I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including, but not limited to, provisions in Titles 4 and 16 of the DC Code and the LaShawn Implementation and Exit Plan (December 2010).
II. APPLICABILITY	All Agency employees, contracted personnel, and contracted agency personnel.
III. RATIONALE	The purpose of this policy is to specify how the CFSA utilizes Family Team Meetings (FTMs) to engage families, communities, and public and private agency partners in supporting the safety, permanence, and well-being of children and families in the District of Columbia. The Family Team Meeting (FTM) is a structured planning and decision-making meeting that uses skilled and trained facilitators to engage families, family supports, and professional partners in creating plans for children's safety, well-being and in laying the groundwork for permanency. CFSA uses FTMs as a means of driving practice change. Implementing FTMs enhances CFSA's focus on safety, permanency, and well-being and making carefully planned decisions throughout the life of a case. Critical decisions about safety are able to be made based on the best information available when families, family supports, and professional partners are involved. FTMs establish the foundation for strong permanency plans, regardless of the permanency goal, through encouraging relationships and facilitating the identification of permanency resources. When all participants take part in decision-making, all participants are encouraged to take ownership of decisions made concerning children's safety, permanence, and well-being. Moreover, FTMs galvanize individuals to work as a team, even after an FTM is held.

IV. POLICY	It is the policy of CFSA to hold FTMs when a child is at risk of removal, in the 72-hour period following a child being taken into custody, and at other points of critical decision-making, such as changing a goal to APPLA (alternative planned permanent living arrangement) or other permanency planning meetings (*see Establishing the Goal of APPLA Policy for additional information*). A request for an FTM may be made at anytime throughout the life of the case, when the assigned social worker determines that there is a critical issue that requires family involved decision making. FTMs shall be facilitated by a trained CFSA facilitator. These meetings shall include family members, their supporters (e.g. friends, clergy), caregivers, resource parents, service providers and the guardian ad litem, if one is appointed. The FTM shall focus on making decisions to support children's safety, permanence, and well-being.
V. CONTENTS	**A.** General Requirements of Family Team Meetings **B.** Goals and Purposes of Family Team Meetings **C.** Meeting Participants **D.** Preparation **E.** Confidentiality and Privacy **F.** Meeting Structure and Content **G.** Decision-Making **H.** Meeting Follow-Up **I.** Role of the Facilitator **J.** Role of the Coordinator **K.** Role of the Social Worker **L.** Evaluation and Monitoring
VI. PROCEDURES	**Procedure A: General Requirements of Family Team Meetings** An FTM referral shall be submitted in all situations involving removals, families at-risk of a removal, and a *Listening to Youth and Family as Experts* (LYFE) conference. An FTM referral may be submitted anytime there is a critical issue that would benefit from family-involved decision making. All persons requesting an FTM shall complete the Innovative Family Support Services (IFSS) Universal E-referral Form (hereafter FTM referral) and submit it to cfsa.ftmu@dc.gov for processing. The FTM referral may be obtained through CFSA's website, or by contacting the FTM Unit at cfsa.ftmu@dc.gov. Upon the FTM Unit's review and approval of the FTM referral, the FTM Unit shall make reasonable efforts to engage families in the FTM process; however the family's participation is voluntary. 1. CFSA and contracted agencies shall hold an FTM for all removals, re-entries and cases where a child is placed in the custody of CFSA. a. When a child is removed from his or her home, parents or legal guardians shall be informed of the Agency's intent to convene an FTM by the CPS or assigned social worker, either directly or through written notification (*see CFSA's Investigations Policy*). b. Adequate family support, as assessed during FTM coordination, is needed to convene an FTM and must include a minimum of two or more family members (e.g., birth parents, guardians, kin, and significant others considered to be "family") who agree to participate.

c. The agency shall attempt to hold the FTM within 72 hours from the time of removal, and prior to the initial court hearing unless extenuating circumstances prevent this from occurring.

d. In cases involving a criminal investigation, an FTM may be delayed at the discretion of the CPS social worker and the supervisor in consultation with law enforcement and the assigned assistant attorney general. The FTM coordinator shall document the reason for the delay in FACES.NET.

e. In instances where a child requires an interview with the Child Advocacy Center (CAC), explicit permission is needed from the social worker in consultation with the Office of the Attorney General (OAG), or any law enforcement officers involved in order to begin the coordination and convening of an FTM.

   i. If the child has been interviewed by CAC, FTM coordination shall begin upon the notification by the social worker that the CAC interview has been completed. The FTM shall be held as soon as possible after the completion of the interview.

   ii. If the CAC interview is not completed within 14 days from the time the child is removed, the FTM referral shall be closed unless the FTM worker is aware of a delay, documents such and gives a fixed date for closure if no CAC interview is held. The social worker shall notify the FTM unit when the CAC is complete and submit a new FTM referral to the FTM Unit.

2. An FTM shall be held when a child is at-risk of removal.

   a. A child is at-risk of removal under the following circumstances:

      i. instances where a clinical determination is made by a social worker that deems the child to be at risk of removal

      ii. CPS investigation resulting in an “intensive” SDM risk score and the case is referred for In-Home services (*See the Investigations Policy for information on assessing safety.*)

      iii. open failure-to-thrive CPS investigation

      iv. cases being community-papered

      v. open positive toxicology CPS investigation

      vi. open CPS investigation involving mothers age 21 or younger who have two or more children

   b. When the social worker makes a clinical determination that a child is at risk of a removal, the social worker shall make an FTM referral to the FTM Unit and provide notice to the parent or legal guardian of the FTM referral. The FTM Unit shall engage the parents or legal guardians, assess their willingness to participate in the FTM, obtain their consent to hold an FTM, and explore the participation of additional family members. The FTM Unit shall convene an at-risk FTM if a custodial parent or legal guardian agrees to participate or adequate family support is identified for participation.

   c. When an FTM is the result of an intensive SDM score, the referring social worker shall identify and explain the underlying factors that contribute to the intensive rating in the FTM referral.

d. When an FTM is a result of an open failure-to-thrive CPS investigation, the referring social worker shall identify in the FTM referral the child's medical condition(s), medical history, treatment providers, and any other needs.

e. The FTM referral for community-papered FTMs shall address all factors that warrant the case being community papered. If possible, the FTM shall occur prior to the next scheduled Family Court hearing.

f. FTM referrals involving open positive toxicology CPS investigations shall include the following information:

   i. The social worker's assessment of the mother's challenges and/ or stressors that contribute to substance use, and the child's medical needs resulting from exposure to drugs and/or alcohol *in utero* in the FTM referral.

   ii. All available information concerning mother's drug and/or alcohol use, treatment history and current treatment providers.

   iii. All available information concerning the child's medical status and medical providers.

   Note: the FTM team members shall utilize community-based resources to address needs for both mother and baby.

g. The FTM referral for FTMs involving open CPS investigations for mothers age 21 years and younger with two children shall include risk factors that bring these families to the attention of CPS. FTM staff and the social worker shall make reasonable efforts to engage a broad extended kin and community support network for these mothers in order to prevent future maltreatment.

3. All youth being considered for an alternative planned permanent living arrangement (APPLA) goal change recommendation shall be referred to the FTM Unit for a LYFE Conference prior to a goal change. (See *Establishing the Goal of APPLA Policy* for more information).

   a. The social worker shall indicate in the FTM referral the agency's efforts to achieve reunification, guardianship, adoption, or other safe case closure.

   b. When conducting LYFE meetings, the facilitator shall ensure that the family is provided with an explanation and review of all permanency options.

4. CFSA and contracted agencies may hold an FTM at any time throughout a case when there is a clinical decision made that indicates a critical issue requires family involved decision making.

Procedure B: Goals and Purposes of Family Team Meetings

CFSA and its partners have embraced the following set of principles that guide the practice of FTMs:

1. Focus on Safety: Child safety is paramount. This includes ensuring the safety of children in the context of their families and addressing the safety issues of their family members.

	2. Attention to Well-Being: Children deserve opportunities to grow, develop, be physically and mentally healthy, learn, and prepare for successful adulthood. Planning for and focused attention to the medical, educational and mental health needs of children must be continually addressed. 3. Focus on Permanence: Permanence for children is paramount. Permanency planning from the start of the Agency's involvement with children and families is crucial. 4. Family-Inclusive Philosophy: Meaningful family participation (from children, birth parents, guardians, kin, resource parents, and significant others who are considered "family") in planning and decision-making is essential. 5. Strength- and Need-Based Planning: Strength-based assessments and plans are vitally important. They shall be conducted with special attention to all of the following situations: a. The family's underlying needs and conditions b. Engaging the family in crafting effective interventions that address the family's needs c. Developing interventions with a family when there are family conflicts, or a family member's behavioral or emotional needs are not being met d. Safety issues for all family members 6. Ongoing Assessment and Planning: All children and family plans are developed and adapted to address ongoing and changing needs using a family team meeting approach. 7. Team-Based Approach: The process of providing assistance to children and families requires a team that includes the family. 8. Multi-Systemic Intervention: The use of multi-systemic participation and intervention is crucial to assessing, planning, and providing suitable resources to children and their families. 9. Cultural and Community Responsiveness: Communities should be involved in planning with families and children. When possible, meetings shall be held in the community in the language of each family. Children and families are to be understood within the context of their own family rules, traditions, history, and culture. 10. Brief, Strategic, Solution-Focused Intervention: The process is solution-focused with flexible and easily accessible resources used to support those solutions.

	11. Organizational Competence: Committed, qualified, trained, and skilled staff (supported by an effectively structured organization) helps to ensure positive outcomes for children and their families. Family and community members are valued and included in the organizational change process.
	Procedure C: Meeting Participants The inclusion of families, as well as children when appropriate, is central to the concept of FTMs. An FTM meeting shall include as many people as possible who provide support to the children and their family. With broadly defined family team membership, the best information is available for critical decision-making about children's safety, well-being, and permanence. When children remain at home, their parents or legal guardians must consent to CFSA discussing their family's strengths and needs with other team members, including maternal and paternal kin. When children are in the custody of CFSA, however, CFSA shall identify, locate, and engage kin without the parent or legal guardian's consent as per *Fostering Connection* legislation. 1. Families shall be recognized as experts regarding their family's needs and strengths. Their presence and involvement is integral to FTMs. It is the expectation that families, including children, as appropriate, based on their maturity level and developmental stage, will attend FTMs. Coordinators are responsible for making every reasonable effort, which may include being flexible with meeting times and locations, to secure the participation of family members in every FTM. 2. A facilitator and a coordinator shall attend each FTM. The assigned social worker and supervisor, or designee, must also attend. *Note: FTMs addressing at-risk families and child removals require CPS and ongoing social workers to attend, when applicable, and their supervisors, whenever possible, as the FTM will be used as the basis of the case plan and as an opportunity to begin the case transfer.* 3. At a minimum, the FTM coordinator shall invite family members, their supporters (e.g., friends, clergy), caregivers, resource parents, service providers, and the guardian *ad litem*, if one is appointed to attend the FTM. 4. Other individuals who can contribute to securing services or treatment and providing support to the family shall be encouraged to participate in the FTM. The selection of individuals who may attend a particular FTM shall be based on maximizing family involvement in choosing supports to participate, respecting family privacy, and understanding the clinical expertise required for the particular meeting.

	5. The following individuals shall also be encouraged to attend the FTM: a. Non-relative supporters that the child and family may identify, such as neighbors, clergy or mentors b. Community-based supporters, which may include individuals from the Healthy Families/Thriving Communities Collaboratives c. Other Agency or contracted-agency staff, such as placement workers or staff from the Office of Youth Empowerment (OYE) d. Specialists or nurse care managers from Health Services Administration e. Attorneys *Note: If an attorney is interested in attending, all other attorneys connected to the case shall also be notified of the FTM by the coordinator. It shall also be the obligation of the attorney participating in the FTM to contact all represented parties' attorneys as prescribed by the attorney's rules of ethics*. 6. In situations where the safety of meeting participants is an issue (e.g., domestic violence concerns) Agency staff shall use their clinical judgment to decide the appropriateness of the participation of specific individuals.
	Procedure D: Preparation Participants are more effective at raising concerns and proposing solutions when they have had time to prepare for meetings. Through preparation for meetings, facilitators learn more about family's strengths and challenges. 1. Through contacts with parents prior to the FTM, social workers identify family and other potential participants who should be invited to the FTM. 2. Coordinators shall communicate with social workers to identify family members and other potential participants with whom to follow-up. 3. The coordinator shall meet and speak with the parents regarding the FTM. 4. When a guardian *ad litem* (GAL) has been appointed, the coordinator shall identify and the GAL to the FTM. 5. Coordinators shall invite participants, preferably in person or by telephone and encourage their participation in the FTM. 6. The coordinator's preparation of the family and team members shall involve all of the following activities: a. Discussing confidentiality and privacy with the participants b. Gaining the family's perspective on what brought the family to the Agency's attention c. Exploring the family's strengths and needs d. Asking solution-focused questions to help the family determine its desired outcomes for the meeting

e. Discussing "non-negotiable issues" of the meeting (e.g., foster home licensing requirements)

f. Communicating that kin shall obtain a temporary license prior to a child relative's placement

Note: families must be informed that the child will only be placed with kin upon the issuance of a temporary license, and if the kin is not eligible for full licensure, the child shall be removed. (*See the Temporary Licensing of Foster Homes for Kin Policy for more information.)*

g. Clarifying the purpose and focus of the meeting

h. Explaining individual roles in the meeting, including each member's role in identifying the family's strengths and needs

i. Explaining the meeting agenda to meeting participants

7. The facilitator, coordinator, and social worker shall communicate on an ongoing basis before each FTM and address all of the following issues:
   a. Family strengths and needs
   b. The family's desired outcomes for the meeting
   c. Areas of potential conflict
   d. Special accommodations for the family at the meeting (e.g., the need for an interpreter, conference calls to include participants unavailable to attend in person, transportation assistance, child care during the meeting, or exclusion of certain individuals from part or all of the meeting for safety issues or reasons such as domestic violence)

See Procedures I, J, and K of this policy for specific roles with respect to preparation.

Procedure E: Confidentiality and Privacy

CFSA and contracted agencies shall maintain the confidentiality of information disclosed at an FTM in accordance with the provisions of applicable law and CFSA policy. The process set forth in this procedure shall be followed in order to ensure that confidentiality is protected.

Note: "information" refers both to materials in recorded format in any medium and material that is not recorded.

1. When the decision is made that an FTM should be convened, the coordinator shall inform the parents or legal guardians of information that may be discussed during the meeting and of expected meeting participants.

2. A privacy statement shall be read by the facilitator prior to each FTM informing participants of the confidentiality requirements. The facilitator shall offer participants and opportunity to ask questions and receive answers in order to fully understand the privacy statement.

3. Information concerning a parent or child that is disclosed during the FTM shall be limited to that information which is reasonably necessary to accomplish the purpose of that particular FTM.

4. CFSA and contracted agencies may not disclose an entire medical record, unless disclosure of the entire medical record is specifically justified as necessary to accomplish the purpose of the particular FTM. *(See the confidentiality provisions in CFSA's HIV/AIDS Policy.)*

5. The facilitator shall identify all mandated reporters at the start of the meeting and inform participants of their obligation to report any suspected abuse or neglect disclosed in an FTM in accordance with applicable law. (*See the Hotline Policy for additional information concerning the reporting of child abuse or neglect.)*

Procedure F: Meeting Structure and Content

FTM meetings shall be carefully structured to support decision-making. In this process, families and other participants are to be respected and valued. All participants shall be given the opportunity to discuss their needs and offer solutions.

1. FTMs generally last 2 hours, participants shall plan accordingly.

2. FTMs are structured to be culturally sensitive and encourage maximum family participation. To accomplish these goals, each meeting shall include the following steps:
   a. Family Opening: The family and/or one of its members shall be allowed to open their FTM in any manner they determine. The family may offer a prayer, a reading or some other form of expression that represents their family's strength and uniqueness.
   b. Family story: The family shall be encouraged to share information candidly about itself, its needs, and its view of how it came to the attention of the Agency. The family shall be encouraged to describe anticipated outcomes for the meeting and what it needs to achieve the outcomes. The family story establishes the meeting as the "family's meeting" and assists the family team in developing empathy for the family.
   c. Family Strengths: Family team members should identify what is valued and working in the family.

3. The meeting shall consist of key discussions including ground rules, challenges, proposed outcomes, and any concerns, including safety factors, needs, and brainstorming of ideas to help develop a family plan. Meeting notes will be taken during the meeting and reviewed by all participants at the close of the FTM. FTMs shall have the following components:
   a. Introduction: The facilitator shall welcome participants, beginning with the family. The facilitator shall request that family members introduce themselves. The facilitator shall review the purpose of the meeting and the family team shall establish guidelines to ensure safety and productivity.
   b. Privacy: The facilitator shall explain the privacy and confidentiality requirements and read the privacy statement *(see Procedure E of this policy and the Confidentiality Policy).*

	c. Information-sharing: The social worker shall directly and respectfully present the facts of the case to all participants. Family members, service providers, and other participants with significant involvement with the family should share related information and give their perspectives on the current situation. d. Options: The facilitator shall engage the family team and ask questions to identify and clarify potential outcomes of suggested plans and the specific roles of each family team member. The discussion shall focus on individualized support systems and services that match the family's needs and builds upon its strengths. *Note: The FTM held at the time of imminent removal or removal shall be facilitated with a focus on child safety and the development of a safety plans, including alternative placements when appropriate.* e. Plan development: Participants shall decide on a plan for safety, risk reduction, and permanence in accordance with court orders when applicable, according to the following guidelines: i. Action steps shall be developed that identify who is to do what and by when, maximizing involvement of informal supports. ii. The initial steps in the plan should be readily achievable and support opportunities for early successes. iii. The plan may include steps to ensure that expected changes in the family's behavior are described in terms of behavior and not merely attendance or completion of activities. iv. Steps shall be measurable and have set time limits. v. The plan may include the provision of services through Agency, District or federal government community programs, or through flexible funds that the social worker may be able to access on behalf of the client. The family members may also utilize their own formal and informal resources to secure services. vi. The plan may include arrangements for family visits, and resolve practical family issues such as school attendance, transportation and appointments for medical visits. All plans shall comply with court orders. vii. The plan shall address transition planning to include visits for children as appropriate. viii. The plan shall identify the child's medical, behavioral, and educational strengths and needs. ix. The plan may include a recommendation that the Family Court hold a hearing so that FTM recommendations to modify a part or parts of the court order (such as changes of legal status, visitation, or services) may be heard. The plan shall identify who will make the request to the Family Court.

	x. If a decision is made for the child to be placed with or change placements to kin, kin must be licensed temporarily prior to the placement *(see the Temporary Licensing of Foster Homes for Kin).* If kin are not identified for the placement, placement workers may be contacted to describe any suitable placements available. The plan may be for kin to obtain a temporary license since one is necessary prior to the placement in their home. Therefore if the plan anticipates such placement, the temporary licensing process shall be included in the plan and shall include, for example, which individual shall does what, when, and where. xi. The family team shall ensure that the assigned social worker takes the lead with monitoring the implementation of the plan. The family shall identify an additional individual from the team to monitor the implementation of the plan as well. f. Close: The facilitator shall thank the family team members for their efforts, inform them that the plan will be reviewed regularly and revised as needed, and that follow-up meetings may be requested with the social worker and supervisor. The facilitator shall read aloud the safety plan and action steps to the team, identifying who is responsible to do what by when. The team shall acknowledge their agreement to the plan by signing the FTM plan signature page. The plan shall be written and provided to participants upon closure of the meeting or within 24 hours. g. Meeting adjourned: if the safety of any meeting participant is a concern, alternative arrangements for dismissal shall be made.
	Procedure G: Decision-Making As FTMs are decision-making and planning meetings, the process for arriving at decisions needs to be clear. The goal is for decisions to be made through shared decision-making. 1. The facilitator shall guide the family team to develop and agree to a plan that promotes the child's safety, permanence, and well-being. As part of the shared decision-making process, the facilitator shall help the family team discuss needs and problems that may arise with the plan. The facilitator has primary accountability for ensuring a plan is developed that promotes safety, permanence, and well-being. 2. Throughout FTMs, Agency and contracted-agency social workers shall be open to a range of strategies to address their concerns and work toward consensus with the family team. Social workers are obligated to raise any concerns they have during the meeting if they believe that the plan being developed does not adequately promote children's safety, permanency, and well-being. 3. If members of the family team are reaching agreement on a plan but a social worker or team member believes that the plan does not adequately promote the child's safety, permanency, and well-being, the meeting shall be halted, and the program administrator or a person in a higher level position shall make the final decision during the meeting.

	4. If a family team member other than the social worker believes the plan does not adequately promote the child's safety, permanency, and well-being, that team member may ask the program administrator or a person in a higher level position at the meeting to make the final decision. If either individual is not present at the meeting, the FTM facilitator or coordinator may stop the meeting in order to locate him or her to obtain a final decision. 5. If a team member (other than the social worker) does not agree with the decision of the program administrator or a person in a higher level position, the team member's disagreement will be noted in the plan for review by the judge (or the Agency's director if the case is not court involved).
	Procedure H: Meeting Follow-Up After the FTM occurs, it is crucial that the information shared and the decisions made are recorded and communicated to promote subsequent action. Follow-up is essential to ensuring that the productivity of the meetings leads to services and systems being put in place to support children and families involved with the Agency. 1. The facilitator shall summarize the plan developed in the meeting in FACES.NET following the meeting. 2. Decisions made in the meeting supersede decisions in existing case plans. Social workers shall update the case plan to reflect the plan developed in the meeting. Any recommendations for changes to a court-ordered placement, court-ordered goal, or service shall not be implemented until the Family Court orders the recommended change. The social worker shall immediately contact the assistant attorney general (AAG) to determine the necessary legal strategy and steps to be taken to have the Family Court order the recommended change. 3. For removals, the CPS or assigned social worker shall share the plan with the AAG assigned to the case before the initial Family Court hearing. 4. For placement changes where a change of legal status is recommended, the ongoing social worker shall share the plan with the AAG assigned to the case immediately following the family team meeting so the AAG can request an emergency hearing before the assigned judge. No placement changes that require a change in legal status may take place before a court order is issued. 5. For placement changes where a change of legal status is not recommended, the ongoing social worker shall share the plan with the AAG assigned to the case and the AAG can distribute the plan to the assigned judge and all counsel within 48 hours of the FTM. No placement changes that require a change to a court order may take place before a court order is issued.

	6. For LYFE meetings that result in a goal or a concurrent goal of APPLA, the social worker shall complete the protocols outlined in the APPLA policy prior to making an agency recommendation that the goal change to APPLA in court (*see the Establishing the Goal of APPLA Policy*). 7. Social workers and their supervisors shall follow-up on all FTM plans on an ongoing basis, but at minimum, at the Family Court mediation meeting, 60 days following mediation, and prior to the next court hearing, and address the following issues: a. Whether each person with a role in the plan has followed through on agreed upon tasks b. If services identified have been initiated and if initiated, whether they are leading to the desired results c. Whether an additional meeting with the family team is needed 8. If an additional meeting is needed, the social worker shall contact either the coordinator and/or facilitator for follow-up.
	Procedure I: Role of the Facilitator Skilled and trained facilitators are central to FTMs. Facilitators have the role of ensuring a meeting environment that promotes respect and family engagement. Facilitators also have primary responsibility for guiding discussions toward decision-making. 1. Prior to an FTM, the facilitator shall review the case information with the coordinator, identifying the family's strengths and needs. The facilitator shall plan for managing and transforming potential conflicts into productive partnerships during the FTM. 2. The facilitator has primary accountability to guide the family team to develop a plan, agreed to by all participants, that promotes the child's safety, permanence, and well-being. 3. During an FTM, the facilitator shall complete the following tasks: a. Read the applicable privacy statement at the start of the meeting *(see Procedure E of this policy).* b. Form cooperative relationships. c. Serve as a role model for solid casework practices and on how to engage families. d. Apply various strategies that help the family identify and use their strengths in the FTM. e. Conduct the meeting in ways that are respectful of the family's attitudes, culture and beliefs. f. Use solution-focused questions to lead the family team through a solution-focused process. g. Limit social workers and other team members from gathering information during the meeting that is not relevant for the meeting, such as asking for details about transferring the case.

	h. Take notes for all participants to view. i. Engage all members in the FTM within the context of their roles. j. Facilitate toward agreement, managing group processes and breaking impasses. k. Assist all participants in assuming ownership of the plan. l. Review the plan with the team members. m. Finalize and distribute the plan to all participants upon closure of the meeting.
	Procedure J: Role of the Coordinator Coordinators have primary responsibility for the logistics of FTMs. Coordinators invite and prepare families, family supports, resource parents, and professional partners for meetings. Before, during, and after meetings, coordinators play a central role in communicating issues and decisions to all participants. 1. Prior to an FTM, the coordinator shall complete all of the following tasks: a. Identify family members and other potential participants for the FTM when meeting with the social worker and the parents. Identify, mobilize, and widen family's support and resources network. b. Speak with the parent(s) concerning convening the FTM *(see Procedure E of this policy).* c. Invite the guardian ad litem to the FTM. d. Engage and invite participants in person or by telephone and encourage their participation in the FTM. e. Make the arrangements for the meeting, including scheduling the location and planning for special needs such as the need for an interpreter, to include participants through a conference call, for transportation assistance or for child care during the meeting. f. Form cooperative relationships. g. Clarify the purpose and focus of the meeting. h. Explain individual roles in the meeting, including each member's role in identifying the family's strengths and needs. i. Discuss confidentiality requirements for the meeting. The family team meeting Coordinator will reassure the parent that CFSA shall not disclose a parent's confidential information without the consent of the parent, unless an exception applies, see *Procedure E*. j. Prepare participants to create positive expectations and to avoid conflicting agendas. k. Gain the family's perspective on what brought the family to the Agency's attention. l. Explore the family's strengths and needs. m. Ask solution-focused questions to help the family determine its desired outcomes for the meeting. n. Explore the family's concerns and assess what may go wrong during the meeting.

	o. Discuss "non-negotiable issues" of the meeting (e.g., foster home licensing requirements). p. Help participants anticipate and manage their emotions during the meeting. q. Help participants understand the family's primary goal prior to the meeting. r. Communicate that if a decision is made for the child to be placed or change placements with a kin volunteer, the kin shall obtain a temporary license prior to the placement *(see the Temporary Licensing of Foster Homes for Kin Policy).* s. Communicate on an ongoing basis with the facilitator before each FTM to share the information learned. 2. During an FTM , the coordinator shall complete all of the following tasks: a. Provide assistance to the facilitator. b. Monitor the time and the meeting's progress. c. Record the plan developed in the meeting using the Family Team Meeting Plan Template. d. Read back the plan to the team for final review and revision. 3. Following an FTM, the coordinator shall complete the following tasks: a. Print and Distribute the agreed upon FTM plan to all participants, immediately following the meeting, but no later than 24 hours. b. Provide feedback to the facilitator on observations of the meeting.
	Procedure K: Role of the Social Worker As the professionals responsible for family cases, social workers have extensive information to be shared in FTMs. Social workers are responsible for ensuring a decision is made that supports safety, permanency and well-being for children. 1. The assigned social worker shall assist persons who want to have an FTM complete the FTM referral on-line upon request. The social worker shall ensure that the FTM referral is sent to cfsa.ftmu@dc.gov for processing. 2. Prior to an FTM, the social worker shall complete all of the following tasks: a. Include in the FTM referral the names and contact information of family members and community support persons that the parent(s) want to have present at the FTM. b. Ensure that the FTM referral is completed in its entirety. c. Discuss with the coordinator any of the following issues for the FTM: i. the need for an interpreter ii. inclusion of participants through a conference call iii. the need for child care during the meeting iv. exclusion of individuals for protection of other participants

	3. Explain the reason for the FTM referral, and introduce the FTM process to the family, including children based on their maturity level and developmental stage, and to the resource parents. 4. Inform the family that the coordinator will contact them. 5. Review the case file, including all assessments. 6. Make a list of the family's strengths and needs. 7. Make a list of the critical questions to be addressed at the meeting including medical, behavioral, and educational needs. 8. Develop options with the team to alleviate safety concerns, reduce risk, and ensure permanency for the family according to best practice standards. 9. During an FTM, the social worker shall complete all of the following tasks: a. Directly and respectfully present the facts of the case to all participants. b. Share the list of the family's strengths and needs. c. Articulate concerns regarding safety, permanency, and well-being, and share the list of the critical questions to be addressed. d. Raise any concerns regarding the plan being developed adequately to promote children's safety, permanency, and well-being. e. Be open to a range of strategies and work toward consensus with the family team. f. Consult with his or her program administrator, or a person in a higher level position, if members of the family team have reached an agreement on a plan that the social worker believes does not promote adequately children's safety, permanency, and well-being. 10. Following an FTM, the social worker shall complete all of the following tasks: a. Update the case plan to reflect the plan developed in the meeting. b. For removals, the CPS or assigned social worker shall share the plan with the AAG assigned to the case before the initial court hearing. c. For placement changes where a change of legal status is recommended, the ongoing social worker shall share the plan with the AAG assigned to the case immediately following the FTM so the AAG can request an emergency hearing from the assigned judge. No placement changes that require a change in legal status may take place before a court order is issued.

	d. For placement changes where a change of legal status is not recommended, the ongoing social worker shall share the plan with the AAG assigned to the case and the AAG shall distribute the plan to the assigned judge and all counsel within 48 hours of the FTM. e. For LYFE meetings that result in a goal or a concurrent goal of APPLA, the social worker shall complete the protocols outlined in the *Establishing the Goal of APPLA Policy* prior to making an Agency recommendation to Family Court that the goal change to APPLA. f. Follow-up on all tasks assigned, and as the team leader, ensure that other team members have follow-up on agreed-upon plan.
	Procedure L: Evaluation and Monitoring Evaluation and monitoring are necessary to ensure that the FTM supports children's safety, permanency, and well-being. Individual cases shall be monitored to ensure that agreements reached are being followed. 1. The social worker shall immediately follow up on any actions outlined in the FTM plan. 2. Social workers and their supervisors shall follow-up on all cases in their units that have had an FTM on an ongoing basis, but at minimum, at the Family Court mediation meeting, 60 days following mediation, addressing each of the following issues: a. Whether each person with a role in the plan has followed through on agreed upon tasks b. If services identified have been initiated and if initiated, whether they are leading to the desired results c. Whether an additional meeting with the family team is needed 3. The FTM Unit shall examine FTM data on an ongoing basis to monitor the process and recommend improvements.