not have direct line responsibility for the case.

In addition to the elements listed above, fostering family engagement in the FTM and assuring Facilitator-caseworker collaboration in conducting the FTM are important aspects of the FTM process.

CHAPTER 2: THE FAMILY TEAM MEETING FACILITATOR

2.1 Facilitator Qualifications

The Facilitator needs to be assertive, provide direction and guidance for the conversation in meetings, engage in team building, be creative in problem-solving, and be open-minded to numerous ideas. A Facilitator must also be equipped to capture all of the ideas and put them into clear, written, workable plans. Conflict management and mediation skills are important, since frequently those participating may not completely agree with information being presented or planning that is taking place.

Additionally, Facilitators should have some knowledge of how the PCSA works – specifically the table of organization and operations of their county’s PCSA, as well as state mandates, time frames and rules/laws. A depth of knowledge in this area will provide the Facilitator with some background as to why, how and when decisions are being made by the PCSA and better enable the Facilitator to provide an explanation to participants.

2.2 Facilitator Training

Training for any position related to a PCSA should be viewed as an ongoing process. As best practices are identified and enhanced, staff should receive ongoing training to implement such practices to improve their interactions with families.

A Facilitator’s training should be viewed in a similar manner. While a majority of training will happen at the outset of Facilitators’ employment, to prepare them for all the different aspects of their job, it is also important for Facilitators to continue to locate and participate in other training and learning activities throughout their tenure as a Facilitator (e.g. offered by the regional training centers). Such opportunities can be formal trainings, informal observations, or information-sharing activities. PCSA management should be involved in developing an ongoing training plan for Facilitators.

2.2.1 Initial and Ongoing Training

To ensure consistency in FTM practice, training, and knowledge across the ProtectOHIO Waiver Counties, initial training for Facilitators should address all components of this Manual. As appropriate, the training should draw upon relevant skill-building materials or activities related to such basic casework topics as leadership, mediation, conflict resolution, team-building, personalities/styles, cultural sensitivity/competence, family engagement, neutrality/independence, and strengths-based goal-setting/case planning.

Ongoing training opportunities should be identified by the Facilitator and the supervisor/director overseeing the FTM process, regardless of experience level of the Facilitator. Areas which present challenges, both to the Facilitator as an individual and the FTM process as a whole, should regularly be discussed as part of the Quarterly Facilitator Meetings. Facilitators should also look for any relevant training opportunities such as through the Regional Training Centers.

2.2.2 Coaching and Mentoring

Opportunities for coaching and mentoring of Facilitators may differ from county to county, dependent on both the population size of the county and the staff size of the PCSA. In PCSAs with multiple Facilitators, opportunities exist to partner new Facilitators with more-experienced ones, allowing them to provide guidance throughout the FTM process. By doing so, newly hired Facilitators will have the opportunity to observe all aspects of the FTM process, and gain some insight into the various areas in which a Facilitator must be involved.

In other counties, where the PCSA has only one Facilitator, fewer chances are likely to be available for newly hired Facilitators to shadow and learn from their predecessor. Other supports thus become more essential. Much of the initial development and mentoring will have to come from the supervisor/director of the Facilitator. If possible, having a new Facilitator in place prior to the departure of the previous Facilitator will allow for some coaching and mentoring. Another recommendation is for the new Facilitator to travel to and communicate frequently with more experienced Facilitators in other counties, who could provide both mentoring and chances to observe a “live” Family Team Meeting. It would also be beneficial to request other more experienced Facilitators come and observe FTMs of the new Facilitator for the benefit of coaching.

Coaching and mentoring in FTM practice should be available through the state’s Child Welfare Training Program. This should be the primary resource, with county-initiated activities supplementing the coordinated statewide effort.

2.2.3 Ongoing Learning and Peer Networks

Even as a Facilitator benefits from formal training opportunities, other means of growth and improvement in the role are necessary. Staff from all ProtectOHIO counties are available for collaboration and networking. While all counties are following the same FTM model and process, individual counties will encounter both successes and struggles in areas not specifically addressed in the FTM model (e.g. strategies used to get parties to meetings, follow-through with identified services, etc.).

Facilitators can take part in Consortium meetings and in the Quarterly Facilitator Meetings, to discuss, explain and share their successes and struggles. Counties can thereby learn from each other’s experiences, continually refining and improving the FTM process.

2.3 Facilitator Independence

One of the key components of the FTM process is the independence and neutrality of the FTM Facilitator. Counties may choose either of two different approaches as they try to achieve this neutrality –hiring a Facilitator as either an employee of the PCSA or as a contract employee, separate from the PCSA staff. All attendees at an FTM should be able to quickly recognize that the Facilitator is an independent, neutral party, with responsibility for gathering information and opinions

from everyone and building consensus among the group, in order to develop a realistic, workable plan for the family while ensuring the safety of all children involved.

One hurdle to independence is that the Facilitator is often viewed as another member of the PCSA, with whom the family may already be frustrated or angry or not able to trust. With this in mind, Facilitators should use every opportunity to establish a rapport with the family and help ease doubts the family may have. This does not mean the Facilitator should agree with or go along with families merely to gain their trust, but rather that the Facilitator should allow them every opportunity to take part in all of the decision making and planning processes/reviews of their current case. Families who feel they are part of the process will feel more valued.

Before the initial FTM is even held, the Facilitator can begin building rapport. By engaging in conversation with all parties, particularly with family, the Facilitator can provide reassurance of his or her neutrality, while explaining the FTM process and the benefits it entails. By laying the groundwork with parents before any meetings take place, the Facilitator can gain trust and develop a relationship with the family. (See chapter 6 for more detailed information on engaging families).

2.4 Facilitator Roles and Duties

While the most obvious role of the Facilitator is to facilitate FTMs, there are other responsibilities of the position which are equally critical to having a successful meeting. It is important for the Facilitator to prepare for each meeting in order to have some knowledge of the background of the case and family for which the meeting is being held. Facilitators must also be part of the process that ensures they effectively receive referrals for meetings and that those meetings are scheduled in a timely manner, with all necessary parties invited, and at a time which maximizes the number of attendees.

2.4.1 Preparing for the Family Team Meeting

Preparing for the Family Team Meeting may be the most important aspect of the Facilitator's job. Preparation for the FTM may require some contact with the caseworker, dependent on the amount of information the Facilitator feels it is necessary to gather prior to a meeting. Additionally, the Facilitator may choose to speak with the family. (See chapter 6.1 for additional information on preparation)

2.4.2 Making and Receiving Referrals for FTMs

An effective scheduling system needs to be in place in order for Facilitators to receive referrals which provide the necessary information regarding the requested meeting. Such a system may vary from county to county, depending on staff size and work responsibilities, but the same key components of the referral should always be in place: the need for the meeting, who needs to be invited to attend the meeting, and the best times for the meeting to be held in regards to availability of the parties – particularly the family. (See Chapter 5.2 for additional information on the referral process.)

2.4.3 Guiding the FTM

Throughout the meeting, it is the job of the Facilitator to keep all parties involved and engaged, to keep the meeting moving forward, to ensure necessary planning is taking place, and to ensure everyone's voice is being heard. The Facilitator needs to assist and guide the parties involved to develop a workable, agreeable plan for everyone involved – not necessarily everything that everyone wants the plan to include, but a compromise that will still achieve the goal of ensuring the safety of the children involved and will move the family's case forward. There may be some required pieces in the plan that family may not agree to, despite all efforts at mediation. Some things may be non-negotiable; in these cases, the Facilitator may need to turn to the caseworker/supervisor to explain the reason, and perhaps mediate a short discussion.

At times FTMs can be tense or uneasy, although a Facilitator may not be able to change such a circumstance, it remains important for all parties to stay focused on the purpose and goals of the meeting. The Facilitator also needs to ensure that dislike, distrust and anger do not shade the outcomes of the meeting. The Facilitator needs to be prepared for such incidents, and use various techniques such as taking a break to move the meeting forward.

The Facilitator must keep the meeting on task despite all of the potential barriers. The meeting agenda needs to be followed to ensure resolution is reached. This does not mean the Facilitator should ignore and shorten discussions relevant to the planning of the case simply to move the meeting forward, but it is important to recognize when a topic has reached a point where planning and review have halted and the conversation is merely replaying itself. Some issues may need to be tabled for discussion at a later point in the meeting. Also, the Facilitator must recognize some parties, often parents, may feel it necessary to turn discussions to past events or allegations, which can quickly take a meeting off-course and eliminate any quality planning opportunities. In such situations, the Facilitator needs to quickly redirect the conversation to the current situation and attempt to engage participants in a productive discussion.

Including Children: It is advisable that the children be excused at any points in the meeting that may involve discussion of content that is beyond what is appropriate for the child to be exposed to or able to cope with.

Balancing the Presence of Family Group Members and Service Providers: Both service providers and family members bring valuable contributions to the FTM process. Service providers are important to have at the table for several reasons; they offer additional support to the family, provide updates on family progress, and increase access to community services. The Facilitator should maintain a level playing field during the meeting, where all parties have equal opportunity to be engaged and heard. In order to ensure a neutral third-party position and a family-friendly environment, Facilitators should hold service providers and PCSA workers to the same level of accountability as the family.

Ways to Encourage Families to Attend Future FTMs: Research has shown that parents who attend the first FTM are more likely to attend subsequent meetings. Thus, making the effort to engage participants early in the process will likely lead to greater participation over time. In addition to the practices already noted above, Facilitators may encourage participation at future FTMs in several ways:

- It is advisable to give advance notice to participants and to give notice in a variety of forms. Recommended practice is to schedule the next meeting at the table at the conclusion of the present meeting, and documenting the upcoming meeting on the meeting summary/ action step form when applicable. This is especially helpful to other service providers who schedule in advance. Sending out letters at least ten days to two weeks ahead of the meeting is key, and phone calls or emails as reminders are especially helpful.
- For parents to feel good about the process and to increase the likelihood of their return to future meetings, it is important for the Facilitator to reduce anxiety and the possible “intimidation” factor by easing the parents into the process and ensuring they know who every person is at the table and why each one is present.
- It is important to make sure that everyone who attended the meeting leaves the meeting with a sense of understanding and that all of the issues have come to some point of resolution. Facilitators need to make sure that all field terms are presented in language that is meaningful to all of the participants.
- When progress is made during the meeting, participants are more likely to return to future meetings.

CHAPTER 3: THE CASEWORKER

This chapter describes the role played by the caseworker in the FTM process. The tasks generally apply to the ongoing caseworker, although some tasks may fall to the intake worker, depending on the PCSA's timing around scheduling the first FTM.

3.1 Training

Caseworkers new to the FTM process shall receive training to help develop a thorough understanding of the process and its importance. Caseworker training can improve communication and collaboration between the caseworker and Facilitator and assure that caseworkers take an active role in the FTM, which will make the meeting process more successful.

Training should include:

- ProtectOHIO Waiver Basics
- FTM Mission, Goals and Guiding Principles
- FTM Process
 - Importance of a consistent referral process;
 - When FTMs should occur and why;
 - Preparation for initial meetings versus subsequent meetings;
 - Importance of collaboration between worker and Facilitator;
 - Role of the caseworker in the meeting
 - Who needs to be at the table, and strategies for getting people to attend;
 - Importance of collaboration among all attending the meeting;
 - Benefits and responsibilities: how FTM can help the caseworker do his/her work; how the process holds everyone accountable.
- Outcomes & Evaluation process

Ideally, FTM training should be made available to all caseworkers as part of their initial orientation to the PCSA, or before they have responsibility for a case which is eligible for FTM. In situations where it is not possible to provide the training before a caseworker is carrying an FTM-eligible case, the supervisor should provide the caseworker with a basic orientation to FTM and assure that the caseworker makes contact with the Facilitator.

3.2 Preparing for the First FTM: Collaboration with All Parties

In general, the caseworker bears primary responsibility for arranging the first FTM, although the tasks may be shared with the Facilitator. Either the intake or the ongoing worker assigned to the case may take the lead. Once it is determined that a case is appropriate for FTM, the caseworker is responsible for ensuring that the family and other needed participants are informed of the FTM process and meetings. Issuing the invitations may be a role for the caseworker and/or for the Facilitator, depending on PCSA policy; if it falls to the Facilitator, then the caseworker must ensure that the Facilitator has whatever information is needed to complete the invitations for the FTMs. (See chapter 5 for details about the referral process.)

The primary collaboration in planning the first FTM occurs between the caseworker and the Facilitator, but others parties also need to be consulted and informed: family, support

people, children, and service providers. Responsibility for informing these people about the FTM process and the upcoming meeting may fall to the caseworker, or it may be a responsibility shared with the Facilitator. (See chapter 6 for more details about the preparation process.)

3.3 Role of the Caseworker During the FTM

The caseworker should come to the FTM prepared to share information about the family and help in decision making. In preparing for the FTM, the caseworker should gather and organize information relevant to the type of meeting being held; this information may include the current concerns for the case and any possible services that may be needed. (See the Caseworker Checklist in Appendix A for additional information the caseworker should have organized for the FTM.) The FTM collaboration starts with the case planning process. FTMs build respect and better rapport with families when all information is shared within the meetings, rather than being discussed after key participants have left. The caseworker needs to give feedback for attainable goals and realistic deadlines.

3.4 Caseworker Responsibility Following the FTM

The caseworker must support the parents by working toward activities outlined in the action plan. The caseworker should be sure that the parents are aware that they need to contact their worker as soon as any unforeseen problems (critical events) arise so together they can collaboratively work to alleviate those problems or call for another FTM as soon as possible. The caseworker should notify the family of upcoming FTMs.

Although the most extensive part of the caseworker role in FTM occurs prior to and during the first FTM for a particular family, in general the caseworker should maintain ongoing communication with the Facilitator and the family regarding the need for and timing of subsequent FTMs.

CHAPTER 4: FTM PARTICIPANTS/ATTENDEES

4.1 Who to Include in the FTM

A fundamental tenet of family-driven, strengths-based practice holds that having various perspectives considered in case planning is beneficial; in particular, enabling parents to invite extended family members and friends gives them a sense that their view is respected. Having the key involved parties together all at one time also immediately improves communication, since everyone hears what is said by the others present. It is in this context that the ProtectOHIO Family Team Meeting Model requires that at least one parent or primary caregiver, at least one caseworker or other PCSA staff, and at least one other type of person (not including the Facilitator) attend the meeting. Having a good mix of participants/attendees and enough people in the room to engage in a meaningful discussion is as important as having the meetings on a timely basis.

Research¹ suggests it may be most effective and desirable to have the following people at the table for every scheduled FTM:

- A parent
- A relative
- Another involved party: service provider or additional support person
- An PCSA member (*esp. caseworker or supervisor to help decision making*)
- Independent Trained Facilitator

Cases that consistently have this mix of individuals at the table have experienced better outcomes, specifically shorter lengths of stay in care and shorter case durations (see Appendix C). Although this is an ideal mix of individuals to have present for a Family Team Meeting, it is important to note that no minimum number of attendees or specific combination of people needs to be present in order for the meeting to be considered a Family Team Meeting under the ProtectOHIO Model. Having a good mix of attendees makes the FTM more valuable because the people gathered around the table can directly support and work with the parents in accomplishing their goals. Additionally, families are more likely to engage in and follow through with services that they help plan.

The PCSA should do anything reasonably possible to assure that parents come to the table to have valuable discussions and design a workable plan to reach the desired results. It is also important to be thoughtful to include anyone who supports the family, could potentially support them, or is involved in their services.

Children that are the focus of the FTM can be valuable participants in the meeting as well. It is important to use discretion in determining if the child is old enough and of adequate maturity to attend and understand the process and discussion.

¹ See Appendix C summary of FTM evaluation findings; also see Usher, L., Wildfire, J., Webster, D., & Crampton, D. 2010. *Evaluation of the Anchor-Site Phase of Family to Family*. www.unc.edu/~lynnu/anchoreval.pdf

Decisions regarding inviting extended family, family friends, or other community support people should be discussed with the parents, to honor the FTM philosophy of empowerment. Among the possible participants are:

- ✓ Mother
- ✓ Father
- ✓ Step-Parents
- ✓ Paramours
- ✓ Kinship caregiver, Relative
- ✓ Kinship caregiver, Non-Relative
- ✓ Foster Parent/Pre-Adoptive Parent
- ✓ Children
- ✓ Relatives, including Grandparents
- ✓ Supervisor
- ✓ Caseworker
- ✓ Other PCSA Staff
- ✓ Child Support: GAL/CASA/Mentor/Friend/Coach
- ✓ Parent Support: Advocate/Mentor/Friend/Neighbor
- ✓ Clergy
- ✓ Attorney/Legal Representative
- ✓ Indian Tribe Representative
- ✓ Probation Officer
- ✓ Court Employee
- ✓ Mental Health Professional
- ✓ AOD Provider
- ✓ DD Provider
- ✓ Health Provider
- ✓ TANF Worker
- ✓ Child Support Worker
- ✓ Residential Treatment Care Provider
- ✓ Education Provider
- ✓ Other Service Provider

4.2 Parent Attendance at the FTM

If parents are scheduled to attend but do not appear for the FTM, in general it will still be held. Rescheduling may be advisable if the parent desires to attend and enough notice is given. If a family member cannot physically attend but still wants to participate, a teleconference call can be used to allow for their input or they can submit their suggestions or

concerns in writing to the Facilitator or caseworker prior to the meeting. In addition, parents may designate someone to speak on their behalf at the meeting.

Many factors can increase the likelihood of attendance for parents, including holding meetings at flexible times and locations and offering transportation assistance if needed. The following list indicates some specific practices being used in one or more PCSAs that appear to increase the probability of parents attending:

- Ensure that parents know what a family team meeting is, why it is being held, and that their input is valued.
- Provide families with a brochure that explains FTMs. (See example in Appendix A.)
- Try to find a day, time and location that will work for parents.
- Let families know they can and should bring support people of their choosing with them if this will help them to feel more comfortable and supported.
- Send timely notification in writing to parents.
- Make reminder calls 24-48 hours in advance of the meeting to remind parents whenever possible. Face-to-face reminders are also a good alternative option.

CHAPTER 5: REFERRAL PROCESS AND TIMELINE

Primary responsibility for the FTM referral falls to the caseworker. For the initial referral, the intake worker or the ongoing caseworker may take the lead, depending on when the referral is made; for subsequent meetings, the ongoing caseworker would play the role. Once the referral is made, responsibility for FTM may be variously divided between the caseworker and the Facilitator, depending on PCSA policy.

5.1 Who Should Be Referred

All intake cases that are being transferred to ongoing services, whether they are court involved or voluntarily receiving in-home services, are eligible for an FTM. Some counties may be taking a sampling of cases for FTMs while other counties may target 100% of cases being transferred.

FTMs must be held at least every 90 days from the date of the last FTM and can be coordinated with CAPMIS requirements for the 90-day and semi-annual reviews. Additional FTMs can be requested by the caseworker (worker contacts Facilitator) if felt to be necessary, such as during critical events, (See chapter 9 for definitions of critical events that would merit holding an FTM.)

5.2 Referral Process

The referral to FTM occurs according to standard PCSA referral policy and procedure. Each PCSA has a referral process for intake and ongoing caseworkers to make a referral to the Facilitator for an FTM (i.e. email, telephone call, paper request). The referral for the initial FTM usually comes from the intake worker, while subsequent referrals for FTMs due to critical events are made by the ongoing worker or supervisor. If FTMs are set to coincide with CAPMIS requirements, the Facilitator or other PCSA staff may be scheduling the FTM 90-day case reviews and SARs and requesting information from the caseworker regarding who to invite.

An effective scheduling system needs to be in place in order for Facilitators to receive referrals which provide the necessary information regarding the requested meeting. Such a system may vary from county to county, depending on staff size and work responsibilities, but the same core information should always be included in the referral, to help the Facilitator plan for the meeting and to help when contacting potential attendees:

The following information should be provided in the referral, to help when contacting potential attendees:

➤ Case Information

- Names and Identifying Information on case members
- Nature of the PCSA's involvement
- Reason for the meeting
 - Case opening reason
 - Family strengths & concerns
 - Any safety plan in place, or children placed outside the home
 - Any upcoming Court hearings
- Is this a case planning meeting?

- Whether or not the family is involved with the PCSA voluntarily or through Juvenile Court
 - Any other needed additional information
- Who needs to be invited to attend the meeting
- Key participants to invite
 - Availability of participants
 - Contact information
 - Best date and time to meet
 - Transportation barriers/best location for family members
 - Conflicts between participants/potential safety threats
 - Are there any Civil Protection Orders (CPO) in place at this time

Information can be found in SACWIS or forwarded by the caseworker using a referral form, sending an e-mail or making a phone call. (See Appendix A sample referral forms.) In addition, the Facilitator may need to follow up with the caseworker who requested the meeting to get more explanation.

At any time, families may request an FTM to be held regarding their case. As the neutral party, the Facilitator should provide the same attention to these requests as if they were being made by a PCSA employee. A conversation with the person(s) requesting the meeting should occur to gain the necessary information and to increase Facilitator knowledge of the current situation. While the Facilitator may not believe an FTM is needed after talking with the person, the request should not be dismissed or diminished. The Facilitator may offer suggestions regarding other possible solutions to the situation, but must return to the fact that a meeting was requested, if that is what the family continues to want.

5.3 Referral Timelines

Referrals must be submitted in a timely manner to ensure that FTMs are held within 30 days of case transfer from assessment/investigation status to ongoing status for the purposes of initial planning and at least every 90 days thereafter. If the PCSA chooses to combine FTM with CAPMIS requirements, the CAPMIS dates may drive the scheduling of the FTMs.

CHAPTER 6: PREPARATION FOR FTM

6.1 Caseworker and Facilitator Preparation

Caseworkers and Facilitators should begin preparing for an FTM as early in the case as possible. When it becomes evident that there will be a need for ongoing service, this is a good time to begin planning for the FTM as well as to begin preparing the family for what is expected during these meetings. Even if the Facilitator is not yet involved, it may be possible for the caseworker to introduce the family to the FTM process.

The preparation process for the FTM Facilitator begins at the moment that the Facilitator receives the referral for the FTM. Obviously, every case that comes into the PCSA is individual and has its own specific dynamics; however, Facilitators should begin by studying the referral information prior to the FTM. This information will help build a solid base for information-gathering during the FTM and will help the Facilitator refine the questions that may need to be asked during the FTM process in order to achieve certain goals of the case.

In preparing for the FTM, the caseworker should share information about the family and the case situation. Some counties/Facilitators feel that it better enables them to remain neutral if the information they receive about a family prior to the FTM is minimal and limited to potential safety issues that may be present at the meeting or possible points of tension. Others may like to have more history and information on recent involvement/issues and see that this helps them better prepare for how to approach the family.

A Facilitator should avoid planning how an FTM is “going to go”, and instead be prepared for each meeting to run its course, and to identify and incorporate relevant information into the planning process. At any time in an FTM, any person at the meeting may provide information which could change the planning process entirely. The Facilitator has to be able to integrate such information into the planning and continue forward.

Discussions between the Facilitator and caseworker can occur at the time of the referral or anytime before the FTM. The communication can be made through e-mails, phone calls or in person. Many Facilitators can read case information in SACWIS and may be aware of any upcoming issues that may arise during the FTM. However, since some Facilitators do not have SACWIS access or lack the time to read the newest information in the activity logs in SACWIS, the caseworker and the Facilitator should communicate prior to the FTM. The caseworker and the Facilitator should discuss topics such as how meetings will flow, what to expect, who should take the lead on various parts of the meeting (basically clarifying their respective roles).

The communication between the caseworker and the Facilitator should continue throughout the life of the case, to assure that the Facilitator has the needed information prior to each FTM and they work together during the FTM.

In advance of the first FTM, the Facilitator and the caseworker should come to agreement on who will document the meeting, who will enter the information into SACWIS, and how the meeting decisions will be shared with other parties. There should be a standard form to collect information about the FTM, and a method of distribution to provide to the parties.

Along with the preparation of the Facilitator, it is also necessary for the assigned caseworker to prepare him/herself for the FTM and the FTM process. Caseworkers must come to the FTM with an open mind, and be willing to work *with* the family during the process to help them identify and plan for their own success. The process does not work and is flawed when the FTM is not approached in this fashion. Decisions for the direction of a case should not be made *outside* of the family team meeting or without the input and knowledge of the family. Doing so undermines the intent of the FTM, and could potentially damage the process and the family's involvement in the future.

6.2 Preparing Parents

Inviting the parents to the FTM as well as explaining the FTM process is in most cases the role of the assigned caseworker. The caseworker should make every effort to explain the importance of the family's involvement and input during the FTM, and provide them with materials explaining the FTM process (e.g. FTM brochure, see example in Appendix A). This role may be shared between the caseworker and the Facilitator, depending on PCSA practice. Communication with parents may be in person, by phone, and/or by mail (see example letter of invitation in Appendix A). Ideally, both the caseworker and the Facilitator, at different times, have occasion to discuss the upcoming FTM with the parents, to assure that they know what to expect and how to prepare themselves. Topics to discuss might include:

- Where the meetings will be held,
- The importance of attending,
- Issues likely to be addressed during the FTM
- Alerting the parents that their past and current cases(s) with the PCSA may be discussed during the meeting,
- Whether the FTMs are held in conjunction with case reviews or held separately,
- Possible additional supportive parties to invite,
- What service providers are being invited,
- That all concerns will be discussed openly and honestly and with confidentiality,
- How to contact the Facilitator, in case the participants have any future questions about the FTM process.

6.3 Preparing Children and Young People for the FTM Process

Sometimes it is appropriate to have children/youth attend FTMs. An important aspect of the caseworker's role is to help make the determination of whether the child should attend based on their development (i.e., level of maturity and functioning), the nature of the case issues, and input from parents and other service providers. If it is determined appropriate for the children/youth to be involved, then they should know the following:

- Why the meeting is being held, and what they may hear in the meeting, for example around whether services are being completed;

- What the FTM process is;
- Who is likely to attend the FTM, so the children/youth can judge whether they are still comfortable attending the FTM;
- They are allowed to leave if they get uncomfortable with the FTM discussion, or another participant may ask for them to leave during parts of the meeting.

To help the children to be more fully engaged in the FTM, it may be helpful to discuss with them the following questions:

- Do they want to attend?
- What would make them most comfortable at the meeting?
- What would make them uncomfortable at the meeting?
- What would they like to happen?
- Do they want to say anything at the FTM?

The caseworker should be attentive to the prior FTM experience of each young person planning to attend the FTM, and prepare the youth as appropriate.

6.4 Preparing Service Providers

Service providers that are already involved with the family should be offered the opportunity to be involved in the FTM process, as long as it has been discussed with the family prior to the Family Team Meeting and any needed releases have been obtained (note that there may be some mandatory providers, e.g. foster parents, who do not require family consent). As services are planned or offered to the family, the providers may be added during future Family Team Meetings. It is the responsibility of the assigned caseworker to identify these service providers with the family and discuss their inclusion in the FTM process. It is also the responsibility of the assigned caseworker to explain the FTM process to the service providers and provide them with any and all available materials in regard to the FTM process.

It is necessary to inform the participants of the importance of attending and bringing with them all up-to-date information for the FTM. It may be helpful to let them know that attendance is preferred; but, if they cannot attend, providing documentation is an acceptable alternative. Service providers are also advised to add any future recommendations to their letters if they cannot attend the FTM. In communicating with the service providers, the caseworker should emphasize the importance of openly sharing information during the FTM, rather than sharing important details after the FTM has concluded.

6.5 Scheduling the FTM

Flexible scheduling is important in getting parties to the table to meet. Without the necessary attendees, effective planning becomes nearly impossible. Through the referral process, the Facilitator should gain information from the caseworker or PCSA staff person requesting the FTM to identify possible scheduling conflicts. The Facilitator also needs to be made aware of which parties are most important to have at the table – especially family – and schedule meetings in such a way to ensure those parties are able to attend. Parent employment

schedules, counseling, childcare, and school activities may need to be taken into account when scheduling the FTM. It may be helpful for the Facilitator to consult the caseworker on this issue, since he/she likely is more familiar with the family's basic availability. This may mean scheduling outside of the typical work day of the PCSA, which will require flexibility and a willingness to engage from PCSA staff.

Location may be another aspect of meeting scheduling where the Facilitator and PCSA staff may need to be cognizant of the needs of the family. An off-site location may be more centrally located for parties, or some parties might find a meeting location outside of the PCSA less intimidating or overwhelming. Some options to consider are churches, schools, libraries, the family home, community centers or the office of PCSA partners. The goal of trying different places is to make the family more comfortable with the meeting environment and to make participation easier, especially in terms of transportation.

6.6 Follow-Up After FTMs

The Facilitator should keep in mind that the tasks listed below need to occur following the FTM, in preparation for a subsequent meeting (unless they have already occurred):

1. **Schedule next meeting:** At the end of the FTM, the date and time of the next FTM should be scheduled in accordance with the availability of the family. If it is not feasible to schedule a specific date at that time, attendees should be alerted to the approximate date for the next meeting, and then formally notified once the meeting is scheduled.
2. **Documentation:** After the meeting, appropriate parties should be given a summary of the discussion of the FTM. It is also imperative that this documentation be included in SACWIS.
3. **Reminder notices:** Prior to the next FTM, it may be beneficial for the caseworker or Facilitator to send out reminder notices and/or telephone the family and all team members, support persons and others involved. This is in an effort to ensure participation in the FTM process. In addition, the caseworker may use the opportunity of a home visit or other face-to-face contact with the family to discuss any upcoming FTM.
4. **Feedback from participants:** Feedback is another area that can be very beneficial after the FTM. If the PCSA chooses to survey participating parties during the FTM process to monitor effectiveness, the time between FTMs is an appropriate time to consider what is being noted as successful/positive or not and make attempts to adjust accordingly when appropriate. Receiving such feedback may be especially helpful to new Facilitators, in the early stages of their practice.
5. **Follow-up:** In some cases, it may be necessary to meet sooner than the next scheduled FTM. This may occur when it becomes clear that the plan that was developed during the FTM is not appropriate, or if new issues (critical events) arise that require attention. Caseworkers should feel confident in discussing concerns and the potential need for an FTM with the assigned Facilitator.

CHAPTER 7: INITIAL FTM AGENDA

7.1 Introduction

- Empower Family
 - Introduce participants
 - Roles and relationship to the case/child
 - Provide explanation to the family that FTM's are a practice that is meant to engage the family so they are involved in making important decisions related to their case and situation. The PCSA's goal is for the family to feel their input is valued.
 - Family are "the experts" to their situation
 - Inquire if there are any questions before getting started
- Purpose/Rules of Engagement – Ground Rules
 - Review all ground rules
 - All participants will be treated with respect
 - One person speaks at a time
 - Everyone will have the opportunity to be heard and ask questions
 - Stay within time frame (optional)
 - Availability for a break if emotions become overbearing
 - Discuss privacy vs. confidentiality
 - Family has the right to a private meeting, however all information can be shared with parties to the case and/or the court if deemed appropriate
- Agenda topics to be covered – explain to the family what to expect in the meeting
 - Purpose of the Meeting/Current Concerns
 - Discussion of Family's Challenges/Strengths
 - Brainstorming Ideas/Solutions
 - Decision Making/Action Plan
 - Closing/Summary Distributed

7.2 Discussion

- Current Circumstances – Summary of reported concerns and findings as documented
 - It is important to use this activity to gain perspective. Be careful to not allow the family/team to lose focus

- Give the family a choice by asking if they would like to explain why we are here today, or if they are more comfortable with the worker presenting that information
- Discuss concerns that initiated the meeting (addressing specific concerns allows everyone to see others' perspective, avoids rehashing irrelevant issues)
- If worker presents, inquire if the family agrees with what was presented and if they have anything to add. Do the same for the worker if the family presents
- Clarify family's and other participants' understanding of why the PCSA has concerns.
 - This process sets the meeting to move forward for ongoing discussion
- Outline events leading up to incident that led to our involvement
- Family History/Strengths & Needs
 - Explain that it is important to review the family's history in order to determine the magnitude of the situation at the home and weigh the risk and safety needs of the family, as well as to see if there is a pattern of concerns the PCSA has addressed in the past or whether the current circumstances are new
 - Inquire of the family if Child Protective Services or other law enforcement agencies have been involved with them before, with clarification by the worker for any additional information if needed
 - Discuss previous services the family has engaged in and their level of success
 - Discuss the family's strengths, concerns and challenges
 - What has worked in the home/what has not worked
 - Child functioning and behaviors in the home
 - Effective parenting skills/parenting gaps
 - Child's positive qualities/special needs – vulnerabilities
 - Things that created risk for the child for the PCSA to be involved
 - Barriers that prevented family from accessing and engaging in necessary services or hindered their ability to make progress
 - Discuss family's support system/extended family involvement/community connectedness
 - Complete/Review "Genogram" (if applicable)
 - If the child is in out-of-home placement, discuss the following:
 - Risk factors that warranted the removal
 - How child is doing in the current environment
 - Address and observed concerns/strengths

- Any information family wishes to share to assist the caregiver in caring for their child (i.e., emotional/behavioral problems, allergies, medications, sleeping/eating habits, toilet training issues, etc.)
 - Caregiver to share appointments or needs of children.
 - If the child is in a Foster Home, discuss if there are any kin that need to be explored for a relative placement and the process the kin would need to go through to be considered.
 - Finger printing/background checks/homestudy
- Service Planning
 - Explain that the goal is always to provide safety and protection for the children and for the family to have the opportunity to provide input & to receive support throughout the process
 - Review strengths and challenges and obtain permission to move on to service planning portion of meeting
 - Identify needed services for each family member
 - Identify current concerns and brainstorm appropriate services for each concern while considering family's strengths & identifying family members to be involved/responsible
 - Identify challenges that may prevent the family from completing services and brainstorm possible solutions for overcoming identified barriers
 - Ask the worker and/or supervisor to explain and clarify the PCSA's planned level of involvement
 - Develop written action plan
 - Prioritize what services must be sought first by the family or other participants. If applicable, guide them where to start
 - If applicable, include any dates of linkage to services or deadlines to schedule appointments
 - Get commitment from all parties to follow through with recommended actions/tasks
 - Clarify expectations of family/other participants and inquire if parents have any questions/concerns
 - Lay out what needs to be done, by whom and by when
 - Provide any needed contact information to the family and referral to services

7.3 Conclusion

- Review & Next Steps
 - Review decision reached and provide verbal clarification/summary
 - Inquire if there are any questions
 - Set next meeting date – post the date of next meeting on summary, prior to copying (if applicable)
 - Discuss mandated permanency requirements (i.e. 12 of 22 months limit to PCSA custody)
 - Discuss with family how they feel and inform them of what they can expect at the follow-up FTM
 - Inquire who should be invited to the next FTM
 - Complete and distribute a written summary (See Appendix A sample FTM Summary form).
 - Pass around for signatures
 - Provide copies for everyone that is present or inform parties when they will receive their copies if sent out after the meeting
- Documentation Procedures
 - Follow your PCSA procedures regarding documenting meetings in SACWIS.

CHAPTER 8: SUBSEQUENT FTM AGENDA

The agenda for meetings after the initial FTM generally will differ somewhat from what occurs in the initial FTM. This section offers a broad outline of the “standard” subsequent FTM.

Some counties may choose to align their FTMs with their CAPMIS required case reviews (at 90 days and semi-annually), although others may not. There are certainly some advantages to doing so and no known disadvantages, although it is not a mandate within the ProtectOHIO FTM model. If the PCSA chooses *not to merge* the FTM and CAPMIS meetings, the FTM schedule may shift if a critical-event FTM is held. In that case, the next FTM would be scheduled within 90 days of the critical event meeting. If the PCSA chooses to merge the FTM and CAPMIS meeting schedules, the CAPMIS requirements will determine the FTM timing

1. **Introductions or Re-Introductions** if the meeting is an FTM update.

- Explain the Role of the Facilitator
- Assure each participant identifies their connection to the family

2. **Purpose/Rules of Engagement**

- Explain that this meeting serves several purposes as follows: Emphasize that each of these types of meetings has at its core a review of the family plan/case plan specifically regarding progress of goals/objectives. If the meeting is only an FTM update, the Facilitator should skip discussion of SAR and Case Review. (See Caseworker Checklist in Appendix A.)
 - ProtectOHIO update - The primary purpose of an FTM update is to review the progress toward agreed upon goals/objectives
 - Semi-Annual Administrative Review (SAR) - Explain the purpose of an SAR and the similarities and differences with an FTM.
 - Case Review - Explain that this meeting, like an FTM update, focuses on progress of the case.
 - Try to make meeting more conversational than form-driven; don't go through each of the forms up front (Facilitator will put information in appropriate places)
- Remind participants of meeting ground rules (i.e., each voice is important, one speaker at a time, focus is on the welfare of the children, if needed one can leave the room to calm self and return).

3. **Request for Additional Agenda Items** from Family or Others.

- This is a way to level the playing field, give more control to parents; Facilitator will need to carefully balance requests with what can reasonably be addressed in the meeting; extra time pressure comes from merger with case review, SAR – the Facilitator might turn to the supervisor to decide whether the issue needs to be deferred to another meeting)

4. **Update on Status Changes- Current Circumstances**
 - This section can be skipped if the FTM is not merged with an SAR
 - Review SAR form items: Assure each item is discussed either as listed or within the framework of the meeting.
 - Identifying Information
 - Placement moves/Legal status changes
 - Permanency Goal Status and Permanency Planning efforts as identified on the SAR – note that this is required to be on every case plan, it doesn't mean a child won't reunify
 - Child Wellbeing Assessment to include Education and Physical Health Issues and if appropriate Independent Living Services
5. **Family Plan/Case Plan Goals and/or Objectives progress review-** Service by Service to Address Each Concern- can use Case Plan or Case Review to outline discussion. Providers in attendance give full updates at the appropriate time when the particular service they are providing is being discussed. It is very important to keep in touch with how the family believes the services are going, to acknowledge all progress, and allow them the opportunity to acknowledge any reported difficulties or setbacks. This is also the best time to discuss any barriers or challenges that have presented themselves. This is also an appropriate area for caseworker and provider accountability to occur as needed.
6. **Family's Perception** -Request any additional input, questions, or need for further clarification
7. **Clarification/Verbal Summary-** Facilitator ensures the entire group is on the same page and that everyone understands what the action steps are and who is responsible to complete the activities that remain. The Facilitator needs to make sure that all loose ends are cleaned up and that the family understands what remains to be completed in order for unsupervised visitation, pre-placement, reunification or whatever other changes are desired to occur. The Facilitator also needs to make sure that the plans for transition are completely detailed out for any changes that will be taking place as a result of decisions made at the meeting.
8. **Decide Who Needs to be at Next FTM** and discuss or schedule the next meeting.
9. **Concurrent Planning** Discussed if Appropriate: Explain where the case currently is in terms of the custody limitation rule, and that if, for whatever reason, reunification cannot occur within the timeframe required by law, the PCSA is required to create a plan to assure the child(ren) will have a permanent living arrangement i.e. with extended family members, PPLA, or an adoptive home.
10. **Circulate any forms needing signatures** by meeting attendees, i.e. attendance sheets, SAR signature page. Explain that the purpose of the signatures is to keep a record of attendees and is not intended to indicate agreement with information on the form.
11. **Meeting Adjournment**

CHAPTER 9: FTM AGENDA FOR CRITICAL EVENTS MEETINGS

Although FTMs may predictably occur every 90 days, at various stages in the case it could become necessary to bring families into the decision-making process sooner than scheduled because of rapidly emerging situations. Holding these “special” FTMs provides a valuable opportunity to engage parents and other parties in discussion of pressing issues in the case, enabling the larger group to develop plans that alleviate the impending crisis, or avoid placement, or allow for smoother transition to another living arrangement for a child. These event driven conferences can occur at any point after the Initial Planning Meeting. Ultimately, the decision to conduct an FTM due to a critical event is at the discretion of the PCSA.

9.1 Types of Critical Events

Below is a list of potential Critical Events that may trigger an FTM:

- Traumatic family event
- Juvenile/caregiver involvement with criminal justice system
- New CAN report on an existing case
- Custody status changes being considered:
 - Including change of custody from parent to relative, from parent to PCSA, from PCSA to relative, from PCSA temporary custody to permanent planned living arrangement, from temporary custody to permanent custody/termination of parental rights (TPR)
- Family requesting FTM
- Placement changes
- Emergency removal (FTM may be held immediately after removal)
- Prior to court hearing
- Prior to reunification
- For safety planning

9.2 Key Points about the Critical Event FTM process

1. FTMs for these events should occur close to the time of the critical event; could be before or after.
2. The decision about whether to hold an FTM in a particular instance may not always be clear; the caseworker may want to consult with the supervisor before contacting the Facilitator to schedule an FTM (although in some counties caseworkers have more access to the Facilitator and may simply discuss it directly with the Facilitator).
3. The critical event FTM may be somewhat more condensed than regularly scheduled FTMs, because the most pressing issue is the emerging crisis situation. There may be more emphasis on circumstances leading to the critical event and less emphasis on standard requirements of reviews; the Facilitator will likely cover all the topics included

in a regular FTM but perhaps in less detail than at routine review meetings (see chapter 8 on Subsequent FTMs).

4. Holding a critical event FTM may mean that the schedule for subsequent FTMs changes.
 - If the PCSA is not merging FTM with CAPMIS, the FTM following the critical event meeting could be reset to be 90 days later.
 - If the PCSA is merging FTM with CAPMIS rules, in general the timing of subsequent FTMs will not change; the critical event FTM is simply an extra FTM for that family. (Note: CAPMIS rules say that a review meeting cannot be held more than 30 days in advance of its due date.)

9.3 Case Closing as Occasion for FTM

Once a family has reached a point where their case may be closed to FTM, regardless of outcome (whether it be with children being maintained in their own home, reunified with their parents, or placed in the care of a relative or kinship provider), a final case closing FTM can enable everyone involved in the care of the children to develop a plan to increase likelihood of success and reduce the possibility of recidivism after PCSA involvement has ended.

Research has shown that cases where the Family Team Meeting model is being applied are significantly less likely to have a subsequent case opening within a year of case closure when compared to non-FTM cases. As such, meetings held late in the life of cases can provide opportunities for families and/or caregivers to develop planning for possible needed services once the case closes.

Case closing FTMs allow for several areas to be addressed at the end of a case:

- Review of services completed: A review of completed services can provide the family the opportunity to both celebrate their successes, as well as identify what issues were identified at the beginning of the case and how the family was able to deal with and move past those issues. This provides a chance to discuss the life of the case without overwhelming the family with a complete case history.
- Involvement in active, continuing services: Frequently, services identified in the life of a case (such as mental health or drug and alcohol counseling) may continue even after the closure of the case. In fact, many times ongoing involvement in such services might be a key component to not just case closure, but maintenance of the current family situation. As such, it is important for all parties at the FTM, including service providers, to identify the ongoing need for these services to continue.
- Identification of potential barriers following case closure: Even as cases close, barriers (present and future) can still exist, and planning for such barriers can help ensure ongoing success and decrease the chance of case recidivism. Barriers can be areas where supports the family has been receiving are removed/reduced (ending of PCSA-provided transportation, as an example) or areas where issues might arise in the future (like a mother having to plan for the eventual release from jail of a father who physically abused the children). If barriers cannot be addressed and planned for, with workable

solutions decided upon, the likelihood of future issues and possible PCSA involvement would increase.

- Future planning for needed services: Services may need to be discussed and planned for which the family has not even initiated action at the time of case closure, e.g. young children might eventually need assistance with developmental delays. Such planning requires both knowledge of community resources and getting those resources involved. A case closing FTM can present an opportunity to introduce family to service providers in the community who may not yet work with the family, but can provide assistance in the future. Another example of future planning is for relatives or kinship providers who have legal custody of children. It can be important to discuss issues such as contact with parents, legal rights and responsibilities of the caregivers, and identification of services the caregivers might need and try to link them to places they might get them. While typically these areas have already been explained thoroughly, a last review gives one more opportunity for questions or concerns to be addressed

There are several reasons that holding an FTM at the time of case closing could be helpful. As found in the ProtectOHIO evaluation, the FTM model reduces case recidivism, with fewer cases reopening within a year of case closure. To work to ensure this outcome, it is important for all parties attending case closing FTMs to both identify areas of ongoing need (where services may be continuing or recently initiated) and areas of possible future need (where supports put in place by the PCSA or service providers are reduced or eliminated, or potential areas of future need that have not yet arisen – such as needs children may have as they age).

By engaging all parties, and identifying the areas of ongoing need past the closing of the case, future planning can occur, and everyone involved should be aware of the expectations after PCSA involvement. By laying out clear expectations and future plans, the possibility of a case reopening should decrease.

9.4 FTM Not Needed in case of Child Fatality

The Ohio Administrative Code specifically outlines the required steps if there is a child fatality for a child in the temporary custody, permanent custody, or PPLA of the local PCSA. These steps are outlined in Chapter 5101:2-42-89, including notification of local health department and/or child fatality review board. As such, in a case where the deceased child was the only child receiving services, there would be no need for any additional Family Team Meetings to be held. In cases where children other than the deceased child received services, FTMs should be ongoing to continue to work toward case closure and permanency for those involved.

CHAPTER 10: BENEFITS AND CHALLENGES OF FTMS

10.1 Benefits of FTMs

The following are ways that FTMs help families improve their situations. The FTM:

- Makes families feel they are important, leading them to buy into the process more quickly than they would normally
- Brings more partners to the table, thus improving the quality of decisions
- Increases consistency and accountable practices when placement of children is being considered
- Addresses issues in the home to reduce placement
- Allows everyone to be held accountable and share responsibility when decisions are made
- Gives a voice to families, caregivers, providers and the community
- Encourages creativity in developing solutions to family concerns and motivates participants to take action.
- Develops understanding, builds relationships, and provides opportunity for empowerment for all who are involved
- Provides development of a specific, individualized intervention plan that has increased ownership, commitment and support
- Assists in efficient service delivery, by having family at the table to develop case plan services and linking them in with needed services
- Improves cooperation, communication and teamwork among FTM participants
- Improves the PCSA's image in the community; demonstrates the PCSA's values of protecting child and partnering to support family.
- Connects the family to community sources of support, strengthens them and enhances their ability to care for their children.
- Provides data for evaluation purposes leading to the identification of best practice.

10.2 Challenges of FTMs

Challenges of FTMs can hinder the success of an FTM if they are not managed properly by the Facilitator. After each challenge are suggestions for resolving the challenge.

1. **Lack of participation and buy-in by the family:** Make a personal contact with the family. If they are at the PCSA, introduce yourself or engage them in a conversation or call them to see if they have any questions.
2. **Parent No-Shows:** Call parents to include them by phone at the last minute (youth too) or explore rescheduling.
3. **Lack of transportation:** Offer alternative community locations, conference calls, bus passes or cab vouchers.
4. **Withholding pertinent information:** Facilitator to clarify during the introduction the importance of sharing all relevant information. Caseworkers should come to the table prepared to discuss concerns even if it is uncomfortable. Parents should discuss with the Facilitator prior to the FTM any apprehensions they have about discussing certain issues in the meeting and determine how it should be addressed.
5. **Conflicting views of current situation:** Discuss commonalities, acknowledge disagreement - *refocus the conversation to the best interest of the children.*
6. **Lack of honesty and minimizing problems:** Ask questions to see if they are able to look at things differently. Document their unwillingness to take responsibility.
7. **Hidden agendas:** If it can be detected, try and guide conversations closely and keep all parties on the task at hand. Try to surface the issue in a tactful manner, elicit others' comments.
8. **Participants obstructing the process:** Turn to the parent and clarify that "this is your meeting". If necessary, have the disruptive party removed from the meeting. Criminal charges pending: talk in advance with service team and/or legal representation to be clear on what can be discussed during the meeting
9. **Domestic violence/Protection orders:** Hold separate meetings as needed; discuss with the caseworker the dynamics of the family and the best way to proceed
10. **Stuck in the past:** Bring focus back to the purpose of the meeting and crafting solutions; documenting what occurred during the FTM is a critical piece of the FTM process.

CHAPTER 11: ADMINISTRATIVE SUPPORT

11.1 Measurement/Data Collection using PODS and SACWIS

Several existing data elements from SACWIS will be used in the evaluation analysis. Most notably, these include the **family assessment approval date** with decision to transfer, which will be used to determine when cases transfer to ongoing services. The **services** module will also be used to examine which services are provided to families that receive FTM. Thorough entry of these data elements into SACWIS is necessary for a viable evaluation.

The following items will be collected after each meeting and entered into PODS. Eventually, the goal is for these items to be in SACWIS, eliminating the need for the separate PODS database. (See the PODS Data Collection Sheet in Appendix A, as well as the PODS Instruction Manual.)

A. Meeting-level data elements (should be the same for each child involved in the meeting).

1. SACWIS Case ID
2. Meeting date
3. Facilitator Name
4. Facilitator Type
 - a. Facilitator
 - b. Supervisor
 - c. Other
5. Meeting location type as listed in SACWIS
6. Meeting begin time and meeting end time
7. Was transportation assistance provided for this meeting? Yes/No
8. Was child care assistance provided for this meeting? Yes/No
9. Purpose: Why the meeting was scheduled. Pick the first relevant choice on this list. Record once per meeting.
 - a. initial planning meeting
 - b. crisis meeting: emergency removal
 - c. crisis/critical event meeting: move to kinship home under consideration
 - d. crisis/critical event meeting: custody change under consideration (could include reunification)
 - e. crisis meeting: placement change under consideration
 - f. crisis meeting: new CAN report on existing case or traumatic family event
 - g. critical event meeting: case plan amendment/goal change
 - h. critical event meeting: family requests
 - i. critical event meeting: safety planning
 - j. critical event meeting: prior to court hearing
 - k. critical event meeting: case closure
 - l. 90 day FTM combined with case review
 - m. 90 day FTM

10. Meeting attendees (added some CAPMIS required attendees)

- a. Mother
- b. Father
- c. Step-parents
- d. Unmarried partner of parent/Significant Other
- e. Kinship Caregiver, Relative
- f. Kinship Caregiver, Non-Relative
- g. Foster Parent/Pre-Adoptive Parent (Non-Relative)
- h. Children
- i. Relatives
- j. Designated Facilitator
- k. Supervisor
- l. Caseworker
- m. Other PCSA Staff
- n. Child Advocate: GAL/CASA/Mentor/Friend/Coach
- o. Parent Support: Advocate/Mentor/Friend/Neighbors
- p. Clergy
- q. Attorney/Legal Representative
- r. Tribal Representative
- s. Probation officer
- t. Court Employee
- u. MH Professional
- v. AOD Provider
- w. DD Provider
- x. Health Provider (PCSA Staff or Non-PCSA Staff)
- y. TANF Provider
- z. Child Support Worker
- aa. Residential/group home provider
- bb. Education Provider
- cc. Other Service Provider
- dd. Other

11. Meeting outcomes: Results of the meeting – check all that apply

- a. Recommended change in custody
 - i. Initiate PCSA custody
 - ii. Terminate PCSA custody
 - iii. Custody to kin (relative or non-relative, temporary or legal custody)
 - iv. Protective Supervision Order or extension
 - v. Temporary Custody or extension (maintain or extend)
 - vi. PPLA
 - vii. TPR (Terminate Parental Rights/File for permanent custody...)
- b. Recommended change in living arrangement
 - i. To kinship caregiver

- ii. To foster home
- iii. To other (group home, institution)
- iv. Reunify (or move to other parent)
- c. Recommended change in visitation time or supervision level
- d. Identified new or change in services for parent/legal guardian
- e. Identified new or change in services for children
- f. Preparation for court hearing
- g. Case plan developed/signed off on
- h. Identified support people for parents/caregivers
- i. Update on family situation

B. Child-level data elements (may vary by child).

1. Person ID
2. Living arrangement at time of FTM
 - a. Parents (one or both)
 - b. Grandparents
 - c. Kinship-Relative
 - d. Kinship-Non-related
 - e. Juvenile Detention
 - f. Foster Care
 - g. Group Care
 - h. Residential
 - i. AWOL
 - j. Other (including Independent Living)
3. Custody at time of FTM
 - a. Mother
 - b. Father
 - c. Both Parents
 - d. Relative
 - e. Kinship-Non-Relative
 - f. Custody of PCSA
 - g. Court Care & Control (IV-E courts)

11.2 Leadership Support and Buy-In

Having PCSA Administration (executive director, program directors, and supervisors) committed to FTM principles and practice is crucial to the full implementation and success of the model. The value placed on the practice and emphasis of its importance can be conveyed through training and education regarding FTM practice, through modifications to existing casework practice to more fully integrate FTM processes, and through community-wide orientation to FTM.

Of primary importance is the provision of initial and ongoing training for Facilitators as well as other staff members. This training can keep them aware of the benefits of FTM, educate

them about why this strategy is utilized to engage families, and clarify what each of their respective roles and responsibilities are in making the practice successful. Leadership commitment is additionally important to assure the continuous development of staff skills (via training, coaching, mentoring, and supervision of all staff) needed to improve the process and its outcomes. Caseworkers will put effort into activities/duties in proportion with the amount of emphasis placed on that activity by their leadership.

Leaders who understand and are willing to reinforce the value of the FTM process can create standard mechanisms to ensure family member representatives are engaged; these might include letters to invite and remind family members about the upcoming meeting, sharing brochures about the FTM process, and providing guide sheets or tip sheets to Facilitators to refer to during the meeting. Leadership should also ensure that organizational policies and procedures are in alignment with FTM (such as when to hold critical event meetings, whether to fully draft a case plan before the first FTM) and support data collection/evaluation. PCSA leadership should assure that FTM policies and procedures are fully integrated into the existing casework processes. This includes clarifying Facilitator and caseworker roles, aligning existing meetings, tools, processes, paperwork and other requirements (e.g. getting signatures needed on various forms) with FTM to reduce burden. Such changes could be beneficial for families and other participants, especially by consolidating meetings and thus reducing transportation needs.

PCSA administration may do some PCSA-wide education and training to regularly reinforce the value and benefits of the FTM practice among all its employees. Leadership could highlight successes of FTM at all staff meetings, could do some positive-practice marketing, and/or could create incentives (such as healthy competitions among caseworkers to encourage them to get participants to the FTM table). In smaller agencies, it may be more practical to regularly acquaint new caseworkers with FTM concepts at each new worker's entrance to their position.

PCSA leaders may do some community-wide education outside of the PCSA, to make sure that partner agencies understand the FTM process and its value and benefits to families and workers. In particular, it is important for the PCSA to assure that any agency holding the contract for FTM facilitation be very well educated about the practice so that the Facilitator is appropriately supported by his/her employer.

11.3 Supervision

In an effort to best support FTM Facilitators, their supervisors should receive the same initial and ongoing Facilitator training. It is also suggested that supervisors have regular opportunities to facilitate FTMs in order to maintain strong facilitation skills and to stay connected to trends in practice, community resources, and direct service policies & procedures.

Facilitator supervisors can also serve as a helpful bridge to the PCSA and larger community, serving as educators and advocates regarding the benefits of FTM for family members and for the professionals working with them.

11.4 Organizational Policies and Functions to Support Facilitators

The FTM Facilitator position inherently requires significant scheduling flexibility to best meet the appointment needs of the families being served. This flexibility may result in meetings throughout the day as well as early morning, during the lunch hour, and evenings. In an effort to demonstrate that the PCSA is supportive of the FTM process and Facilitators, the organization should develop policies and procedures that reflect this position. These may include, but are not limited to, the following:

- Regular ongoing training
- Flexible hours
- Ample mileage reimbursement
- Overtime pay
- Compensatory time.

Given the increasing amount of documentation required within child welfare, it is also important for administrators to factor in adequate amounts of time for paperwork when determining what constitutes a reasonable Facilitator workload. Alternatively, the Facilitator could be given some clerical support to help with the paperwork/documentation responsibilities. These practices will increase the likelihood that Facilitators remain content in their position, gain stronger skills over time, and are less prone to burn out and/or to leave the PCSA.

An additional support for Facilitators might be providing a limited amount of resources for making the FTM more comfortable and friendly for family members, to cover expenses such as snacks, room decorations, etc.

Appendices

The Appendix has three sections. The first contains a set of sample forms a PCSA may choose to use, or modify for its own use as a part of its FTM practice. The second contains a glossary defining acronyms and key terms used in the Manual. The third summarizes previous evaluation findings of the ProtectOHIO FTM model, including a brochure that can be distributed to interested parties.

APPENDIX A: Samples and Templates for FTM Forms

Referral Forms	A-2
Parent Letter of Invitation	A-3
FTM Brochure	A-4
Caseworker Checklist: Information to Bring to the FTM	A-6
FTM Summary (Note, A PCSA may give a case plan in place of an FTM summary)	A-7
PODS Data Sheet.....	A-9

APPENDIX B: Commonly Used Acronyms and Definitions

Acronyms	B-1
Definitions.....	B-3

APPENDIX C: FTM Evaluation Findings

Summary of Results in ProtectOHIO Final Report 2010	C-1
Brochure: ProtectOHIO: Family Team Meetings	C-3

FAMILY TEAM MEETING – REFERRAL FORM

Today's Date:	Case Name:	SACWIS Family ID:
Caseworker:	Extension:	Cell:
CW Supervisor:	Case Status: <input type="checkbox"/> Abuse/neglect <input type="checkbox"/> Dependency <input type="checkbox"/> FINS <input type="checkbox"/> Unruly/Delinquent	

Parents' Information:

<i>Name & relationship</i>	<i>Address</i>	<i>Phone</i>	<i>Jobs and working hours</i>

Transportation/location considerations: _____

Children Involved in the Case:

<i>Name</i>	<i>SACWIS Person ID</i>	<i>DOB</i>	<i>Current Custody Status</i>	<i>Current Living Arrangement</i>

Is a court hearing set? Y N If yes, date: _____ Is this a voluntary case? Y N

Date case opened in Intake: _____

Date transferred to Ongoing: _____ Case Plan status: focus of this meeting partially done
completed

Reason for case opening:

Safety Concerns	<i>Indicate Yes or No</i>	<i>Explanation</i>
DV/Intimate partner violence		
Protective Order		
Interpreter Needed		
Special Assistance Needed		
Safety Hazards		
Cultural Considerations		
Mental Health Issues		

Other Involved Parties*:

<i>Name</i>	<i>Role/Relationship</i>	<i>Address</i>	<i>Phone</i>	<i>Fax</i>

*counselor, teacher, probation officer, GAL, service providers, relatives, etc.

Supervisory Approval: _____ Date _____

FTM FAMILY INVITATION LETTER

PCSA Letterhead

Name and Address

Date

Dear **FTM Participant**,

I am writing to invite you to a Family Team Meeting (FTM) concerning **Names of children**. It is scheduled for **Date & Time** and it will last at least **one hour**. The meeting will take place at **Location**. When you arrive at the building, please come to the front desk and ask for me, and I will come and escort you to the meeting room (**modify instructions as appropriate**).

The Family Team Meeting is a gathering of family, friends, and professionals from the community who join together to ensure the safety and well being of the children. As the **parent/primary caregiver/other role**, you are important to this process and we appreciate your attendance. In this meeting we will create/review the case plan for your family.

(Only for parents/primary caregivers) This is a time for you to discuss the issues that may help you complete your case plan in a timely manner. I encourage you to invite family members, friends, neighbors, or church members who you feel are a support to you. Please let me know who you are inviting. In addition, **Children's Services** may be required to invite other parties. These meetings occur at least every 90 days while you are working with **Children's Services**.

If you have any questions or need additional information, please call me so that I can address your concerns or questions. It is **very important** that you attend these meetings so that you can be **successful** in completing your case plan. If you need assistance with transportation, please notify **caseworker or FTM facilitator** as soon as possible. And please let me know right away if you are unable to attend this FTM, since arrangements can also be made for a telephone conference or to reschedule if necessary. I can be reached at **number @ extension**.

Sincerely,

(Signature)

(Printed name)

FTM Facilitator or caseworker



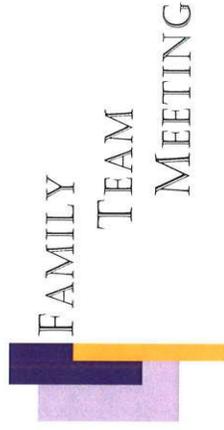
Why do Family Team

Meetings work?

- They provide for the care and protection of children.
- They give all participants information about the agency and court processes.
- They allow for shared decision making and shared responsibility between the family and the agency.
- They respect and value the culture of the family.
- They focus on building upon family strengths to help solve family issues.
- They gather ideas and information from various sources.
- They develop an action plan tailored to the needs of one particular family member.
- They hold participants accountable for plan follow through.

Family Team Meetings are a collaborative effort by **Portage County Jobs and Family Service**, and **Children's Advantage Family Behavioral Health Services**

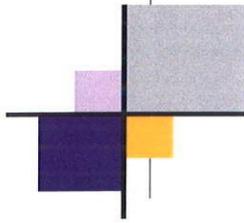
PORTAGE COUNTY
DEPARTMENT OF JOB AND
FAMILY SERVICES



Engaging families in decisions that affect their children



Portage County Department of Job and Family Services
449 S. Meridian Street
Ravenna, OH 44266



FAMILY TEAM MEETING



What's a Family Team Meeting?

The Family Team Meeting is a tool for solving family problems that is based on a simple traditional belief: that the combination of family strengths and community support can keep children safe and well cared for.

A Family Team Meeting is a gathering of family, friends, support people, and community specialists who join together to improve the care and protection of children.

How is a family referred?

Families are initially referred by caseworkers when there is an opening of a case plan with Portage County Jobs and Family Services. Subsequent meetings are held at least every ninety days or as requested by caseworkers, family members, and other involved professionals. Issues that may trigger the need for a meeting include the possibility of a removal or court filing, determining the best placement for a child, planning for reunification, and development of the case plan.

Who's Involved?

Parents, children (depending on age and emotional maturity), extended family, social workers, counselors, foster parents, guardians, clergy, or anyone who is committed to the well being of the child or children involved. *Please plan for day care for younger children.*

What to expect?

- The meeting will be scheduled by the Family Team Facilitator, who will call all involved participants.
- The meeting will last approximately one to two hours in duration and will be held between 8:30 a.m. and 4:30 p.m. Monday thru Friday.
- The strengths of the family and the concerns that have brought them to the meeting will be discussed.
- Participants will work together to arrive at the best solution for the child(ren) and their situation.
- At the end of the meeting a written plan will be distributed to all parties that attend.
- Another meeting will be scheduled to review progress on the plan developed.



Who Benefits?

Children will live in a safer environment with support from their families and communities.

Families become more unified, involved in decision making, and are better informed about how best to care for their children.

Communities benefit when children are in safe and supportive homes.

Where are the meetings held?

Portage County Job and Family Services, 449 S. Meridian Street, Ravenna, OH 44266



A Family Team Meeting has been scheduled for your family on _____

CASEWORKER CHECKLIST: INFORMATION TO BRING TO THE FTM

Child's Name:

If the case is a custody case, are the parents whereabouts known? If not, complete a diligent search for the missing parents and ask available family members about Native American background.

Information that needs to go in SACWIS before the SAR, but that you should also have at the FTM:

- Medical appointments
- Dental appointments
- Vision appointments
- Medications—and what they are for
- School
- Grade

Information for the SAR and/or FTM:

- School performance
- After school activities
- Counselor and how often they go
- Psychiatrist and how often they go
- Dates of visits and attempts
- How often are parents/relatives visiting?
- What is happening during those visits?
- Placement or legal status changes during the last review period?
- Drug screens? How many? Positive? Negative?
- Any new charges during the last review period? What? When?
- Any OCI'S? Were they substantiated or not?
- Other child-related case plan services?
- Parents' case plan services?
- Discharge plan for those in custody?
- Annual Review Date
- Next court hearing

FAMILY TEAM MEETING SUMMARY

Today's Date:	Case Name:	
Caseworker:	Extension:	Cell:
CW Supervisor:		

Children Involved in the Case:

<i>Name</i>	<i>Age</i>	<i>Current Placement</i>

Current case plan goal: maintain reunification adoption PPLA case plan has not been developed yet

Situation that prompted the meeting:

Goals of the family (What do you want life to be like?):

Strengths of the family (to help achieve the goals):

Case concerns and needed planning/activities:

<i>Current case plan concerns</i>	<i>Needed action steps</i>	<i>Completed by</i>	<i>By when</i>

Additional future planning and action steps/concurrent plan:

Decisions resulting from the meeting:

Children will: be placed in a new placement _____ remain in current placement
 NA

Legal Status Change: Agency will file a motion requesting change from _____
to _____

NA/Maintain _____ Other _____

Case planning: Change in case planning _____ Case planning remains the same

Other:

Next meeting: _____

Signatures (Does not indicate agreement):

<i>Signature</i>	<i>Relationship to child(ren)</i>	<i>Date copy provided</i>

**ProtectOhio Family Team Meeting (FTM)
ProtectOhio Data System (PODS) Entry Form**

Form completed by: _____

Date of Meeting: _____

Name of Person Facilitating FTM: _____

SACWIS Case ID: _____

Facilitator Type: Facilitator Supervisor Other

Meeting Start Time: _____

Was Transportation Provided? Yes No Unknown

Meeting End Time: _____

Was Childcare Provided? Yes No Unknown

Meeting Location:

Agency Setting Placement Setting Parent/Caregiver Home Neutral/Offsite Other

Children for which this FTM Concerns:

(1) Child's Name (first and last) _____ SACWIS Person ID _____

(2) Child's Name (first and last) _____ SACWIS Person ID _____

(3) Child's Name (first and last) _____ SACWIS Person ID _____

(4) Child's Name (first and last) _____ SACWIS Person ID _____

(5) Child's Name (first and last) _____ SACWIS Person ID _____

(6) Child's Name (first and last) _____ SACWIS Person ID _____

Child Information

Complete this information for EACH child listed above. For each of the two questions, WRITE the child's number next to the answer that pertains to that child. Choose only one response per child.

Custody at time of FTM

- _____ Mother
- _____ Father
- _____ Both Parents
- _____ Relative
- _____ Kinship Non-Relative
- _____ Custody of PCSA
- _____ Court Care & Control (IV-E courts)
- _____ Other (describe below)

If "Other", describe: _____

Living Arrangement at time of FTM

- _____ Parents (one or both)
- _____ Grandparents
- _____ Kinship - Relative
- _____ Kinship - Non-related
- _____ Juvenile Detention
- _____ Foster Care
- _____ Group Care
- _____ Residential
- _____ AWOL
- _____ Other (describe below)

If "Other", describe: _____

Please turn sheet over to complete!

Family Information

Stated Purpose of FTM – Choose the 1st appropriate answer.

- Initial Planning Meeting
- Crisis Meeting: Emergency Removal
- Critical Event Meeting: Move to Kinship Home Under Consideration
- Critical Event Meeting: Custody Change Under Consideration (Could Include Reunification)
- Critical event meeting: Placement Change Under Consideration
- Crisis Meeting: New CAN Report on Existing Case or Traumatic Family Event
- Crisis Meeting: Case Plan Amendment/Goal Change
- Critical Event Meeting: Family Requests Meeting
- Critical Event Meeting: Safety Planning
- Critical Event Meeting: Prior to Court Hearing
- Critical Event Meeting: Case Closure
- 90-Day FTM Combined with Case Review
- 90-Day FTM

Meeting Outcomes: Results of the Meeting - Choose ALL answers that apply:

Recommended change in custody:

- Initiate PCSA custody
- Terminate PCSA custody
- Custody to kin (relative or non-relative, temporary or legal custody)
- Protective Supervision Order or extension
- Temporary Custody or extension
- PPLA
- TPR

Recommended change in living arrangement:

- To kinship caregiver
- To foster home
- To other (group home, institution)
- Reunify (or move to other parent)

Other:

- Recommended change in visitation time or supervision level
- Identified new or change in services for parent/legal guardian
- Identified new or change in services for children
- Preparation for court hearing
- Case plan developed/signed off on
- Identified support people for parents/caregivers
- Update on family situation

Attendee Information

Total Number of Attendees at FTM: _____

WRITE the actual number of people beside each category. Choose the best category for a given person, but do not record one person in more than one category. See the PO Data System Instruction Manual for further detail.

- Mother
- Father
- Step-parents
- Significant Other/Unmarried Partner of either parent
- Kinship Caregiver, Relative
- Kinship Caregiver, Non-Relative
- Foster Parent/Pre-Adoptive Parent (non-relative)
- Children
- Relatives
- Designated Facilitator
- Supervisor
- Caseworker
- Other PCSA Staff
- Child Advocate: GAL/CASA/Mentor/Friend/Coach
- Parent Support: Advocate/Mentor/Friend/Neighbors
- Clergy
- Attorney / Legal Representative
- Tribal Representative
- Probation Officer
- Court Employee
- MH Professional
- AOD Provider
- DD Provider
- Health Provider (Agency Staff or Non-Agency Staff)
- TANF Provider
- Child Support Worker
- Residential/Group Home Provider
- Education Provider
- Other Service Provider
- Other – SPECIFY other:

Please turn sheet over to complete!

APPENDIX B: ACRONYMS

ADA	Americans with Disabilities Act
ACS	Aid to Dependent Children
CDC	Child Day Care in Ohio
CDHS	County Department of Human Services
CHIP	Children's Health Insurance Program (also called Healthy Start or SCHIP)
CFS	Child and Family Services
COA	Council on Accreditation
CP	Case Plan
CPA	Case Plan Amendment
CPS	Child Protective Services
CRIS-E	Client Registration Information System – Enhanced
CS	Child Support
CSB	Children Services Board
DA	Disability Assistance
DHS	Department of Human Services (no longer in use)
DJFS	Department of Job and Family Services
DV	Domestic Violence
FACSIS	Family and Children Services Information System
FAPT	Family Assessment and Planning Tool
F2F	Family to Family Initiative
F4K	Families for Kids
GED	General Equivalency Diploma
HHS	Health and Human Services
ICCA	Individual Child Care Agreement
ICF-MR	Intermediate Care Facility – Mental Retardation
ICPC	Interstate Compact on the Placement of Children
MEPA/IEPA	Multi Ethnic Placement Act/Inter Ethnic Placement Act
MH	Mental Health
MR/DD	Mental Retardation/Developmental Disabilities
MR/MH	Mental Retardation/Mental Health
OAC	Ohio Administrative Code
OAPL	Ohio Adoption Photo Listing (AdoptOhio)
OBES	Ohio Bureau of Employment Services
OCWTP	Ohio Child Welfare Training Program
ODADAS	Ohio Department of Alcohol and Drug Addiction Services
ODE	Ohio Department of Education
ODH	Ohio Department of Health
ODHS	Ohio Department of Human Services
ODJFS	Ohio Department of Job and Family Services
ODJFSDA	Ohio Job and Family Services Director's Association
ODMR/DD	Ohio Department of Mental Retardation and Developmental Disabilities
OHP	Ohio Health Plans (previously Medicaid)
ORC	Ohio Revised Code
OWD	Office of Workforce Development

PCSA	Public Children Services Agency
PRC	Prevention, Retention, and Contingency
PSUP	Protective Supervision
RA	Risk Assessment
RTC	Regional Training Center
SACWIS	Statewide Automated Child Welfare Information System
SAR	Semi Annual Administrative Review
SCHIP	State Children's Health Insurance Program
SSI	Supplemental Security Income
TANF	Temporary Assistance to Needy Families
TANF & ET	Temporary Assistance for Needy Families – Employment and Training
TCC	Temporary Court Custody
WA	Work Activities
WDA	Workforce Development Agency
WEP	Work Experience Program
WtW	Welfare to Work

Child Legal Status Acronyms

COPS/PSUP	Court Ordered Protective Supervision
PPLA	Planned, Permanent Living Arrangement
ATC	Agreement for Temporary Custody
TCC/TC	Temporary Court Commitment
TPR	Termination of Parental Rights
PCC/PC	Permanent Court Commitment, Permanent Custody
PS	Permanent Surrender
NC	No Custody

APPENDIX B (continued): DEFINITIONS

"Adjudicatory hearing" pursuant to section 2151.28 of the Revised Code means a hearing held by the juvenile court to determine whether a child is a juvenile traffic offender, delinquent, unruly, abused, neglected, or dependent or otherwise within the jurisdiction of the court or whether temporary or legal custody should be converted to permanent custody.

"Agreement for temporary custody" means a voluntary agreement authorized by section 5103.15 of the Revised Code and transferring the temporary custody of a child to a PCSA or a PCPA.

"Caregiver" is a person providing the direct day-to-day care of a child during his placement in substitute care.

"Caretaker" is a person with whom the child resides or the person responsible for the child's daily care. This includes, but is not limited to, the parent, guardian, custodian or out-of-home care setting employee.

"Case management services" are activities performed by the PCSA, PCPA, PNA, or Title IV-E agency for the purpose of providing, recording and supervising services to a child and his parent, guardian, custodian, caretaker or substitute caregiver.

"Case plan" means a written document developed by the PCSA, PCPA or Title IV-E agency and the family which identifies strengths of the family, concerns to be resolved and supportive services to be provided which will result in ensuring permanence for the child.

"Casework services" are those services performed or arranged by the PCSA or PCPA to manage the progress, provide supervision and protection of the child and his parent, guardian or custodian.

"Caseworker" means a PCSA, PCPA or PNA staff person who is responsible for provision of protective services or supportive services to the child and his parent, guardian, custodian or substitute caregiver.

"Certified foster home" means a foster home operated by persons holding a certificate in force, issued under section 5103.03 of the Revised Code.

"Children's protective services" (CPS) is a term used to describe a wide range of social services coordinated and delivered on behalf of a child who is at risk, or is being or has been abused or neglected.

"Children's residential center" (CRC) means a facility in which eleven or more children, including the children of any staff residing at the facility, are given non-secure care and supervision twenty-four hours a day.

"Custodian" means a person having legal custody of a child or a PCSA, PCPA, or Title IV-E agency that has permanent, temporary, or legal custody of a child.

"Delinquent child" pursuant to section 2151.02 of the Revised Code includes any child who does any of the following:

- (a) Violates any law of this state or the United States, or any ordinance or regulation of a political subdivision of the state, that would be a crime if committed by an adult, except as provided in section 2151.021 of the Revised Code.
- (b) Violates any lawful order of the court, made under Chapter 2151. of the Revised Code.
- (c) Violates division (A) of section 2923.211 of the Revised Code.

"Deserted child" means a child whose parent has voluntarily delivered the child to an emergency medical service worker, peace officer, or hospital employee without expressing an intent to return for the child and who, pursuant to sections 2151.3516 and 2151.3517 of the Revised Code, is thirty days old or younger and has no apparent signs of abuse or neglect.

"Diagnostic services" are medical, psychiatric, or psychological services performed by a licensed physician, psychiatrist, psychologist, and persons licensed under Chapter 4757. of the Revised Code for the purpose of evaluating an individual's current physical, emotional, or mental condition.

"Direct placement" means the placement of a child by the parent, guardian or legal custodian of the child, including by court order, with the participation and agreement of an agency, into an out-of-home care setting operated or supervised by the agency, with the parent, guardian or legal custodian retaining legal custody of the child.

"Dispositional hearing," pursuant to sections 2151.35 to 2151.355 and 2151.414 of the Revised Code, means a hearing held by the juvenile court to determine what action shall be taken concerning a child who is within the jurisdiction of the court.

"Duly authorized" is the established ongoing approval by a juvenile court, granting the PCSA permission to remove a child who is at imminent risk when time does not permit obtaining a court order or assistance from law enforcement.

"Emergency caretaker services" are those services provided by a person placed within a child's own home to act as a temporary caretaker when the child's own caretaker is unable or unwilling to fulfill the responsibility.

"Emergency shelter" is the short-term crisis placement of any child who is threatened or alleged to be abused, neglected, or dependent to an extent that there is imminent risk to the child's life, physical or mental health, or safety.

"Ex parte emergency order" is an order issued by a juvenile judge or a designated referee pursuant to section 2151.31 of the Revised Code initiated and obtained by one party where other parties have not had advance notice and the opportunity to be heard prior to the issuance of the order authorizing the taking of a child into custody.

"Family" is parents, primary caregivers, or extended family; it includes people related by blood or circumstances who may rely upon one another for sustenance, support, security, and or socialization.

"Family preservation services" means services to help families (including adoptive and extended families) at risk or in crisis, including service programs designed to help children reunify with their family when appropriate or find a permanent placement when children can not reunify, pre-placement preventive services programs designed to avoid children being removed from their family, service programs designed to provide follow-up care to families following reunification, respite care of children to provide temporary relief for parents and other caregivers, and services designed to improve parenting skills by identifying strengths and areas needing improvement with respect to child development.

"Family support services" means community-based services to promote the safety and well-being of children and families, which are designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, and otherwise to enhance child development.

"Foster caregiver" means a person holding a valid foster home certificate issued by ODJFS.

"Foster child" means a child placed in a foster home who is not the natural or adopted child or other legal ward of the foster caregiver.

"Foster home" means a private residence in which children are received apart from their parents, guardian, or legal custodian, by an individual reimbursed for providing the children non-secure care, supervision, or training twenty-four hours a day.

"Group home" is a public or private facility which provides placement services for children and is licensed, regulated, approved, operated under the direction of, or otherwise certified as a group home by ODJFS, the Ohio department of education, a local board of education, the Ohio department of youth services, the Ohio department of mental health, a county board of mental health, the Ohio department of mental retardation and developmental disabilities, a county board of mental retardation and developmental disabilities, or a political subdivision.

"Guardian" means a person, association, or corporation that is granted authority by a probate court pursuant to Chapter 2111. of the Revised Code to exercise parental rights over a child to the extent provided in the court's order and subject to the residual parental rights of the child's parents.

"Guardian Ad Litem" is a guardian appointed by the juvenile court to represent and protect the best interest of an alleged or adjudicated abused, neglected, or dependent child.

"Indian foster home" for the purpose of placing a Native American (Indian) child pursuant to rules contained in Chapter 5101:2-53 of the Administrative Code means a home licensed, approved, or specified by the Indian child's tribe, whether on or off the reservation, or an Indian foster home certified by the department of job and family services or another state agency with such authority.

"Indicated report" is a report to the central registry in which there is circumstantial, or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child has been abused or neglected based upon completion of an assessment/investigation.

"In-home services" are a range of supportive services provided to children and families in their own homes.

"Initial report" is a report of information supplied to the PCSA by the reporter.

"Interstate children's protective services referral" is an out-of-state report concerning alleged, indicated, or substantiated child abuse or neglect made or accepted by a PCSA.

"Interstate compact on the placement of children (ICPC)" is a uniform law enacted by states and jurisdictions of the United States, establishing orderly procedures for the interstate placement of children across state lines and assigning responsibilities for those involved in placing children.

"Interstate placement" is the arrangement made by a sending agency, for the care of a child to be sent from Ohio to another state or from another state into Ohio, which care is to be provided by a foster home, home of a parent or parents, relative home, child-care institution, or adoptive home.

"Intrastate children's protective services referral" is a report concerning alleged, indicated, or substantiated child abuse and neglect made by one Ohio PCSA to another Ohio PCSA for the purpose of requesting the provision of protective services.

"Investigation" is a fact-finding process which includes interviews, observations, and other forms of information gathering. Information collected during the investigation provides data upon which to make a case resolution/disposition regarding a report of alleged child abuse or neglect.

"Legal custody" means a legal status vesting in the custodian the right to have physical care and control of the child and to determine where and with whom the child shall live, and the right and duty to protect, train, and discipline the child and to provide the child with food, shelter, education, and medical care, all subject to any residual parental rights, privileges, and responsibilities. An individual granted legal custody shall exercise the rights and responsibilities personally unless otherwise authorized by any section of the Revised Code or by the court.

"Life skills services" are a series of developmentally appropriate services or activities that provide an opportunity for a child to gain the skills needed to live a self-sufficient adult life pursuant to rule 5101:2-42-19 of the Administrative Code.

"Medically fragile child" means a person from birth through twenty-one years of age who has intensive health care needs that can be met in a medically fragile foster home.

"Medically fragile foster caregiver" means a person who has been specifically trained and certified pursuant to rules 5101:2-5-20 to 5101:2-5-37 and 5101:2-7-02 to 5101:2-7-17 of the Administrative Code to provide foster care and other services for medically fragile children placed in the caregiver's medically fragile foster home.

"Mentor" is an individual who is specifically trained and assigned to a child or family to assist the child or family deal with or learn to deal with day-to-day living situations.

"Out-of-home care setting" is a detention facility, shelter facility, foster home, pre-finalized adoptive placement, certified foster home, approved foster care, organization, certified organization, child day-care center, type A family daycare home, type B family day-care home, group home, institution, state institution, residential facility, residential care facility, residential camp, day camp, hospital, medical clinic, children's residential center, public or nonpublic school, or respite home that is responsible for the care, physical custody, or control of a child.

"Parent" includes parents and primary caregivers.

"Parental rights" is the authority of a child's parents to make all decisions regarding the child's care and control including, but not limited to, the determination of where and with whom the child shall live and the right to protect, train, and discipline the child and provide the child with food, shelter, education, and medical care.

"Permanency plan" shall have the same meaning as the case plan.

"Permanent custody" as defined in section 2151.011 of the Revised Code, means a legal status that vests in a public children services agency or a private child placing agency, all parental rights, duties, and obligations, including the right to consent to adoption, and divests the natural parents or adoptive parents of all parental rights, privileges, and obligations, including all residual rights and obligations. Once a PCSA has received permanent custody of a child, that child is then legally freed to be placed for adoption, and the parental rights of the child's birth parents are terminated.

"Permanent surrender" as defined in section 2151.011 of the Revised Code, means the act of the parents or, if a child has only one parent, of the parent of a child, by a voluntary agreement authorized

by section 5103.15 of the Revised Code, to transfer the permanent custody of the child to a public children services agency or a private child placing agency.

"Planned permanent living arrangement," pursuant to Chapter 2151. of the Revised Code, means an order of a juvenile court to which the following apply:

(a) The child, because of physical, mental, or psychological problems or needs, is unable to function in a family-like setting and must remain in residential or institutional care; or

(b) The parents of the child have significant physical, mental, or psychological problems and are unable to care for the child because of those problems, adoption is not in the best interest of the child, as determined in accordance with division (D) of section 2151.414 of the Revised Code, and the child retains a significant and positive relationship with a parent or relative; or

(c) The child is sixteen years of age or older, has been counseled on the permanent placement options available to the child, is unwilling to accept or unable to adapt to a permanent placement, and is in an agency program preparing the child for independent living.

"Pre-placement preventive services" are those services designed to alleviate family problems which would otherwise result in the child's removal from the home.

"Protective day-care services" are services provided for a portion of the twenty-four-hour day for the direct care and protection of children who have been harmed or threatened with harm, or who are at risk of abuse, neglect, or exploitation due to a psychological or social problem, or physical or mental handicap of a caretaker parent, or whose health or welfare is otherwise jeopardized by their home environment.

"Protective services" is a term used to describe a wide range of supportive services coordinated and delivered on behalf of children at risk of abuse or neglect.

"Protective supervision" means an order of disposition pursuant to which the court permits an abused, neglected, dependent, unruly, or delinquent child, or juvenile traffic offender to remain in the custody of the child's parent, guardian, or custodian and stay in the child's own home, subject to any conditions and limitations upon the child, the child's parents, guardian, or custodian, or any other person that the court prescribes, including supervision as directed by the court for the protection of the child.

"Public Children Services Agency (PCSA)" means an entity specified in section 5153.02 of the Revised Code that has assumed the powers and duties of the children services function prescribed by Chapter 5153. of the Revised Code for a county.

"Residential facility" means a group home, children's crisis care facility (as defined in rule 5101:2-9-36 of the Administrative Code), children's residential center, or residential parenting facility where twenty-four hour child care is provided by child care staff employed or contracted by an agency. Any such facility would be licensed by the department of mental retardation and developmental disabilities. A residential care facility is an institution, residence, or facility licensed by the department of mental health under section 5119.22 of the Revised Code and that provides care for a child.

"Residual parental rights, privileges, and responsibilities" are those rights, privileges, and responsibilities remaining with the natural parent after the transfer of legal custody of the child, including, but not necessarily limited to, the privilege of reasonable visitation, consent to adoption, the privilege to determine the child's religious affiliation, and the responsibility for support.

"Respite care," is any alternative care for a child in a foster placement that lasts more than twenty-four (consecutive) hours when the plan is to return to his/her same placement. For children placed in either a foster home or relative home, respite care services are designed to provide temporary relief of child-caring functions including, but not limited to, crisis nurseries, day treatment, and volunteers or paid individuals who provide such services within the home.

"Special needs child" is (as defined for the purposes of the state adoption subsidy program) a child who has at least one of the following needs or circumstances which could hinder placement (adoptive or substitute care): needs placed with siblings; is a member of a minority or ethnic group; is six years of age or older; has been in permanent custody for more than one year; has a medical condition, physical impairment, mental retardation or developmental disability; has an emotional disturbance or behavioral problem; has a likelihood, based on family history, to develop/acquire a medical condition, a physical, mental or developmental disability or an emotional disorder; has been placed with his/her adoptive parents for at least one year and would experience severe separation and loss if placed in another setting; or has experienced previous adoption disruption or multiple placements.

"Substitute care" is the care provided for a child apart from his parent or guardian, while the child's custody is held by a PCSA or PCPA.

"Substitute caregiver" means an individual providing care for a child who is in the custody of the PCSA or PCPA including, a relative other than the child's parents, a non-relative having a familiar and longstanding relationship with the child or the family, a foster parent, or pre-adoptive parent, and a staff person of a group home or residential facility who is providing care for the child.

"Supplemental plan" means a written plan for a child outlining the agency's plan to locate a permanent placement for the child and which may be developed concurrently with the case plan.

"Supportive services" are services provided or arranged to protect, strengthen, or assist children and families or caretakers. Supportive services may include family preservation services, family support services, time limited family reunification services, or adoption promotional and support services.

"Temporary custody" means legal custody of a child who is removed from the child's home, which may be terminated at any time at the discretion of the court or, if the legal custody is granted in an agreement for temporary custody, by the person who executed the agreement.

"Temporary emergency care" is physical care and meeting the emotional needs of a child in a facility established to receive children at any time of day, twenty-four hours per day.

"Therapeutic services" are medical, psychiatric or psychological services performed by licensed or certified physicians, psychiatrists, psychologists, and persons licensed under Chapter 4757. of the Revised Code for the purpose of correcting or alleviating physical, mental, or emotional illnesses, or disorders.

"Treatment foster home" means a foster home that incorporates special rehabilitative services designed to treat the specific needs of the children received in the foster home and that receives and cares for children who are emotionally or behaviorally disturbed, chemically dependent, mentally retarded, or developmentally disabled, or who otherwise have exceptional needs.

"Treatment team" means the group of individuals who formulate, assess, monitor and revise, as needed, the child's service plan. The treatment team shall include (but are not limited to) a treatment team leader, parents or guardians of the child (when reunification is the plan for the child), case

managers, therapists, foster caregivers, the child's guardian ad litem, representatives from the agency holding custody of the child and the child.

APPENDIX C: FTM EVALUATION FINDINGS
Summary of Results Reported in ProtectOHIO Final Report 2010*

Three major sets of results emerged from the evaluation of FTM conducted during the second ProtectOHIO waiver period, 2004-2009. The first addresses **fidelity**, the extent to which demonstration sites adhered to the FTM model; the second focuses on **child outcomes** for all FTM-eligible children; the third links the two sets of results to reveal the **impact of higher fidelity on child outcomes**.

FIDELITY: The fidelity analysis, based largely on case-level process data for children who participated in FTM, revealed considerable variation across the demonstration sites:

- 57% of children had an initial FTM within 50 days of transferring to ongoing services;
- 63% of children had a subsequent FTM within 100 days of the previous FTM;
- 49% of the FTMs had at least a minimum grouping of attendees (at least one parent or primary caregiver, at least one PCSA staff, and at least one other person);
- All counties had an independent facilitator leading FTMs, and a little over half of them had medium-level training.

OUTCOMES: In the outcomes analysis, the study team examined all FTM-eligible children in the demonstration counties compared to their counterparts in comparison counties, regardless of whether the eligible children were formally identified as having been served through the FTM strategy. Primary outcomes findings included:

Primary FTM Outcomes	Demonstration County Children (n=9,996)	Comparison County Children (n=15,294)	Significant Difference
Length of time the case is open	Average=329 days	Average=366 days	37*
Whether child is placed (n=4,003)	15% (n=1468)	17% (n=2535)	2%*
Of those placed, proportion placed: with kin in foster care	47% 46%	40% 53%	7% ---
Of those placed, time in placement	226 days	119 days	---
Of those placed, proportion exiting: to reunification to custody of kin	51% 37%	60% 33%	9%* ---
Whether subsequent case opening after case close (n=16,775)	11% (n=6277)	12% (n=10,498)	1%*

The table shows that children in the demonstration sites were more likely to be served in their own home than to go to placement; and, for the children who *did* go to placement, children in the demonstration counties were more likely to be placed with kin and less likely to be placed in foster care than their comparison site counterparts. Children in the FTM counties experienced shorter case episodes. In addition, FTM-eligible children were found to be at least as safe as their counterparts in the comparison sites: children in demonstration counties had slightly fewer subsequent case openings than comparison children.

FIDELITY-OUTCOMES: In examining the relationship between fidelity and outcomes, the evaluation team conducted some additional calculations, to deal with the fact that children had multiple FTMs and different

* Human Services Research Institute, *Comprehensive Final Evaluation Report: Ohio's Title IV-E Waiver Demonstration Project "ProtectOHIO"*, May 2010.

groups of people attended each meeting. We computed the percentage of a child’s meetings which occurred within the specified time frame, and similarly computed the percentage of a child’s meetings which had the minimum set of attendees. These two figures were averaged to create an overall fidelity percentage for each child. Children with high fidelity (greater than or equal to 85%) were compared to children with low fidelity (less than or equal to 30%).

Child-level fidelity was found to be positively associated with improved child outcomes; high-fidelity cases had significantly shorter case episodes and shorter placement stays than cases with low and/or medium-level fidelity.

<i>Fidelity Measure</i>	<i>Outcome (in days)</i>	<i>Low Fidelity</i>	<i>Medium Fidelity</i>	<i>High Fidelity</i>
<i>Time between FTMs</i>	Case episode length	433 (1281)	517 (n=2354)	329 (n=3115)
<i>Minimum set of attendees</i>	Case episode length	400 (n=2739)	482 (n=1820)	375 (n=2191)
<i>Relative in attendance</i>	Case episode length	415 (n=5215)	457 (n=918)	341 (n=617)
<i>Overall fidelity</i>	Case episode length	422 (n=1076)	438 (n=4381)	327 (n=1293)
<i>Overall fidelity</i>	Placement length	38 (n=1076)	69 (n=4381)	49 (n=1293)

* High-medium and high-low differences in case episode length were all statistically significant; for placement length, only the high-medium difference was statistically significant.



ProtectOHIO: Family Team Meetings

HSRI Evaluation Brief

Fall 2010

ProtectOHIO enables counties to provide innovative services, which transformed PCSAs both structurally and culturally; ultimately, PCSAs increased their focus on families and children, leading to positive permanency outcomes.

Background of Ohio's Title IV-E Waiver and Family Team Meetings

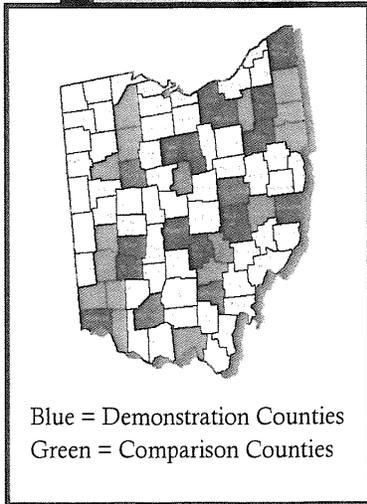
In October 1997, Ohio implemented ProtectOHIO, a Title IV-E Child Welfare Waiver Demonstration project. ProtectOHIO experiments with the flexible use of federal IV-E dollars; funds normally allowed to be spent only for foster care can be spent for a range of child welfare purposes, based on the belief that purchasing services upfront will benefit children & families. The intent of ProtectOHIO is to reduce the number of children coming into care, decrease the length of stay in care, and increase the number of children reunited with their families

or placed in other permanent situations.

The first ProtectOHIO Waiver demonstration program operated for five years, from October 1, 1997 through September 30, 2002 in 14 Public Child Serving Agencies (PCSAs). The waiver was extended into a second phase through September 30, 2009, with an additional short-term extension through July 2010. The second phase had two changes: the demonstration was expanded to 18 counties, and each county would implement Family Team Meetings (FTMs).

FTMs are a method for engaging family members and other people who can support the family for shared case planning and decision-making. The ProtectOHIO FTM model includes regularly-scheduled meetings throughout the life of the case, facilitated by a trained professional, and bring together family, friends, services providers and advocates. The goal of FTM is to come up with creative and effective solutions to case challenges, ultimately to reduce the need for

(continued on Page 2)



HSRI's Evaluation of FTMs

Since 1998, Ohio has contracted with Human Services Research Institute (HSRI), to conduct a rigorous evaluation of the ProtectOHIO demonstration. Essential to the evaluation is the examination of a group of comparison counties (see Figure in the left sidebar).

The three research questions that guide the FTM study include: 1) How is FTM implemented, 2) What is the demonstration counties' level of fidelity to the ProtectOHIO model, and 3) Do children receiving ProtectOHIO FTM more often experience a positive outcome than children in the

comparison sites? The evaluation involved analyses at both the county and case level, using data sources ranging from observations, site visits, and telephone interviews, to web-based surveys, SACWIS data, and a stand-alone ACCESS database. ■

Background of Ohio's Title IV-E Waiver and Family Team Meetings



(continued from Page 1)

foster care placement and improve permanency outcomes. FTM has the potential to change the culture of child welfare and service provision.

In Spring 2005, the demonstration counties defined a common FTM model that targets all children in cases that open to ongoing services

with an initial case plan goal of reunification or maintain in home. The counties agreed on four key model components: 1) Initial FTMs would occur within 35 days of case opening; 2) Subsequent FTMs would be held at least quarterly; 3) A range of attendees would attend the FTMs; and 4) An independent, trained facilitator would

lead the FTMs.

Additionally, the meeting process includes: agenda, introductions, information sharing, planning, and decision-making. The facilitator is also responsible for supporting families prior to and during the meetings.

Family Team Meetings are a method for engaging family members and other people who can support the family for shared case planning and decision-making.

Implementation of FTM Across Ohio Demonstration Counties

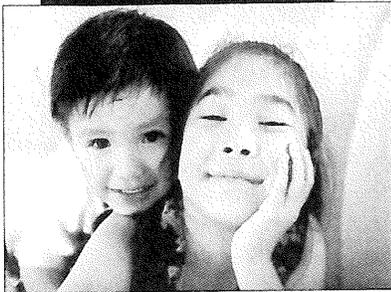
In implementing the Protect OHIO FTM strategy, demonstration counties hired and/or trained independent FTM facilitators and provided regular FTMs throughout the life of an ongoing case. Since 2005, the counties have provided over 21,000 FTMs to nearly 14,000 children in close to 7,000 families. Through practice, the demonstration counties identified three key components of the FTM strategy: training & orientation for facilitators, workers, & community partners, family engagement in the FTM process, and facilitator-caseworker collaboration and communication.

Most children in the FTM strategy had an average of three

FTMs during the strategy period, which were typically held during an initial planning meeting or as part of a quarterly case review. FTMs are intended to bring together a varied mix of people to engage in a meaningful discussion of the child's situation. These FTMs had, on average, five attendees; parents and primary caregivers were in attendance at about 75% of the meetings. In addition, findings suggest that offering meetings at flexible times and locations, combined with assisting with transportation, may increase parent attendance rates at FTMs. Once at the meeting, families seem to be more engaged when they are prepared prior to the meeting regarding what to expect, and encouraged

to bring support people. Additionally, holding the meeting in a comfortable, family-friendly environment may assist with parent engagement.

The strategy lacked strong training, supervision and monitoring components, and retention of qualified FTM facilitators was difficult. Other challenges included managing limited resources and ensuring the attendance of relevant parties. These factors led to wide variation in practice among the demonstration counties. Nonetheless, PCSA staff were positive about FTM, saying that families build stronger family relationships, natural supports, and feel empowered; families are linked to more appropriate and timely services; and there is an



Implementation of FTM Across Ohio Demonstration Counties (continued from previous page)



opportunity to educate the community and improve agency operations and image.

FTM-type services were not limited to demonstration

counties; over half of comparison counties (13 of 17) provided similar services. However, comparison counties were far less likely than demonstration counties to use an independent facilitator (38% versus 94%), to target all open cases for ongoing services (54% versus 100%), or to hold meetings over the entire course of the case (38%

versus 100%). In FTMs observed by the study team, facilitators, parents, and kin appear to be more highly involved in the demonstration counties than in comparison sites. Since caseworkers in the two county groups were equally involved, these findings suggest that having an independent facilitator may also strengthen parent engagement. ■

ProtectOHIO FTM Model Fidelity

- 63% of the children had a subsequent FTM within 100 days of their previous FTM.
- 49% of the FTMs had a minimum grouping of attendees (at least one parent/primary caregiver, at least one PCSA staff, and at least one other person).
- 100% of counties had an independent facilitator, and 50% of them had medium-level training.

Outcomes for Children in the Demonstration Counties

In the outcomes analysis, the study team examined all eligible children within the demonstration counties compared to those in comparison counties, regardless of whether they actually had been served through the FTM strategy. With this approach one can potentially gain a better understanding of how a change in policy is likely to impact

children and families across a system.

Even with inconsistent implementation of the ProtectOHIO FTM model, numerous positive outcomes emerged for children in the demonstration counties, relative to the comparison group, clearly suggesting an impact of the ProtectOHIO Waiver and the FTM strategy.

In accord with the theory of the waiver, children in the demonstration counties were less likely to go to placement, had shorter case openings, and were less likely to re-open, making them just as safe.

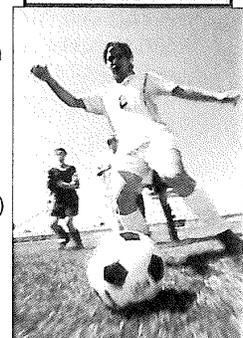
Please refer to the "Primary FTM Outcomes" table on the next page for more information on specific outcomes findings. ■

Moving Forward & Next Steps

The evaluation findings point to several areas for further study and possible enhancements to the ProtectOHIO FTM strategy. At the practice level, these include: developing a statewide comprehensive FTM facilitator's training; strengthening the facilitator's group; emphasizing strategies to

involve more providers in FTMs; and providing financial resources for ensuring a family-friendly atmosphere. At the research level, further study includes examination of the relationship between case-level FTM fidelity and child outcomes, and child outcomes based on FTM dosage, number

of attendees, and inclusion of family representatives. Additionally, HSRI continues to gather case-level data through the ProtectOHIO data system (PODS) and to disseminate findings in a variety of forms to all stakeholders. ■



Primary FTM Outcomes	Demonstration Counties (n=9,996 children)	Comparison Counties (n=15,294 children)	Difference (Significance represented with *)
Average Length of Case Opening	329 Days	366 Days	- 37 days *
Whether Child is Placed (n=4,003)	15% (n=1,468)	17% (n=2,535)	- 2% *
Of those Placed, the % Placed with Kin	47%	40%	+ 7% *
Of those Placed, the % exiting to:			
...Reunification+	51%	60%	- 9% *
...to Kin Custody	37%	33%	+ 4%
Subsequent Case Openings after Case Closure (n=16,775 children with at least 12 months post-case closure)	11% (n=6,277)	12% (n=10,498)	- 1% *

+Differences in the characteristics of children going to placement in the Demonstration counties relative to the Comparison counties may partially explain their lower rate of reunification.



**Human Services
Research Institute**

7690 SW Mohawk Street,
Tualatin, OR 97062
Phone: 503-924-3783
Fax: 503-924-3789
Web: www.hsri.org
Email: cwheeler@hsri.org

This information was gathered from the Comprehensive Final Evaluation Report: Ohio's Title IV-E Waiver Demonstration Project "ProtectOHIO".

To view the full report, visit: <http://www.hsri.org/focus-areas/child-and-family-services/>

"I have almost 34 years in child welfare and the last 12 years have been the most exciting, inspiring years of my career. I do not believe I can go back to doing business in a way that I know now is not in the best interest of families and children."

~ PCSA Director

"FTM's helped me to grow as a parent"

~ Parent

"...At the FTMs, I really felt like I had the support to get the job done."

~ Parent