

# PROTECTOHIO FAMILY TEAM MEETINGS

Human Services Research Institute Evaluation Brief

July 2016

## Family Team Meetings

Family Team Meetings (FTM) are a method for engaging family members and people who can support the family in a process of collaborative case decision-making. Designed to increase the likelihood of creating a realistic and achievable case plan that will lead to lasting safety and permanency for children, FTMs provide an opportunity for parents, extended family, service providers, and members of the family's natural support system to build partnerships. The approach involves regularly scheduled meetings that are facilitated by a trained professional, and the goal is to come up with creative and effective solutions to case challenges, link families to appropriate and timely services, and strengthen and empower families while keeping children safe and planning for their ongoing stability, care, and protection.

## FTM Impact: Outcomes for Children and Families

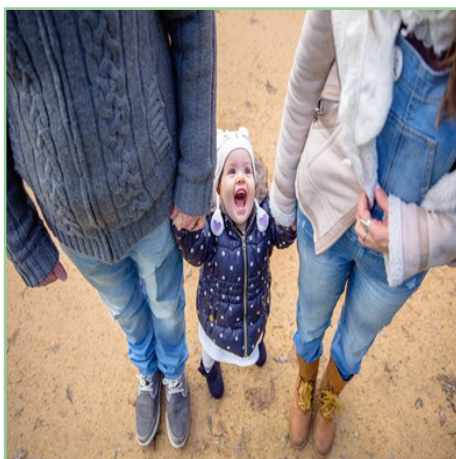
An evaluation of FTM in 16 Ohio Public Children Services Agencies (PCSAs) yielded some positive findings in relation to child welfare outcomes for children and families that received the intervention. When compared with similar children and families in comparison PCSAs not implementing the ProtectOHIO FTM model, the evaluation found that:

- Among children placed in out-of-home care, children whose families received FTM were more likely to be placed with kin than in foster care.
- Once a permanency decision had been made, children whose families received FTM were less likely to reenter out-of-home care.
- Families that received FTM implemented with high fidelity (see page three) had significantly shorter case episodes than comparison families that did not receive FTM.



*“FTMs are a way to hold everyone accountable. Not just the families but the caseworkers, to make sure we’re following through with services and offering any assistance we can.”*

*- FTM Facilitator*



## FTM Impact (continued)

Overall, those differences that emerged in support of FTM highlighted its ability to **reduce case length, to support placement with kin, and to reduce the likelihood of reentry into care** following a permanency decision.

Since the first FTM occurs very shortly after the case transfers to ongoing services, and extended family are encouraged to attend, it is likely that FTMs provide a forum for families to collaboratively strategize placement options, including kinship care. In fact, an evaluation of a similar Family Team Meeting model implemented in Washington D.C. also found that FTMs significantly increased the likelihood that children would be placed in kin foster homes (Pennel, Edwards, & Burford, 2010). In the current study; however, it is likely that another intervention—Kinship Supports—implemented in the same 16 demonstration PCSAs also impacted the likelihood of placement with kin.

## FTM and Kinship Supports: The Intersection of Two Interventions

As a part of Ohio's IV-E Waiver Demonstration, the 16 participating PCSAs implemented a second intervention: Kinship Supports. The Kinship Supports intervention is a method designed to promote kinship placement as best practice, increasing attention to and support for kinship placements, caregivers, and families. Its purpose is to ensure that kinship caregivers have the support they need to meet the child's physical, emotional, financial, and basic needs. In each county, a trained kinship coordinator serves as an expert resource on kinship practice, and specific activities, assessments, and caregiver support plans are completed.

The evaluation of the waiver demonstration explored the intersection of FTM and Kinship Supports and found they coincide in several important ways. First, FTM serves as a platform to establish potential kin placements. Through conversation, family trees, and family search, biological family and fictive kin are often identified during the FTM process.

Once kinship caregivers are identified they are invited to FTMs. During the FTMs, kin caregivers discuss how the child is doing and the services the child needs. Caregivers are also able to share what they see as family or parent strengths and their concerns about the parents or children. FTMs are also frequently used to address family visit issues or logistics; for example, if parents are moving toward visitation under the kin caregiver's supervision, PCSA staff can ensure that both parties understand the rules and expectations regarding the visits.

Another key component to the intersection of the interventions is the role FTM plays in supporting kin caregivers themselves. FTMs are frequently used as a platform to address caregiver needs, including identifying services and supports to support the kin placement. In the majority of counties, designated kinship staff are invited to FTMs and may serve as advocates for the caregivers and the children under their care.

Finally, these two interventions are aligned philosophically; both focus on attaining permanency for children and drawing on family culture as a strength. Kinship placements allow children to remain in familiar settings close to family, neighborhood and culture, while FTM allows parents to bring in members of their family and community as supports.



## ProtectOHIO: A IV-E Waiver Demonstration

IV-E waivers allow states the flexibility to use federal IV-E dollars, which can normally only be spent on foster care, for a range of child welfare purposes instead. Under this waiver, states are allowed to use federal IV-E funds for prevention and reunification services. This shift in spending from foster care to up-front services is expected to improve safety, permanency, and well-being outcomes for children and families involved with child protective services.

In October 1997, Ohio became one of the first states in the nation to implement a IV-E Waiver Demonstration. Because of the shared belief among participating PCSAs that this shift in practice would truly increase the safety and well-being of families, the demonstration was named "ProtectOHIO."

In 2005, all participating demonstration counties began implementing FTM as a part of the waiver demonstration, though practice was varied. By 2011 the model had been thoroughly refined. The evaluation described in this brief covers the FTM intervention from 2011 to 2015.

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*"ProtectOHIO has fueled everything that has made this agency great—everything."*

*- PCSA Director*

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## Parent Feedback about FTM

*“My facilitator was awesome. She listened to me and tried to get me all the services she could.”*

*“[FTMs] helped me through a lot of things that I couldn’t have done by myself.”*

*“FTMs help by getting to see your progress... It was at the first FTM where I was able to voice my opinion and they would actually be like, okay, and talk it out.”*

*“They are really there to help you no matter what... They’re not about taking your kids away. They really get to know you [through FTM].”*

*“Having the supervisor, caseworker, and the facilitator there, we could all come up with something [that would] benefit the child.”*



## ProtectOHIO’s FTM Model

The ProtectOHIO FTM model targets all families with open and ongoing cases with child protective services. Core model components include:

**Neutral Facilitator:** A key component of the FTM process is the independence of the FTM facilitator. All attendees at an FTM should quickly be able to recognize that the facilitator is an independent, neutral party.

**Timeliness of Initial FTM:** The initial FTM should be held as soon as possible in order to engage families early and to create a clear case plan that links them to timely services and enhances their support network. A family’s first FTM should occur no later than 30 days after a case transfers to ongoing services.

**Ongoing FTMs:** Regularly scheduled meetings help to address issues proactively and to hold all parties accountable to the agreed upon action steps, thus moving the case to a timely resolution. FTMs should be held at least quarterly (every 90 days) throughout the duration of a case.

**Critical Event FTMs:** Additional FTMs should be considered at any critical point or any combination of critical events in an effort to keep the case moving forward and to have the most beneficial impact on the long-term resolution of the case.

**FTM Participants:** A wide range of meeting participants allows various perspectives to be considered in case planning and decision-making, and for attendees to work together to support the family in accomplishing its goals. The minimum mix of attendees includes 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).

A fidelity analysis examined the extent to which families received the intervention as intended. Because all FTMs were led by neutral facilitators and critical event FTMs are recommended rather than required, fidelity to the model only varied in relation to the timing of FTMs and meeting participants. Families were classified as having received **high-fidelity FTM** if the majority of their meetings were held on time and included the minimum mix of FTM participants.

## Engaging Parents in FTMs

Promoting family engagement is a significant feature of ProtectOHIO's FTM model; not only do facilitators and caseworkers utilize strategies to enhance family engagement during FTMs, the FTMs themselves are a mechanism of engaging families in the case planning process.

FTMs are meant to be a collaborative approach for supporting parents, sharing information, and jointly making decisions. As such, demonstration PCSAs hold meetings in alternative locations and at flexible times, allow parents or providers to join by phone, and provide transportation assistance for families. Some PCSAs provide daycare during meetings, too.

Additionally, some PCSAs have mechanisms for involving incarcerated parents in FTMs. For example, staff may send them FTM invitations or notification letters as well as meeting summaries. Parents may be encouraged to write letters to be shared during the meeting. Incarcerated parents have joined FTMs by phone or in person, and meetings have been held at justice centers or county jails so that biological parents could be involved.

## Parent Perspective on FTMs

Throughout the evaluation, focus groups were conducted with parents involved in meetings. Focus groups illuminated that parents especially benefitted from the neutral facilitator. Parents believed that the facilitator had their best interests at heart, and that the facilitator served as a mediator and peace-maker. FTM's also clarified agency expectations, allowed parents to set attainable goals, and were a vehicle for procuring needed services. FTMs enhanced communication between caregivers, extended family, the PCSA, and providers.

## FTM: Lessons Learned

Engaging families in the child welfare decision-making process is increasingly accepted as best practice by child welfare professionals across the nation. Ohio is in a unique position to contribute to the evidence-base for family meetings, having utilized FTM as a common strategy across 16 demonstration PCSAs since 2005. The waiver has allowed demonstration PCSAs to continually refine the model based on evaluation findings and information sharing among facilitators and child welfare administrators.

The outcome study found promising results related to the usefulness of FTM to support placement with kin, reduce case length, and reduce the likelihood of reentry into out-of-home care following a permanency decision. Ohio's second waiver intervention, Kinship Supports, also showed promising outcomes for children whose families had received supportive kinship services. Given that the target populations for the two interventions overlapped, and the extent to which FTM was used to support kin placements and caregivers, it is possible that the interplay of the two interventions may have contributed to the favorable outcomes demonstrated by both.

The flexibility offered by a IV-E Waiver Demonstration allowed PCSAs to target federal funds toward the implementation of two strengths-based interventions and to link families and children with services they may not have been eligible for under the traditional federal funding approach. The favorable outcomes demonstrated by each intervention suggest that a shift in the federal child welfare finance stream toward upfront services may be beneficial for children and families involved with child protective services.

**Additional Information:** For more detailed information related to the findings presented in this brief, please see the ProtectOHIO Third Waiver Period Final Evaluation Report: [www.hsri.org/project/evaluation-of-ohio-title-iv-e-waiver/publications](http://www.hsri.org/project/evaluation-of-ohio-title-iv-e-waiver/publications).

*"The initial FTM is a really good jumping off point because it gets everyone on the same page. The facilitator really gives the family a voice and the workers somewhere to start."*

*- FTM Supervisor*

## Contact Us

**Human Services  
Research Institute**  
7690 SW Mohawk St.  
Tualatin, OR 97062-8119

Phone: (503) 924-3783  
Fax: (503) 924-3789  
[www.hsri.org](http://www.hsri.org)  
[cfs@hsri.org](mailto:cfs@hsri.org)