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<tr><td rowspan="4"> </td><td colspan="4">GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
CHILD WELFARE POLICY MANUAL</td></tr>
<tr><td>Chapter:</td><td>(19) Case Management</td><td rowspan="2">Effective Date:</td><td rowspan="2">January 2019</td></tr>
<tr><td>Policy Title:</td><td>Solution Based Casework
Family Team Meetings</td></tr>
<tr><td>Policy Number:</td><td>19.3</td><td>Previous Policy #:</td><td>N/A</td></tr>
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CODES/REFERENCES

O.C.G.A. § 15-11-200 DFCS report; case plan
O.C.G.A. § 15-11-201 DFCS case plan; contents
Health Insurance Portability and Accountability Act (HIPAA)
Title IV-E of the Social Security Act Sections IV-E 475 5(c) (H)

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Convene a family centered Solution Based Casework Family Team Meeting (hereafter referred to as an FTM) to engage the family in decision making at the following case junctures:
   a. Family Preservation Services (FPS):
      i. Within 45 calendar days of the transfer staffing;
      ii. During the re-evaluation of an FPS case plan (as needed); and
      iii. Prior to case closure.
   b. Foster Care:
      i. Within 25 calendar days of a child entering foster care;
      ii. Prior to a change in a child's permanency plan;
      iii. Transition planning for youth:
         1. Beginning at age 16 and every six months thereafter;
         2. Within 90 calendar days of a youth in foster care reaching the age of 18; or
         3. Within 90 calendar days of the youth's eventual exit from foster care.

         NOTE: A transition roundtable may be used in lieu of an FTM to support transition planning, especially for youth with a permanency plan of Another Planned Permanent Living Arrangement (APPLA).
      iv. Prior to case closure.
   c. At any point during the life of a case when a need to formally engage the family and their support system is identified.

   NOTE: DFCS may conduct multipurpose FTMs, whenever it is determined there is a need to blend more than one critical juncture into a single meeting. Ensure the facilitator is aware of the intent to blend the meetings and make certain all relevant issues are addressed and appropriately documented.
2. Ensure that all FTMs are outcome focused, facilitated and conducted in accordance with the SBC FTM Standards of Practice (see Forms and Tools: SBC FTM Standards of Practice).
3. Utilize FTM facilitators who have successfully completed SBC FTM training.

   NOTE: The Social Services Case Manager (SSCM) assigned to the case may facilitate

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or co-facilitate the meeting.

4. Prepare the family and their family team members prior to the FTM to ensure all participants are fully engaged in the decision-making process and understand their role in making a positive contribution.
5. Conduct face-to-face preparation interviews when family dynamics pose safety concerns or the following case circumstances exist to explore the benefits, safety and risks:
   a. Domestic Violence/Intimate Partner Violence (DV/IPV)
   b. Addiction
   c. Untreated mental illness
   d. Child sexual abuse

   NOTE: When safety concerns are identified or a parent refuses to agree to the other's parent's participation in the FTM due to safety concerns conduct separate FTMs.
6. Invite to the FTM caregivers (custodial and non-custodial), children/youth and other family team members as agreed upon by the family.

   NOTE: Written notice of the FTM must be provided to the parent, guardian, or legal custodian, and any child 14 years or older in DFCS custody, as well as the child's attorney and guardian ad litem at least five calendar days prior to the meeting for developing the case plan for a child in foster care.
7. Have a fully informed representative at the FTM to engage in the decision-making process regarding safety, permanency and well-being.

   NOTE: If the assigned DFCS staff cannot attend, a designee qualified to make critical decisions shall attend.
8. Adhere to confidentiality and protected health information (PHI) laws in accordance with policy 2.5 Information Management: Health Insurance Portability and Accountability Act (HIPAA) while preparing and conducting the FTM by:
   a. Discussing confidentiality and HIPAA with the caregivers and having them sign an Authorization for Release of Information (ROI) (FTM specific), as applicable;
   b. Ensuring unauthorized disclosures of PHI do not occur;
   c. Informing family team members of confidentiality and protected health information requirements;
   d. Ensuring caregivers sign the HIPAA Notice of Privacy Practices form; and
   e. Ensuring all parties participating in the FTM sign the confidentiality agreement.
9. Document the preparation and FTM in Georgia SHINES within 72 hours of occurrence.

PROCEDURES

The SSCM will:

1. Complete a FTM referral and submit it within required timeframes[1] to the FTM Facilitator.

   NOTE: The transfer staffing documented in Georgia SHINES may be used in lieu of the referral form when the transfer staffing was held within 30 calendar days.
2. Determining if the child/youth should attend the FTM, consider the following:

1 Referrals should be submitted timely to ensure adequate preparation time. Timeframe for submission are varied depending on the type of FTM and the level of urgency meeting is needed. Adhere to County/Regional protocol regarding timeframes for making referrals.

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a. The child/youth's chronological age, developmental level, emotional stability.
b. The subject matter being discussed (i.e., sexual abuse, or other issues that may cause unnecessary trauma, or re-traumatize the child).
c. Benefits and appropriateness of child/youth attendance.
d. If attendance will be detrimental to the child/youth.
e. Consult the therapist regarding the most appropriate way that the child can be include, if the child/youth is receiving mental health treatment.

3. Participate in a staffing with the FTM Facilitator
4. Provide written notice of the date, time, and location of an FTM concerning children in foster care at least five calendar days prior to the meeting to:
   a. The parent, guardian, or legal custodian;
   b. Any youth age 14 years or older; and
   c. The youth's attorney and guardian ad litem.
5. During the FTM:
   a. Have open and honest dialogue with the family concerning the situation(s) that have resulted in DFCS involvement and discuss critical "non-negotiable" issues regarding safety, permanency, and well-being during the FTM.
   b. Engage the family team members (formal and informal) in their role as family supports (see Practice Guidance: Roles of FTM Participants);
   c. Ensure that the child(ren)/youth perspectives are heard in accordance with the SBC FTM Standards of Practice; and
   d. Participate in the development of the case plan/family plan/transition plan goals and address any concerns with the achievement of plan outcomes (see policies 8.3 Family Preservation: Case Planning and 10.23 Foster Care: Case Planning).
6. Review of the FTM documentation in Georgia SHINES to ensure it accurately reflects what occurred during the FTM.

NOTE: If the assigned SSCM is facilitating the FTM, he/she is also responsible for also completing the procedures outlined in the FTM Facilitator and Co-Faciliatory section below.

The FTM Facilitator and Co-Facilitator "Buddy":

1. Prepare for the FTM by reviewing all available case information.
2. Conduct a staffing with the SSCM and Independent Living Specialist (ILS) (when applicable) and discuss the purpose of the FTM, including whether the meeting is multi-purpose, any "non-negotiable" issues. Gather more detailed or clarifying information concerning the case, including the assessment of DFCS history and current family functioning.
3. Contact the family to schedule the preparation interview and the FTM (when necessary).
4. Conduct preparation interview with the caregivers and child(ren) prior to the initial FTM to prepare the family and other family team members (see Forms and Tools: FTM Preparation Interview Forms):
   a. Describe the meeting purpose and explain the process:
      i. Possible purposes: To get a plan together, let everyone the great progress you are making, to brainstorming some new ways to help deal with some difficult issues, make sure everyone is focused on the same thing;
      ii. FTM stages and the format for how the meeting will occur, including informing

the family, they may request “family private time” (approximately 10-15 minutes) during the meeting in order to discuss/plan without professionals present.

   iii. Role of the facilitator and co-facilitator (when applicable);
   iv. Discuss what the family would like the team members to know about their family, and how they ended up being involved with DFCS.

b. Explain that the meeting will focus on strengths and needs.
   i. Discuss what the family feels are individual/family/child strengths and needs;
   ii. Demonstrate an understanding of safety assessment and management by discussing all “non-negotiable” issues related to child safety, permanency, and well-being.
c. Discuss who they want there, suggest others to consider.
   i. Assist the family in identifying family team members that can/will serve as a support during and after DFCS involvement;
   ii. Involving caregivers in the decision-making regarding their child’s participation in the FTM.
   iii. Help each participant understand the role of each team member and the value and worth that each member brings to the team;
d. Construct a Family Genogram, if not already completed as outlined in policy 19.19 Case Management: Genogram;
e. Ask about anything “touchy” that they want you to be careful about.
   i. Discuss confidentiality and HIPAA policy;
   ii. Encourage team members to be respectful but honest and open with each other;
   iii. Inform that the team must work toward a common purpose and goal, based on each family’s individual needs;
   iv. Explore any potential conflicts and plans to resolve them, including sensitive issues that may hinder progress in reaching a consensus;
   v. Explore other safety concerns that may or may not be related to the original reason DFCS became involved (ex: family violence issues, and how these issues may be managed ongoing) (see additional Practice Guidance: Domestic Violence/IPV);
   vi. Express empathy for the pain and concerns communicated;
f. Problem solve transportation for them and others attending.
   i. Gather information about the family’s preference for the meeting location.
   ii. Discuss access, availability (place, date, and time) of the FTM. Consider arranging around work/school schedules to ensure optimal participation by the family;
   iii. Determine the need for special accommodations such as a wheelchair or interpreter services; and
   iv. Explore and resolve childcare needs.
g. Provide an opportunity for the family to ask questions and/or address any concerns;
h. Obtain info from individuals who are unable to attend the meeting, including non-custodial parents. Arrange for non-custodial parents to participate in the meeting via video or conference call if he/she is unable to attend.
i. Contact OFI to explore whether they can attend the FTM. If unavailable, make effort to obtain any relevant OFI information that may be helpful in assisting families with needs.

NOTE: Prior to the initial FTM preparation interview must be face-to-face unless there are extenuating circumstances such as a parent residing out-of-state, being incarcerated, or another special situation rendering him/her unavailable.

3. Schedule the FTM and ensure all participants are provided written and verbal information on the date, time, and location of the meeting, as well as contact information for emergencies.
4. Meet with the family briefly right before the start of the FTM to welcome them.
5. Discuss confidentiality and HIPAA requirements prior to the start of the FTM with the caregiver(s) and obtain signatures on the ROI (FTM Specific) form and the HIPAA Notice of Privacy Practices.
6. Have all FTM participants sign the FTM Confidentiality Agreement.
7. Conduct and direct the FTM following the SBC FTM Standards of Practice.
   NOTE: Include a caregiver or non-custodial parent in the FTM via conference call, if he/she is unable to attend.
8. Thoroughly document the FTM in Georgia SHINES within 72 hours of the completion of the meeting.

The SSS will:

1. Assist the SSCM in determining who needs to be present at the FTM as a part of the family's team.
2. Monitor the following reports in Georgia SHINES to ensure FTM's occur as required:
   a. Cases Without A Family Team Meeting
   b. Monthly Family Team Meetings.
3. Actively participate as a FTM team member by:
   a. Demonstrating an understanding of the FTM process and supporting the facilitator, co-facilitator, and/or SSCM;
   b. Engaging the family in joint decision making around child safety, and when necessary demonstrating an understanding of safety assessment and management by ensuring the safety of the child(ren) is not compromised when the parent/caregiver(s) are unable or unwilling to make safety decisions;
   c. Ensuring all issues relating to safety, permanency, and well-being are addressed as applicable during the FTM;
   d. Engaging in the development of the case plan/family plan/transition plan goals and address any concerns with the achievement of plan outcomes; and
   e. Ensuring all unresolved issues are addressed prior to the conclusion of the meeting.
4. Ensure a qualified designee, who is able to make critical decisions regarding safety, permanency, and well-being, attends the FTM if the SSCM is unable to attend.
5. Verify the FTM was documented in Georgia SHINES.
6. Review the FTM documentation and compare it with the case plan/family plan/transition plan to ensure all required elements were included, child safety is addressed, and that the plan is consistent with the consensus reached during the FTM.

PRACTICE GUIDANCE

What is a SBC FTM

The FTM is a facilitated, task oriented, and structured meeting that is solution-based, family-

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centered, and driven by the family. The FTM brings together family team members who in partnership create, modify and implement case plans/action plans, or make critical decisions regarding child safety, permanency, and well-being. The families must be fully engaged in the FTM process to ensure their involvement in decision-making. The goal of the FTM is to build consensus with the family about what needs to change to strengthen caregiver protective capacities and build natural supports that will sustain the family over time, and ensure child safety, permanency, and well-being. The updated FTM format is more flexible allowing FTM preparation interviews and the FTM structure to be adjusted to meet the needs of the family and/or circumstances. For example, the preparation leading up to the FTM may occur naturally as part of the case management work with the family. The structure or flow of the FTM (stages and requirements) can also be altered depending on stage of the case (i.e. in what Milestone).

Who Can Facilitate an SBC FTM

All FTMs must be facilitated by an individual who has successfully completed SBC FTM training. An FTM may be facilitated by the SSCM assigned to the case, or by a facilitator from a dedicated FTM Unit or county/regional assignment. A co-facilitator, or "FTM Buddy" (usually another SSCM), may also be utilized to assist in facilitating FTMs.

Confidentiality

Ensuring privacy and confidentiality is necessary for building family trust and demonstrating respect for the family. Trust is enhanced by informing all team members of the expectations to maintain confidentiality as well as informing them what information is mandated to be reported by law:

1. New allegations of suspected child abuse/neglect.
2. A belief that an individual intends to harm herself/himself.
3. A belief that a person intends to harm others.

HIPAA

DFCS staff, including interns and volunteers, shall comply with HIPAA. HIPAA establishes minimum federal standards for protecting the access, use and disclosure of Protected Health Information (PHI). Refer to the Health Insurance Portability and Accountability Act (HIPAA) of 1996: TCA 37-3-105, 37-5-106 and DFCS HIPAA policy for specific information regarding obtaining authorization to release information and protected information.

Preparation for the FTM

Successful FTMs require careful preparation of the family team regarding the purpose, roles and expected outcome. This may occur as a natural part of the SBC process or through a formal preparation interview. An important goal of the preparation is to engage and empower families in the shared planning and decision-making process. Ideally, the initial preparation interview with the family will be a face-to-face meeting, preferably in the family's home or other location that is comfortable for the family unless there are extenuating circumstances, such as a parent residing out-of-state or a parent that is incarcerated.

Thorough preparation is critical in ensuring a successful FTM that leads to timely positive outcomes for families. Family team members and others should also be contacted and provided with information regarding the purpose of the meeting and an orientation of their role

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in supporting the family as well as a description of the process.

Preparation with the child/youth is just as important as the preparation with caregivers and other adults, regardless of the child/youth's attendance at the FTM. Provide age appropriate information regarding the purpose and goal of the process, the participants and their roles, and how the child/youth's perspective benefits the family. Children/youth have a unique perspective on their family circumstances and, therefore, their involvement in the FTM is essential. Learning about the FTM process and purpose may help them to understand that people are working to help their family. Involving caregivers in the decision-making regarding their child's participation in the FTM is respectful and empowering for parents while also providing the opportunity to assess and promote increased parental capacity.

Family Team Members

The family team members include the primary family members as well as formal and informal supports identified and/or agreed upon by the family for participation in case planning and decision-making. Family circumstances are unique and, therefore, the composition of each family team will vary based on the individual family. The primary family members must always be included for it to be considered an FTM. While in most situations, the primary family members include caregivers, children/youth and other adults, the SSCM and FTM Facilitator should work closely with the family to explore and identify who they consider as their primary family members to ensure that the meeting reflects the individual family's unique circumstances. The family team members should include:

1. Primary family members (parents, caregivers, child/youth).
2. Relatives and fictive kin (extended family, including maternal and paternal relatives, committed individuals with longstanding positive "family like" relationships with the child/family.
3. Foster parents, relatives/non-relative caregivers.
4. Staff from any involved Child Placing Agency (CPA), Child Caring Institution (CCI), or Psychiatric Residential Treatment Facility (PRTF).
5. Family Supports (friends, neighbors, religious or faith-based/spiritual leaders/supports.
6. Office of Family Independence (OFI) staff.
7. Service providers (Comprehensive Child and Family Assessment (CCFA), wraparound, domestic violence, mental health, substance abuse).
8. Professionals from formal systems, such as schools.
9. Court Appointed Special Advocates (CASA).
10. Guardian Ad Litem

Role of FTM Participants

1. **Parents/Caregiver:** Caregivers are the experts on their family's strengths and needs and so their participation is a vital part of the FTM process. Caregivers and non-custodial parents must be engaged in the development of safety interventions, outcomes, actions, or tasks that will be incorporated into the case plan.
2. **Children/Youth**: Whether the youth attend should be based on the individual case, however, the child's voice is critical in case planning and decision making and should be included as a part of the FTM process when appropriate; and can be accomplished in several ways depending on the individual circumstances:

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    a. Full or partial participation of the child/youth in the meeting (i.e., consider the emotional well-being of the child and whether they may be re-traumatized if present for the family story or other stages of the FTM).
    b. Encourage the child/youth to identify persons who they would like to participate to the FTM either as a support or as his/her representative.
    c. If the child cannot attend, ask him/her what issues he/she would like to have addressed (i.e., he/she may write a letter or make a list of things he/she would like to have discussed at the meeting.) Also, if there are critical decisions that will be made in the FTM, seek the child/youth's input regarding such decisions.
    d. Invite someone who represents the child's best interest and who can serve as his/her support/advocate, such as a Guardian Ad Litem or Court Appointed Special Advocate (CASA).

3. **Relatives and Fictive Kin:** Having relatives or fictive kin involved in the FTM process often gives them information and insight about family dynamics and functioning that they may have been unaware of and provides them an opportunity to become engaged in the decision-making process. Relatives/Fictive Kin can assist in engaging, encouraging, and empowering the family as they work on case plan goals and remain a sustainable support system after DFCS has closed the case.
4. **Family Supports:** Participating in the FTM allows for these supports to provide encouragement to the family as well as identify potential resources that may be available to help improve the family's challenging situation.
5. **Placement/Permanency Resources:** The placement resource can provide valuable information regarding the child's adjustment and progress at home and school, as well as information regarding child vulnerabilities. This is also an opportunity for the placement resource to partner with the DFCS and family in case planning and visitation while also gaining information should they become the permanent resource for the child.
6. **Placement Providers (Room, Board and Watchful Oversight):** Placement providers play a key role in family engagement and service provision and must always be included in the FTM process. When a child/youth is placed with a CCI, CPA or PRTF, participation of their staff in the case planning and the decision-making process is critical, as they have consistent, ongoing and meaningful interactions with the caregiver and child/youth. CPA, CCI and PRTF staff should provide information regarding the child's adjustment to his/her placement and school, and treatment progress related to any identified child vulnerabilities.
7. **Guardian Ad Litem (GAL):** The GAL is appointed by the Court to protect the interests of the child he/she represents. Since the GAL's primary focus is to protect the child's best interest, they are an integral member of the family team and should be included in discussions that impact the child during the case planning process.
8. **CASA:** The CASA provides valuable support for the family in court and can gain first-hand knowledge of the work being done by the family and hear the family voice with the knowledge and wisdom gained from participating in services. Membership in the team will allow the CASA to feel added confidence in supporting the team's recommendations to the court regarding permanency for the child.
9. **Comprehensive Child and Family Assessment (CCFA) Provider**: The CCFA provides an overview of the assessments conducted, identified needs/services, and recommendations for the permanency plan or concurrent permanency plan.

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10. **Independent Living Program Services:** For youth eligible or involved in Independent Living Program services, the ILS can provide information regarding the Written Transitional Living Plan (WTLP) and/or Transition Plan progress.
11. **OFI:** OFI brings a wealth of resources and information that can assist the family in meeting related outcomes and tasks. Some benefits to OFI participation are that they:
    a. Bring a different perspective to the team.
    b. Have specific knowledge to address individual cases/needs.
    c. Are knowledgeable of the family make-up and support system.
    d. Can answer questions and provide on-the-spot services to the family.
    e. Can help "plug the gaps" with Temporary Assistance for Needy Families (TANF), Food Stamps, Medicaid, and community resources.
12. **Service Providers/Community Partners:** The FTM provides a unique opportunity for community and service providers who are involved with the family to help determine whether to provide advocacy or support to the family in meeting case planning outcomes. Community partners/service providers may also provide recommendations regarding treatment or can identify additional community resources that can further assist the family. Additionally, this is an opportunity for the family team to discuss the level of progress made through service provision that may have had a direct impact on related safety or permanency outcomes.

Attorneys and the FTM

While the FTM is not a legal meeting/hearing and there is no policy requirement to include or exclude attorneys in the FTM, there may be instances when caregivers make specific requests to have their attorney present at an FTM. A caregiver has the right to request and have his/her attorney present; however, he/she should be reminded that the FTM is not a legal proceeding, and the purpose of the FTM should be reiterated. The SSCM should invite the Special Assistance Attorney General (SAAG) to attend if the caregiver's attorney plans to attend the FTM. If other attorneys (i.e., the Guardian Ad Litem, Child Advocate, etc.) request to attend an FTM, the family must be informed of such requests for participation so that they can be included in the decision-making regarding the benefits of such participation. If any attorney is included in the FTM, the FTM Facilitator must ensure that adequate preparation is conducted with the attorney, informing them of the purpose of the meeting and that it is not a legal proceeding as well as the importance of adhering to the FTM model and what their role might be in the meeting.

Building Consensus in the FTM

A consensus-driven decision-making process does not necessarily imply unanimity. Consensus allows individuals' ideas and suggestions to be heard and considered during the FTM meeting. To help with building consensus[2] during the FTM:

1. Affirm the common goal of ensuring child safety, permanency and well-being, and everyone's interest and commitment to this goal.
2. Validate the family's ability to develop and implement a plan that will address the concerns and what supports are available to help.

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2 The four milestones of case organization are concepts from the book *Solutions-Based Casework* by Dana N. Christensen, Jeffrey Todahl, and William C. Barrett.

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3. Emphasize family strengths, including having the family brainstorm on their strengths.
4. Encourage open and honest discussions, and creativity in generating solutions.
5. Manage expectations by predicting that discussions may become uncomfortable and get the families advice on how they can help when that occurs.
6. Be transparent regarding DFCS' role and responsibility, including non-negotiable issues related to child safety. However, emphasize how this aligns with the family's goal.
   NOTE: In the absence of a consensus, DFCS must ensure that the non-negotiable issues related to child safety are included as a part of a safety plan and/or case plan when working with the family.

FTM Documentation

The FTM Facilitator and/or the SSCM must ensure that the documentation reflects the following:

1. Preparation interviews conducting with participants.
2. Date, time, and purpose of the meeting (include the critical case juncture type or types if multipurpose FTM).
3. List all those who attended and those who were invited and were not in attendance.
   NOTE: If the custodial or non-custodial parent was not present at the meeting, documentation must reflect efforts to engage/involve him/her; the specific reason he/she did not attend and/or whether there were other issues requiring him/her to be excluded such as safety concerns.
4. Any specific safety concerns that warranted separate FTMs, if applicable.
5. If child/youth is not present for the meeting, the documentation must include the specific reason he/she did not attend as well as their perspective (i.e., information from preparation interview, a representative, a letter or list of issues the child wanted to be heard, etc.).
6. Specific issues discussed, including the impact on safety, permanency and well-being.
7. A description of the family dynamics/interaction.
8. A detailed summary of the level of engagement of the family team.
9. Any exit strategies or alternative plans and activities identified for the family.
10. Meeting outcome, including critical decisions and/or plans, tasks identified for follow-up, persons responsible, timeframes and observations.

Multipurpose FTMs

A multipurpose FTM is the blending of more than one type of FTM. When the SSCM and SSS determine the need to combine multiple types of FTMs, the SSCM must include the specific FTM types in the referral (if required), and the pre-FTM staffing, planning, and preparation process. The FTM documentation should reflect all the FTM types included, as well as the related plans/decisions.

Domestic Violence/Intimate Partner Violence (DV/IPV) Cases

Cases involving DV/IPV can be complicated and must be treated with appropriate care. The primary concern for family team meetings in which issues of family violence are identified is the safety of the family team members. A community partner with expertise in DV/IPV or a DV/IPV liaison, including an expert in batterer's intervention, should be engaged for participation and/or consultation. A co-facilitator with some specialized knowledge and skills

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may also be involved in the meeting. The SSCM/FTM Facilitator must ensure that safety issues are addressed prior to the meeting. This includes determining:

1. Whether conflict is likely and/or if there is an existing Order of Protection and potential violation of the provisions.
2. How the safety of the victim parent/child(ren), and other family team members will be assured if the perpetrator attends the meeting.
3. What the victim parent believes will ensure his/her safety and that of the child(ren).
4. Whether separate FTMs should be held to allow the victim parent the ability to speak freely. If separate FTMs are held for safety reasons, they should be held on different days and at different locations. Adequate preparation is required with all participants to ensure that safety is not jeopardized.
   NOTE: If DV/IPV issues are suspected during the preparation interview, and the alleged maltreater is present, proceed with care in the discussion of such issues so that family members' safety is not jeopardized. It may be necessary to have a separate discussion at another time with the alleged victim to ensure that safety issues are addressed. Ensure other professionals, such as lawyers, understand what you are doing and trying to accomplish so they can assist the process and not interfere with it. For additional guidance see the Intimate Partner Violence [Domestic Violence] Guidelines & Protocol in Forms and Tools.

Sexual Abuse Cases

It may be necessary to deviate from the FTM model to avoid traumatizing or re-traumatizing family members and to ensure the safety of all participants. Careful thought and preparation are essential. The maltreater must never be present at FTMs concurrently with the victim child. The child must not attend the FTM in cases where the non-abusing parent may be blaming the child or does not believe the child. Utilize other participation methods such as obtaining information during the preparation interview or include the child's therapist or another representative to ensure the child's view is heard. The SSCM must consult with the SSS regarding the following:

1. Who needs to be present at the meeting?
2. Should the maltreater be included or should a separate meeting be held with the maltreater?
3. Refer to the county/regional protocol regarding handling such cases;
4. How can the child's voice be heard when he/she are unable to attend the meeting (i.e., can he/she be interviewed during the preparation; can the child's therapist or other representative be included to ensure the child's view is heard)?
5. What are the specific issues that can be discussed? Consider if there are legal or therapeutic issues related to the abuse and the parameters. Consultation with law enforcement, forensic experts, the child's therapist, and the SAAG may be necessary to ensure that legal or therapeutic boundaries remain intact.
   NOTE: Although it may not be appropriate to discuss legal/therapeutic issues regarding the abuse of the child, there are additional issues that can be addressed, such as placement, school, diligent search, personal goals, interests, expectations, etc.
6. What is the perspective of the non-abusing parent (i.e., do they support the child; are they blaming the child; do they believe the child; what has been their response to help the child)?

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Family Team Meeting Types[3]

Child Protective Services		
Type of FTM	**Timeframe**	**Description**
Initial FPS FTM	Within 45 days of the transfer staffing	Continues consensus building with the family around what needs to change to ensure child safety and begins the case plan development process and include discussions on: 1. The difficult task or situations that led to child safety issues and the case being opened for ongoing FPS. 2. What the "old plan" was for the family and strategies to develop a "new plan" for dealing with the difficult task or situation impacting child safety. 3. Exceptions to the difficult task or situation that can be used to build strategies with the family on how to better handle similar situations. 4. Building a consensus on exactly what needs to change to achieve child safety. 5. Conditions for Return when applicable (out of home safety plan). 6. Child vulnerabilities and caregiver protective capacities that exist, and those that need to be addressed to ensure child safety ongoing. 7. Child well-being needs. 8. Family support system and resources that can be utilized. 9. Formal and/or informal services or assessment recommendations. 10. Identification of any non-negotiable services related to child safety that can be used to prevent an out-of-home placement. 11. Establishment of initial contact standards with the family and collaterals. 12. Incorporating the Plan of Safe Care into the case plan (when applicable). 13. Developing outcomes and tasks for the Case/Action Plan. 14. Determining services/supports required to address the behavior specific needs of the caregivers and child(ren) impacting safety, permanency and/or well-being. 15. Celebrating positive change, the family has achieved related to child safety, permanency, and/or well-being to date.
Re-evaluation of the FPS Case Plan (as needed)	Every 90 days, or as needed based on level of progress	This FTM provides the forum for families to participate in planning, development and reassessment of goals and activities. The FTM should address: 1. Progress made on behaviorally specific goals. 2. What services may need to be modified or have been completed. 3. Observable behavioral changes (positive or negative) since the last plan impacting safety. 4. New child vulnerabilities and/or parental capacity deficits. 5. Effectiveness of any safety plan in place. 6. Barriers or challenges that may impede the family's success in achieving goals. 7. Discussing whether safety threats are mitigated or adequately controlled to enable the return of a child, case closure, etc. 8. A review of the exit strategy to determine if the plan is progressing and that goals remain on target, or if revisions are needed. 9. Celebrating positive change, the family has achieved related to child safety, permanency, and/or well-being to date. 10. Recommendations regarding case closure as applicable. 11. A plan for sustaining the family during difficult times after case closure.
Case Closure	Safety threats have been	The case closure FTM is held to evaluate and finalize the exit strategy including the following:

3 **NOTE:** These examples include information included in the FTM but are not limited to the lists provided.

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	controlled or mitigated	1. Acknowledging and celebrating the family's accomplishments in achieving goals. 2. Reviewing how the family team will continue to provide support after case closure. 3. A discussion concerning how safety threats have been sufficiently controlled or mitigated. 4. Ensuring that all necessary supports are in place prior to the case closing. 5. The transition plan for the following: a. Services that are ending or continuing; b. Children returning home (school, medical transition if needed); and c. Sustainability. 6. Any outstanding issues to be addressed (educational, physical or mental health, food, clothing, shelter etc.). 7. Any additional non-safety related needs the family may identify.
Foster Care		
Initial Foster Care FTM	Within 25 calendar days of the child entering DFCS custody	The 25 Day FTM is held to develop the Initial Foster Care Case Plan. The family must be actively involved in this meeting to ensure that they are engaged in the development and implementation of the Case Plan. Policy 10.23 Foster Care: Case Planning includes extensive information about what must be included on the case plan, and as such must be discussed during the initial foster care FTM.
Change in Permanency Plan	Prior to the plan being changed	This meeting serves as a collaborative decision-making forum to determine the permanency plan that is in the best interest of the child. Discussions may include: 1. The importance of permanency for the child. 2. Reasonable efforts to achieve reunification attempted. 3. Why reunification is not in the best interest of the child, when applicable. 4. Why the selection of guardianship, adoption, or APPLA is in the best interest of the child. 5. When appropriate, the Termination of Parental Rights and adoption process or guardianship process. 6. Visitation with siblings, parents, or other family members. 7. Who are the committed adult connections/resources that will support this child while in care and after. 8. Support services available to placement resources. 9. What are the barriers with the committed adults in providing a more permanent plan for the child 10. Planning for adulthood, independence (obtaining vital records, etc.). 11. Independent Living Services. 12. Celebrating positive changes already achieved by the family.
Youth Centered Transitional Family Team Meeting	Beginning at age 16 and every six months until the youth's 18th birthday; and Within the most recent 90 days from the youth's 18th birthday and eventual exit from foster care	A youth's transition to adulthood is a significant milestone and requires early planning to ensure that the youth is equipped with all the essentials to be a successful adult. Policy 13.4 Independent Living Program: Transition from Foster Care includes extensive information about developing the transition plan for the youth, who should be invited to attend the FTM, and what information must be included in the meeting. **NOTE:** A Transition Roundtable (TRT) serves the same purpose as the Youth Centered FTM and may be conducted in lieu of the FTM.
Case Closure	Case plan	The foster care case closure FTM is held to evaluate and finalize the exit

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	outcomes are achieved and case is ready for closure	strategy including the following: 1. Acknowledging and celebrating the family's accomplishment in achieving goals. 2. Celebrating permanency for the child. 3. Reviewing how the family team will continue to provide support after case closure. 4. A discussion concerning how safety threats have been sufficiently controlled or mitigated. 5. Ensuring that all necessary supports are in place prior to the case closing. 6. The transition plan for the following: a. Services that are ending or continuing; b. Children returning home (school, medical transition if needed); and c. Sustainability. 7. Any outstanding issues to be addressed (educational, physical or mental health, food, clothing, shelter etc.). 8. Any additional non-safety related needs the family or permanency resource may identify.
As Needed FTMs		FTMs may also be conducted when identified as a strategy to address barriers that may impede progress towards child and family outcomes. Situations in which an "as needed" FTM may occur include, but are not limited to: 1. Prior to planned removals of children from caregivers into out-of-home care (foster care). 2. When the disruption/emergency removal of a child from his/her placement resource is imminent based on an assessment of the child's vulnerability and placement resource's capacity to meet the child's needs. 3. Prior to or during a child's stay at with kinship resource including when a determination needs to be made regarding the initiation of court action. 4. Significant changes in the family's circumstances that have an impact on the safety, permanency, or well-being of the child(ren). (Ex: marriage/divorce, birth/death, homelessness, new safety threats, newly identified family supports, major changes in income, or changes in household composition, etc.). 5. When a family meeting needs to be a more formalized process involving formal or informal supports. 6. During Child in Need of Services (CHINS) case planning. 7. When case progress has stalled and there is a need to re-engage the family and "jump start" progress toward the desired change. **NOTE:** This type of FTM must begin with a review of family strengths and celebration of successes.

FORMS AND TOOLS

Authorization for Release of Information - FTM Specific
FTM Confidentiality Agreement
Family Team Meeting: Preparation Interview Form
Family Team Meeting Referral Form
Intimate Partner Violence (Domestic Violence) Guidelines & Protocol
SBC FTM Standards of Practice

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