

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Child and Family Services Agency**



**Business Process: Family Team Meeting**

**I. Policy**

CFSA and contracted agencies providing on-going case management utilize Family Team Meetings (FTMs) to engage families, members of the family support network, including extended family members, fictive kin, and others, and public and private agency partners to promote the safety, permanence, and well-being of children and families in the District of Columbia. It is the expectation that families (including children, based on their maturity level and developmental stage) participate in FTMs.

The FTM shall focus on making decisions to support the child's safety, permanency, and well-being including a caregiver or legal guardian's ability to safely care for their children.

There are pre-determined times when an FTM must occur, however, a social worker or team member may request an FTM any time they believe it might be beneficial to have facilitation by a neutral party (i.e., a facilitator) involved in family decision-making.

FTMs shall be facilitated by a trained CFSA facilitator and shall include family members, their supports (e.g. friends, clergy), caregivers, resource parents, service providers, the child's guardian *ad litem* and parents' attorneys, if one is appointed.

**II. Procedures**

**Procedure A: General Requirements of Family Team Meetings**

1. All persons requesting an FTM shall complete an FTM e-referral form (hereafter FTM referral) located on CFSA's intranet for all FTMs. All FTM referrals shall be submitted to [cfsa.ftmu@dc.gov](mailto:cfsa.ftmu@dc.gov). The referral form may be obtained through CFSA's website, or by contacting the FTM Unit at [cfsa.ftmu@dc.gov](mailto:cfsa.ftmu@dc.gov). Should the family or any member of the team request an FTM, the social worker shall complete the form with the family member and submit the form to the appropriate email address on behalf of the family. Following approval of the FTM referral, the FTM Unit shall make reasonable efforts to engage families in the FTM process, which is voluntary.
2. An FTM shall be held when children are at-risk of removals; after a removal; or prior to a permanency goal change (i.e., Reunification, Adoption, Guardianship, or Alternative Planned Permanent Living Arrangement [APPLA]. See CFSA policy on [Establishing a Goal of APPLA](#) policy regarding changing a youth's permanency goal to APPLA.)
  - a. **At Risk of Removal FTM:**
    - i. A child may be at-risk of removal when a case results in the following circumstances:
      - 1) A clinical determination is made by a social worker that deems the child to be at risk of removal.

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- 2) A finding of an “intensive” Structured Decision Making (SDM) risk score during a CPS investigation and the case is referred for In-Home services (*See the [Investigations Policy](#) for information on assessing safety.*)
  - 3) An open failure-to-thrive CPS investigation
  - 4) An open positive toxicology CPS investigation
  - 5) An open CPS investigation involving parent(s) age 21 or younger who have two or more children
  - 6) The community-papering of a case
- ii. The social worker shall engage caregivers to identify family supports and potential participants to invite to the FTM.
  - iii. The social worker shall make a referral to the FTM Unit and provide notice to the caregiver or legal guardian of the FTM referral.
  - iv. The FTM Unit shall engage the caregivers or legal guardians to explain the purpose of the FTM, 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 when a custodial parent or legal guardian agrees to participate, and adequate family support is identified for participation.

*Note: the primary caregiver (the person who has custody or has the legal authority to make decisions for the child) is required to be present in order to hold an at-risk FTM.*

- v. If an FTM is the result of an intensive SDM score, then the FTM referral shall detail the factors contributing to the intensive rating.
- vi. If an FTM is a result of an open failure-to-thrive CPS investigation, then the referring social worker shall identify in the FTM referral the child’s medical condition, medical history, treatment providers, and any other needs.
- vii. FTM referrals involving open positive toxicology CPS investigations shall include the following information:
  - 1) The social worker’s assessment of the caregiver’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
  - 2) All available information concerning caregiver’s drug and/or alcohol use, treatment history and current treatment providers
  - 3) 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 caregiver and baby.*
- viii. The referral for FTMs involving open CPS investigations for parents age 21 years and younger with two children shall include risk factors that led to CFSA involvement. FTM staff and the social worker shall make reasonable efforts to engage extended kin and community supports for these parents.
- ix. The referral for community papered FTMs shall detail why the case is being community papered. If possible, the FTM shall occur prior to the next scheduled Family Court hearing.

**b. Removal FTM:**

- i. When a child is removed from his or her home, caregivers or legal guardians shall be informed of the Agency's intent to convene an FTM by the CPS social worker or assigned social worker, either directly or through written notification (see CFSA's Investigations Policy).
- ii. Adequate family participation, 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.
- iii. The agency shall attempt to hold the FTM within 72 hours of removal, and prior to the initial court hearing unless extenuating circumstances prevent this from occurring.
- iv. The FTM for cases involving a criminal investigation may be delayed at the discretion of the CPS social worker and the supervisor in consultation with law enforcement and the Assistant Attorney General (AAG). The FTM coordinator shall document the reason for delay in FACES.NET.
- v. An FTM for a child that is to be interviewed by the Child Advocacy Center (CAC) requires the explicit permission of the social worker in consultation with the Office of the Attorney General (OAG), or any law enforcement officers involved.
- vi. 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.

*Note: if the CAC interview or criminal investigation is not completed within 14 days of removal, the FTM referral shall be closed unless the FTM worker is aware of a delay, documents the delay, and is given a fixed date of the criminal investigation or CAC interview. The social worker shall notify the FTM unit when the CAC is complete and submit a new FTM referral to the FTM Unit.*

**c. FTM Prior to a Goal Change:**

Prior to a child's permanency goal change, an FTM shall be held to solidify a plan and identify informal and formal supports. The social worker shall indicate in the FTM referral the agency's efforts to achieve reunification, guardianship, or adoption.

*Note: all youth being considered for an APPLA goal shall be referred to the FTM Unit for a Listening to Youth and Families as Experts (LYFE) Conference prior to a goal change. (See [Establishing the Goal of APPLA Policy](#) for more information). When conducting LYFE meetings, the facilitator shall explain all permanency options to the family.*

3. An FTM may be held at any time there is a critical issue that would benefit from family-involved decision-making.

**a. FTM During Critical Issues:**

CFSA and contracted agencies may hold an FTM at any time there is a decision made or a decision needs to be made that should be made through family involved decision-making. This may include, but is not limited to the following circumstances:

- i. The team is at an impasse on how to proceed on a key decision.

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- ii. Prior to case closure, an FTM may be held at the request of a case management team member, to ensure long-term stability and permanency for the child and determine what additional resources and services may be needed. (See the [Safe Case Closure policy](#) for more information on family sustainability)

## **Procedure B: Meeting Participants**

1. A FTM facilitator and FTM coordinator shall attend each FTM. (*Note: the FTM facilitator and FTM coordinator may be the same person in some instances*). The assigned social worker and supervisor, or designee, must also attend. The family must also be present in order for the meeting to be considered a Family Team Meeting. If the family is not present, this constitutes a team meeting but is not an FTM.

*Note: FTMs for at-risk families and child removals require CPS, ongoing social workers, and supervisors (in absence of the social worker, or if there is a critical decision to be made that requires supervisory approval) to attend, as the FTM informs the case plan and begins the case transfer process.*

2. At a minimum, the FTM coordinator shall invite family members, supporters (e.g., friends, clergy), caregivers, kin, resource parents, service providers, and guardian *ad litem* (if appointed) to the FTM.
3. An assessment should be made by the social worker, facilitator and coordinator to determine the need to invite a Nurse Care Manager (NCM) to address child medical issues and concerns.
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 identify
  - b. Community-based supporters, including representatives from the Community Collaboratives
  - c. Other Agency or contracted-agency staff, such as placement workers or staff from the Office of Youth Empowerment (OYE)
  - d. Attorneys

*Note: If the FTM unit is aware that an attorney is assigned to the case, he or she and all other attorneys connected to the case shall be notified of the FTM and invited to the meeting. It shall also be the obligation of the attorney participating in the FTM to contact all represented parties' attorneys.*

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 C: Preparation**

1. The coordinator's preparation of the family and team members shall involve:
  - a. Clarifying the purpose and focus of the meeting

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- b. Discussing privacy with the participants
- c. Explaining the meeting agenda to meeting participants
- d. Explaining individual roles in the meeting, including each member's role in identifying the family's strengths and needs
- e. Gaining the family's perspective on what brought the family to the Agency's attention
- f. Exploring the family's strengths and needs
- g. Asking solution-focused questions to help the family determine its desired outcomes for the meeting and discussing "non-negotiable issues" of the meeting (e.g., foster home licensing requirements)
- h. Communicating that in order to receive foster care funding and supports associated with placement in foster care, kin must obtain a temporary license before a child is placed with them.

*Note: if the kin is unable to obtain full licensure, the child may be replaced. (See the [Temporary Licensing of Foster Homes for Kin Policy](#) for more information.)*

- 2. The facilitator, coordinator, and social worker shall collaborate before each FTM to discuss:
  - 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 call capability, transportation assistance, child care during the meeting, or exclusion of certain individuals from part or all of the meeting for because of safety concerns)

### **Procedure D: Privacy**

- 1. When the decision is made to convene the FTM, the FTM coordinator shall inform the caregivers or legal guardians of information that may be discussed at the meeting and of expected participants.
- 2. The facilitator shall read a privacy statement at the outset of the FTM informing participants of the confidentiality requirements, and participants will have the opportunity to ask questions.
- 3. CFSA and contracted agencies may disclose general health information that impacts the child's quality of care. The entire medical record may not be disclosed, unless it is specifically justified as necessary to accomplish the purpose of the FTM. (*See the confidentiality provisions in CFSA's HIV/AIDS Policy.*)
- 4. 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. (See the [Hotline Policy](#) for additional information concerning the reporting of child abuse or neglect.)

### **Procedure E: Meeting Structure and Content**

- 1. To encourage maximum family participation each meeting shall include the following steps:

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- 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: Family members shall be encouraged to share their family story and be candid about needs and their viewpoints about how the family came to CFSA's attention. 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: Team members should identify what is valued and working in the family.
2. Meeting notes shall 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 their thoughts and perspectives.
  - d. Options: The facilitator shall engage the family team to identify and clarify potential outcomes of suggested plans and the specific roles of each family team member. The discussion shall focus on individualized supports that match the family's needs and builds upon its strengths.

*Note: The FTM held for a child at-risk of removal shall focus on child safety and the development of a safety plan, including alternative placements when appropriate.*

- e. Plan development: Participants shall decide on a plan for safety, risk reduction, well-being, and permanence in accordance with any court orders, 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 that address needed changes in family behavior or functioning and do not focus solely on 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 the resolution of practical family issues such as school attendance, transportation and appointments for medical visits. All plans shall comply with court orders, when applicable. For children in foster care, the plan may also include arrangements for family visits, as appropriate.
  - vii. The plan shall address transition planning, including visits for children, if necessary.

- viii. The plan shall identify the child’s medical, behavioral, and educational strengths and needs.
  - ix. The plan may include a recommendation to request a hearing at the Family Court to modify the court order to integrate FTM recommendations (such as changes of legal status, visitation, or services). The plan shall identify who will make the request.
  - x. If a decision is made to place the child with kin, the temporary licensing process shall be included in the plan and shall include licensing action steps for those involved.
  - 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 occur. The FTM team 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 one business day.
  - g. Meeting adjourned: If the safety of any meeting participant is a concern, alternative arrangements for dismissal shall be made.

### **Procedure F: Decision-Making**

1. The facilitator shall guide the family team through a shared decision-making process to develop and agree to a plan that promotes the child’s safety, permanence, and well-being.
2. If members of the family team are reaching an 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, a supervisor or a person in a higher-level position shall join the conversation and support the team in coming to a final decision.
3. If a team member (other than the social worker) disagrees with the decision of the supervisor or a person in a higher-level position, the team member’s disagreement will be noted in the plan.
4. 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 Office of the Attorney General (OAG) to determine the necessary legal strategy and steps to be taken to have the Family Court order the recommended change.

### **Procedure G: Meeting Follow-Up**

1. The facilitator shall summarize the plan developed in the meeting in FACES.NET.
2. 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.

3. For LYFE meetings that result in a plan to change the goal to 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](#)).
4. Social workers and their supervisors shall follow-up on all FTM plans on an ongoing basis to discern by the next court hearing, if applicable whether:
  - a. Each person with a role in the plan has followed through on agreed upon tasks.
  - b. Services identified have been initiated and whether they are leading to the desired results.
  - c. An additional meeting with the family team is needed.
5. Changes to the case plan are to be aligned with the recommendations of the FTM plan during the periodic case plan review process.
6. If an additional meeting is needed, the social worker shall submit a new referral to the FTM Unit.

## **Procedure H: Roles and Responsibilities**

### Facilitators:

1. Prior to an FTM, the FTM facilitator shall review the case information, when applicable, with the coordinator, identifying the family's strengths and needs. The FTM facilitator shall plan for managing and transforming potential conflicts into productive partnerships during the FTM.
2. The FTM 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 FTM facilitator shall complete the following tasks:
  - a. Read the applicable privacy statement at the start of the meeting.
  - b. Form cooperative relationships.
  - c. Model solid family engagement practice.
  - d. Apply strategies to help the family identify and use their strengths in the FTM.
  - e. Conduct the meeting in a manner that is respectful of family attitudes, culture, and beliefs.
  - f. Use solution-focused questions to lead participants through planning and decision-making.
  - g. Curtail conversation and commentary that doesn't pertain to the goal of the meeting, such as discussing internal protocols among CFSA administrations related to the assignment and/or transfer of the case.
  - h. Scribe 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 immediately following the meeting, but no later than 24 hours after its conclusion.

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## Coordinators:

1. Prior to an FTM, the FTM coordinator shall complete all of the following tasks:
  - a. Confirm the family members and other potential participants to be invited to the FTM when meeting with the social worker and the caregivers. Identify and widen the family's circle of support and resources.
  - b. Speak with the caregiver(s) concerning convening the FTM.
  - c. Engage and invite participants in person or by telephone and encourage their participation in the FTM, including the guardian ad litem.
  - d. Coordinate logistics and any special accommodations (such as interpreters) for the meeting.
  - e. Form cooperative relationships.
  - f. Clarify the purpose and focus of the meeting with each invited individual.
  - g. Explain individual roles in the meeting, including each member's role in identifying the family's strengths and needs.
  - h. Discuss privacy requirements for the meeting with each invited individual.
  - i. Prepare participants to create positive expectations and to avoid conflicting agendas.
  - j. Gain the family's perspective on what brought the family to the Agency's attention.
  - k. Explore the family's strengths and needs.
  - l. Ask solution-focused questions to help the family determine its desired outcomes for the meeting.
  - m. Explore the family's concerns and assess what may go wrong during the meeting.
  - n. Discuss "non-negotiable issues" of the meeting (e.g., foster home licensing requirements).
  - o. Help participants anticipate and manage their emotions during the meeting.
  - p. Help participants understand the family's primary goal prior to the meeting.
  - q. Communicate that if a decision is made for the child to be placed or change placements with a potential kin volunteer, the kin shall obtain a temporary license prior to the placement (see the [Temporary Licensing of Foster Homes for Kin Policy](#)).
  - r. Communicate on an ongoing basis with the facilitator before each FTM to share the information learned.
2. During an FTM, the FTM coordinator shall:
  - 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 FTM agenda.
  - d. Read back the plan to the team for final review and revision.
3. Following an FTM, the FTM coordinator shall provide feedback to the FTM facilitator on observations of the meeting.

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1. The assigned social worker shall assist persons who want to have an FTM and complete the FTM referral on-line upon request. The social worker shall ensure that the FTM referral is sent to [cfsa.ftmu@dc.gov](mailto:cfsa.ftmu@dc.gov) for processing.
2. Prior to an FTM, the social worker shall complete all of the following tasks:
  - a. Submit a diligent search referral except for at-risk of removal cases.
  - b. Contact and engage relatives to provide an update on the child's status, assess their ability for kinship placement, and determine how they can be of support to the family.
  - c. Include in the FTM referral the names and contact information of family members and community support persons that the caregiver(s) wants to have present at the FTM.
  - d. Ensure that the FTM referral is completed in its entirety.
  - e. 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 FTM coordinator will contact them.
5. Review the case record, including all assessments.
6. Make a list of the family's strengths and needs, and critical questions to be addressed at the meeting including medical, behavioral, and educational needs.
7. Recommend options to the team to alleviate safety concerns, reduce risk, and ensure permanency for the family according to best practice standards.
8. 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 the supervisor, 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 adequately promote children's safety, permanency, and well-being.
9. Following an FTM, the social worker shall complete all of the following tasks:
  - a. To reflect the FTM plan developed in the meeting, update the existing case plan or include in the initial case plan

- 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. Be open to a range of strategies and work toward consensus with the family team.
- e. Consult with the supervisor, 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 adequately promote children's safety, permanency, and well-being.
- f. 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.
- g. 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.
- h. Follow-up on all tasks assigned, and as the team leader, ensure that other team members have followed-up on the agreed-upon plan.