



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): <input type="checkbox"/> Facilitator <input type="checkbox"/> 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				
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.	

Encuesta de satisfacción de reunión de toma de decisión del equipo familiar y sobre transición de adolescente (FTDM/YTDM)

Fecha de reunión	Nombre de facilitadora	Número de aprobación de facilitadora
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Padre

Adolescente

Miembro del equipo

PADRES/ADOLESCENTE

Sí No N/C

1. ¿Participó usted en el proceso de toma de decisión sobre quiénes asistirían a su reunión?
2. ¿Se reunió la facilitadora con usted antes de la reunión para explicarle el propósito y el proceso de la reunión?
3. ¿Se hizo la preparación para la reunión por teléfono o en persona?
 Por teléfono En persona
4. ¿La hora y el lugar de la reunión funcionaron bien para usted? Si la respuesta es no, ¿por qué? Explique:

PARA TODOS LOS MIEMBROS DEL EQUIPO

Sí No N/C

5. ¿La facilitadora identificó claramente los objetivos/propósitos de la reunión?
6. ¿Se lograron dichos objetivos/propósitos durante la reunión?
7. ¿Pudo mantener la facilitadora su rol como persona imparcial? Si la respuesta es no, ¿por qué? Explique:
8. ¿Pudo la facilitadora manejar eficazmente los conflictos menores y mayores que surgieron durante la reunión? Si la respuesta es no, explique:
9. ¿Comentó la facilitadora la necesidad de mantener de modo confidencial los detalles personales de la familia y la adolescente?
10. En general, ¿cree usted que la facilitadora tenía las habilidades, el conocimiento y la capacidad para dirigir la reunión eficazmente?
11. ¿Cree usted que la facilitadora creó la oportunidad para identificar claramente las fortalezas de la familia y la adolescente?
12. ¿Cree usted que la facilitadora creó la oportunidad para identificar claramente las necesidades de la familia y la adolescente?
13. ¿Logró la facilitadora hacer participar al equipo de una forma que pudieran conjuntamente desarrollar un plan que abordara las necesidades de la familia y la adolescente?
14. ¿El plan desarrollado abordó las necesidades de la familia y la adolescente?
15. ¿Piensa usted que tuvo la misma oportunidad que los demás para presentar sus ideas? Si la respuesta es no, ¿por qué? Explique:
16. ¿Cree usted que se identificó y se adaptó la dinámica cultural de la familia y la adolescente? Si la respuesta es no, ¿por qué?

Complete la pregunta 17 solamente en casos donde los menores fueron colocados fuera del hogar de los padres.

17. ¿Se desarrolló y evaluó un plan de interacción familiar (visitas)? Si la respuesta es sí, **Sí No N/C**
 - a. ¿El plan de interacción familiar describía claramente cuándo y cómo ocurrirían las visitas?
 - b. ¿El plan de interacción familiar describía e identificaba claramente lo que tenía que suceder para avanzar de manera segura a un estado de menos supervisión o de reunificación?