



Family Team and Youth Transition Decision-Making (FTDM/YTDM) Meeting

Facilitator Approval

Protocol for Approving FTDM Meeting Facilitators

The competency of a facilitator is determined by demonstrated knowledge and skills. At a minimum, facilitators are approved by DHS when they have:

- Completed DHS-approved three day FTDM Meeting Facilitator Training;
- Facilitated a family team decision-making meeting as co-facilitator with an approved coach who provided coaching and written feedback; and
- Facilitated a family team decision-making meeting as lead-facilitator with an approved coach who provided coaching and written feedback.

Protocol for Approving YTDM Meeting Facilitators

You must meet all of the requirements above for FTDM, in addition to the following:

- Completed DHS-approved one day YTDM Meeting Facilitator Training;
- Facilitated a youth transition decision-making team meeting as co-facilitator with an approved coach who provided coaching and written feedback; and
- Facilitated a youth transition decision-making team meeting as lead-facilitator with an approved coach who provided coaching and written feedback.

Request for Approval

- For FTDM/YTDM meeting facilitator approval, send the application to:
[YOUR SERVICE AREA CONTACT POINT PERSON]
- A statewide approval list will be maintained by the service areas at that will include:
 - Facilitator number, name, and contact information;
 - Agency name, number, and phone (if applicable);
 - DHS or private designation; and
 - Date of approval and name of the person approving.
- DHS local office will receive and process applications and supporting documentation within 20 business days. If approval is not given, reasons will be provided with an opportunity to resubmit the application and supporting documentation for approval when the reasons are ameliorated.

Request for Re-approval

All individuals wishing to be reapproved as a FTDM/YTDM meeting facilitator must submit the following documentation:

- Training certificate or CEUs from approved training (six hours of continuing education required every two years); and
- Three satisfactory surveys completed by the parent or caregivers and youth from three separate FTDM meetings. (For YTDM re-approval, at least one of the three must be from a YTDM meeting.)

Application for Approval

FTDM Meeting Facilitator: Initial Re-approval

YTDM Meeting Facilitator: Initial Re-approval

Application

Last Name	First Name
Mailing Address	
Phone	Email Address
Name of Organization (if applicable)	<input type="checkbox"/> DHS <input type="checkbox"/> Non-DHS
Signature	Date

Attach

Initial FTDM/YTDM Meeting Facilitator Approval

- Training certificate or CEUs from required approved three day FTDM meeting facilitator training.
- Training certificate or CEUs from required approved one day YTDM meeting facilitator training.
- Verification of being coached by an approved coach and copies of written feedback provided by the coach (Required two Family Team Decision-Making Meetings or if for YTDM approval, two Youth Transition Decision-Making Meetings).

FTDM/YTDM Meeting Facilitator Re-approval (two year approval)

- Training certificate or CEUs from approved training.
- Completed satisfaction surveys for three separate FTDM meetings completed by parent or caregivers and youth (for YTDM meeting facilitator re-approval, at least one of the three must be a YTDM meeting).

Approval

Facilitator Number	
Date Approved	Approved By

FTDM/YTDM Meeting Facilitator Evaluation Checklist

Role (check one):

Facilitator Co-Facilitator

Date

Name

Family/Youth Name

AREA AND COMPETENCIES

Yes

No

NA

Comments

Preparation

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| 1. The family and youth understand the purpose and philosophy of the family team or youth transition decision-making process. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Family members and youth are ready, able, safe, and eligible candidates for team participation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. The right people are invited to the meeting: <ul style="list-style-type: none"> • People necessary for the major decisions to be made. • People invited by the family or youth for their own support. • People invited by the agency for service provision. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Participants know the purpose of the meeting and how to contribute in a positive way by: <ul style="list-style-type: none"> • Coming prepared and ready for decision making. • Speaking to their concerns in constructive ways. • Listening with respect to others' concerns. • Recognizing and building on family and youth strengths and needs. • Sharing information, ideas, and resources. • Keeping personal and confidential information private. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Participants know what to bring to be prepared, as well as, when and where to meet. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Logistic arrangements are made, including: <ul style="list-style-type: none"> • Meeting place and time that is mutually convenient for the family and youth and other participants. • Meeting place that is conducive for private and confidential conversations. • The agenda includes any family or youth rituals to begin or end meeting and address all relevant areas of the family's plan. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Facilitator is prepared to accomplish the primary purpose of the meeting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Facilitator and DHS staff is prepared to follow-up on decisions made and on next step plans. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Facilitation

- | | | | | |
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| 9. Convenes the meeting, defines the goals and ground rules of the meeting, introduces participants and their roles, and defines decisions to be made and the possible range of actions to follow decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|--------------------------|--------------------------|--------------------------|--|

AREA AND COMPETENCIES	Yes	No	NA	Comments
<p>10. Uses consensus-building decision-making techniques, handles any conflict as it surfaces, selects appropriate idea-building processes, solicits all viewpoints, clarifies options, refocuses as necessary to stay on task and on time, monitors and manages the flow of the discussion to ensure that all are heard and no one dominates, brings discussion to closure with decisions made, and moves on to next steps, assignments and commitments. This is done by:</p> <ul style="list-style-type: none"> • Focusing on results, processes, and relationships. • Designing pathways to action for realizing opportunities, building capacities, and solving problems. • Seeking maximum, appropriate involvement in decisions. • Facilitating the group to build agreements and meet challenges. (What could go wrong with this plan?) • Coaching others to do their best. • Confronting problems honestly and respectfully. • Managing power and control issues that arise. • Balancing family-centered proactive with protective authority to keep children safe and help parents succeed. • Celebrating successes and accomplishments. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Builds an understanding of the family and youth and requirements for safe case closure from assessment information, court requirements, and family and youth team discussions, by using:</p> <ul style="list-style-type: none"> • The family and youth's story, strengths and needs, risks, barriers to family and youth change, and family and youth desires to improve. • Requirements for safe case closure (behavioral changes). • Changes the family and youth must make plus their potential, motivation, and progress as it is being made (prognosis). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Makes decisions, sets goals, secures commitments to:</p> <ul style="list-style-type: none"> • Set goals for change, selects change strategies, plans interventions and support with family and youth and supporters. • Secures commitments from participants for plans made. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service Planning and Follow-up				
<p>13. The family team and youth transition decision-making meeting provides a basis for service planning, coordination, communication, and accountability.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AREA AND COMPETENCIES	Yes	No	NA	Comments
<p>14. The family and youth team develops, monitors, and evaluates an individualized, strengths-based, needs driven service plan that fills safety and permanency requirements while meeting the unique needs of the youth and family identified in the assessment. Via the planning process, the service team assists the family and youth to develop and use a network of informal supports that can help sustain the family and youth over time. The family and youth service plan:</p> <ul style="list-style-type: none"> • Defines agreed upon goals for the family and youth that include a measure of caregiver behavior changes that are consistent with safe case closure requirements. • Focuses on achieving safety, permanency, and well-being. • Addresses the child's needs for attachment, safety, and security. • Plans for family preservation or reunification, as indicated. • Identifies alternative permanency plans, safety plans, crisis plans, and any transition plans that may be necessary. • Uses supports and services that are most likely to work for the family and youth and be a good fit for the family and youth and situation. • Specifies services and supports provided that are culturally competent and community based. • Defines how goals are to be measured via behavior changes. • States consequences of not making behavior changes. • Sets time limits, clear expectations, and alternatives. • Defines accountability for actions of the family and youth and service providers and way that accountability will be ensured. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AREA AND COMPETENCIES	Yes	No	NA	Comments
15. The family and youth team develops, monitors, and evaluates any individualized child service plans for a youth with special needs. The youth service plan (family's plan): <ul style="list-style-type: none"> • Addresses the special needs of the child or youth. • Defines treatment goals and strategies (including an IEP). • Builds resiliency and improves the youth's functioning in daily settings, including home and school. • Uses collaboration as appropriate, between health care, mental health, special education, developmental disabilities, or juvenile justice services. • Provides integration and coordination of services across settings, providers, levels of care, and funding sources. • Provides for age-appropriate transitions. • Prevents unnecessary disruption of the youth's education. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. The effectiveness of each family team and youth transition decision-making meeting is assessed by the team and with adjustments made to improve the ongoing process and results for the family and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. The effectiveness of planned services is evaluated and results are achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments Section

Strengths
Needs and Areas for Improvement
Strategies to Address Needs

This review of my skills has been shared with me.

Potential Facilitator Name	Date
<input type="checkbox"/> It is my recommendation that this potential facilitator not be approved as a <input type="checkbox"/> FTDM <input type="checkbox"/> YTDM (check one) meeting facilitator by DHS at this time.	
<input type="checkbox"/> It is my recommendation that this potential facilitator completes the strategies to address needs and be observed and evaluated before approval as a facilitator.	
<input type="checkbox"/> It is my recommendation that DHS approve this potential facilitator to conduct FTDM meetings. The potential facilitator has the skills and has demonstrated competency in FTDM meeting facilitation.	
<input type="checkbox"/> It is my recommendation that DHS approve this potential facilitator to conduct YTDM meetings. The potential facilitator has the skills and has demonstrated competency in YTDM meeting facilitation.	
Evaluator/Approved Coach	Date
<input type="checkbox"/> Additional comments pages have been attached.	

Family Team and Youth Transition Decision-Making (FTDM/YTDM) Meeting Satisfaction Survey

Date of Meeting	Facilitator Name	Facilitator Approval Number
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Parent
 Youth
 Team Member

PARENTS/YOUTH

Yes No N/A

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Were you involved in the process of deciding who would attend your meeting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the facilitator meet with you before the meeting to explain the purpose and process of the meeting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the preparation for the meeting done over the phone or in person?
<input type="checkbox"/> Phone <input type="checkbox"/> In person | | | |
| 4. Did the time and location of the meeting work for you? If no, why?
Explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ALL TEAM MEMBERS

Yes No N/A

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 5. Were the goals/purposes of the meeting clearly identified by the facilitator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were the goals/purposes of the meeting achieved during the meeting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the facilitator able to maintain the role as a neutral party? If no, why?
Explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was the facilitator able to effectively manage minor or major conflicts that arose during the meeting? If no, explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the facilitator discuss the need to keep private the personal details of the family and youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Overall, do you believe the facilitator had the skills, knowledge, and ability to facilitate an effective meeting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you believe the facilitator created an opportunity for the family and youth's strengths to be clearly identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you believe the facilitator created an opportunity for the family and youth's needs to be clearly identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did the facilitator engage the team in a way that promoted the team developing a plan that addressed the family and youth's needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did the plan developed address the family and youth's needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you believe you had an equal chance to offer your ideas? If no, why?
Explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you believe the cultural dynamics of the family and youth were identified and accommodated? If not, why? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete question 17 only on cases where the children are placed out of the home.

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|---|--------------------------|--------------------------|--------------------------|
| 17. Was a Family Interaction Plan (visitation) developed or assessed? If yes, | Yes | No | N/A |
| a. Did the Family Interaction Plan clearly outline when and how visits will occur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did the Family Interaction Plan clearly outline and identify what needs to happen to move safely to less supervision or reunification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |