Iowa Department of Human Services
Fidelity Assessment – Iowa Family Team Meeting Process

Conducted by:

The Child Welfare Policy and Practice Group
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Reviewer Biographies

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Freida Baker is Program Coordinator for the Child Welfare Policy and Practice Group. Freida joined CWG in early 2018, and her child welfare experience spans over 35 years. She began her career as a Social Worker and retired in 2017 as Deputy Director of Family Services at the Alabama State Department of Human Resources.

She has a broad array of experience, including CFSR and QSR reviews across the country, congressional testimony, important work with local and national juvenile court judges, and change management during the development of Alabama's SACWIS system. She participated closely as a Program Manager in the implementation of Alabama's landmark R.C. Consent Decree, and has particular expertise in systems and change management. She is also LAMM certified. She has for years conducted trainings and facilitated excellence across the nation for social workers, the judiciary, educators, foster parents, and physicians.

June Hirst, MSW
June recently retired from The Child Welfare Policy and Practice Group (CWG), where she contributed to the development of training curricula; delivered training to child welfare staff; coached and mentored child welfare staff in facilitation of the teaming process and supervisors in supervisory practices; conducted record reviews for difficult cases; and coached/mentored front line staff and supervisors in the Qualitative Service Review process.

While employed with Alabama's Department of Human Resources, she held various positions from front line caseworker to, at the time of her retirement, program management of the Department's Office of Conversion and Compliance which had responsibility for implementation of various components of the R.C. vs. Hornsby Consent Decree. This included the System of Care field support, resource development, policy, training and contracting. She earned a BS in Social Science from Troy State University and an MSW from the University of Alabama School of Social Work.

Louise (Lu) Missildine, MSSW
Since joining CWG in 2004, Lu has provided consultation in more than 20 states, training and coaching staff and supervisors in facilitating and coaching Family Team Meetings, conducting evaluative reviews of state child welfare practices, and mentoring reviewers in conducting Quality Service Reviews.
Lu has spent her entire professional career working with children and families. She began by teaching in the Montgomery (AL) Public School system. During that time, she also supervised special assistants for children diagnosed with ADHD. Lu then joined the Alabama Department of Human Resources and worked as a Child Development Consultant in the state office, planning and developing community-based Early Childhood Education Centers in the state.

After completing the MSSW, Lu worked in the Human Services systems in Texas and Alabama as a line worker and supervisor in Family Services at the county level. She later served as Child Welfare Training Manager at the state level during the Alabama Child Welfare Reform. She was manager of the Lee County, AL Child Welfare program during their successful System of Care Reform. While in Lee County, Lu represented DHR and served as Co-Chair of the Lee County Multi-Needs committee, partnering with leaders in the Education, Juvenile Justice, and Mental Health systems to meet the needs of children and families receiving services from multiple systems. She also has experience working with teen girls committed to the Alabama Department of Youth Services (Juvenile Justice).

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I. Purpose and Focus of the Review

The Child Welfare Policy and Practice Group (CWG) conducted, in 2017, a targeted review of the Iowa Department of Human Services (DHS) child welfare program. The report from the review was submitted to the state in December 2017. Strengths of the system and areas for growth and improvement were noted, and a series of recommendations were left with the state. DHS then requested that CWG provide additional technical assistance in implementing some of those recommendations. In particular, observation of Family Team Decision Meetings (FTDM) for fidelity and effectiveness was suggested in Recommendation 6 in the report. These observations were conducted from August – October, 2018. Reviewers assessed the FTDM process leading up to and following the actual team meeting.

II. Methodology

A. Data Collection and Analysis

The Child Welfare Policy and Practice Group assisted the Department of Human Services by observing family team meetings and speaking with families, stakeholders and DHS staff. These important elements of the family team meetings were assessed by CWG:

- Advance preparation of families for initial meetings
- Family Youth engagement
- Family/youth involvement in decision-making
- Involvement of family supports
- Goal setting (where relevant)
- Identification of youth and family strengths
- Assessment of child and family needs
- Identification of services to meet needs
- Service crafting practice where needed
- Assignment of responsibility for tasks
- Plans for follow-up meetings

Immediately prior to the fidelity assessment, a copy of the initial CWG report was submitted to leadership at DHS for forwarding to providers and the facilitators. This information was shared to ensure that staff understood the context of the observation and, further, that they knew what the scoring elements for observation were. Scoring indicators were rated on a 1-6 scale. Those indicators are based on the elements described above, and the instrument can be found in the appendix of the report. A team of three reviewers observed 19 Family Team Decision Meetings. These reviews occurred in the following cities/Service Areas:

1. Western Service Area – Council Bluffs and Atlantic
2. Northern Service Area – Marshalltown and Waterloo
3. Eastern Service Area – Davenport
4. Cedar Rapids Service Area – Cedar Rapids and Ottumwa
5. Des Moines Service Area – Des Moines

CWG prepared a brief narrative of each meeting's content and rated performance on the elements listed above. Each narrative captures brief content of the meeting, and highlights information relative to the FTDM based on best practice and DHS policy and standards. One Iowa team member's observations occurred during the week of August 13, 2018. The other two team members observed in September 2018. In order to ensure the confidentiality of specific case identities, the order of narratives has been changed. The FTDM narratives below are not in chronological order of observation.

B. Limitations of the Review

Scheduling of family team meetings is always a challenge given the number of participants and is made more so by the need to accommodate the schedules of observers. Two meetings that were included in the review schedule were cancelled for unavoidable reasons and others had less than the hoped for attendance. This affected observations in those sessions by limiting both the range of information available and the opportunities for the crafting of detailed plans. Observers heard from some facilitators and DHS workers that the FTDM had been scheduled "because of the review", and this may have contributed to what appeared to be a hurried approach for some of the meetings. These dynamics naturally impacted the review process. Discussions were conducted with families, some facilitators, and some DHS staff, but larger scale convening of DHS staff such as in focus groups for deeper discussion did not occur due to time and resource limitations. Since practice outcomes were not the focus of the CWG assessment, the CWG observers did not read case records or observe the actual work of direct service personnel as might be done in a more in-depth assessment.

III. FTDM Narratives

Narrative 1

This was a follow-up meeting and was held in the DHS office. The facilitator was well-prepared for the meeting. She had arranged space, arrived ahead of time, and put charts on the wall. These charts were used to guide the topics to be addressed in the meeting. She had a confidentiality statement ready for each person in the group to sign. It would have been helpful to provide meeting notes from the previous meeting, especially since it had been quite a while since the last meeting. The purpose of the meeting was stated as "closing the case." There were no informal supports present, and none were mentioned. The observer had no knowledge of previous efforts to involve informal supports.

The strengths-needs assessment followed the format of charts for: child well-being, parenting capacities/safety concerns, and family interactions. The strengths were mostly inventoried strengths versus usable (functional) strengths. In other words, *qualities*, such as "she's sweet", or "she's a great mother", versus *skills* that can be used for planning. Usable strengths noted included "engaged in services offered and used coping skills learned."

Needs identified for the parents were *behaviors* that would help them co-parent successfully, e.g. "continue to have positive interactions", or "avoid aggressive conversations". There was not an exploration of underlying needs. For the child, the needs identified and discussed were more underlying, for example, the group agreed that "child needs to be *free of anxiety* about the parents and just *be a child".*

The meeting came naturally to a fairly positive end. This was intended to be the final meeting for this family. The level of specificity on steps could have been more complete; however, the case manager and the FSRP agreed to follow-up with the family on the referral to co-parenting and counseling. The facilitator committed to write up the plan and provide a copy to each person at the meeting.

Narrative 2

The facilitator was well prepared with posters of the agenda and ground rules for meeting. The current case plan was projected onscreen, and other required process documents were available. The facilitator was also prepared in terms of familiarity with the current case plan. She reviewed and followed the standard FTDM agenda as required by DHS.

The mother reported that she had been given a choice of date, time, and location for the meeting. However, she was not informed regarding who would be coming or how they had been prepared. She was told that this was a meeting to review the case to "find out where we are". There were eight team members, including the mother and her one informal support, i.e., her father. With the encouragement of the facilitator, the team was well engaged and participated throughout the meeting.

The facilitator invited the mother to tell her family story, which was only about how she became involved with the agency. The caseworker reported on all of the mother's accomplishments and praised her for them. Pending goals and activities were also discussed, and the facilitator was careful to include the mother in the discussion, particularly around manageable timeframes for completion. The facilitator was very family-friendly, e.g., she supported the mother's desire to attend her child's doctor appointments with the foster mother and led the discussion about how to arrange this.

Many strengths were identified, including mother's flexibility, communication with caseworker, and proactivity regarding domestic violence as a safety concern. However, there was no discussion of how to build her case plan around those strengths. The needs identified were more service-related activities than personal findings, such as the mother's need to follow through with prior recommendations or the need for long-term housing. The facilitator did not pursue any discussion of underlying needs.

The facilitator did not address "what could go wrong". The mother's ex-husband had previously committed violence in the home and posed safety risks. The team knew the mother had a "no contact" order and asked her what she would do if her ex-husband appeared at her home during a visit with the child. While suggestions were discussed, it appeared that no safety plan was formalized (the final case plan was not reviewed.)

In terms of the long-term plan of reunification, visits and phone calls (including FaceTime) were increased between the mother and her child. The mother was visibly pleased with the input of the team, the outcome of the meeting, and seemed energized and encouraged when she left. More contact with her child is an indication the case is moving forward, however, it is of concern that, unless underlying needs are clearly identified and addressed, the family is likely to come to the attention of child welfare again, even if reunification is successful.

Narrative 3

This was an excellent example of a neutral facilitator guiding the knowledgeable/invested team through development of its own plan, as opposed to creating the plan for them. The room was well-prepared with appropriate charts and documentation paperwork. There was a substantial team of formal and informal supports. A strengths-needs assessment had been conducted prior to the meeting and was a central part of its success. It is unclear if the assessment was conducted by or with the facilitator; however, it is clear that the case manager and care coordinator had been involved. This family's strengths were noted and tangible and made a great foundation for the next set of goals. Everyone in the room, led well by the facilitator, was enthusiastic and respectful to this family. The parent in this case was pleased with the team and the meeting outcomes and insisted on scheduling the next one then and there.

In terms of a presenting issue with the family, the facilitator did an excellent job of addressing the unfortunate possibility of relapse by the parent by asking very specific questions, e.g. "what will this group do if relapse occurs?" The case manager and care coordinator did a great job of leading the conversation in the direction of the new friends being made by the family, encouraging the friends to recognize how important their positive impact is on parent's sobriety. The team was informed about monitoring and also encouraged to contact the case manager if questions or concerns arose.

This was truly an example of a team effort in every way. One of the notes I jotted was "the facilitator helped and the team made it happen." There had been many team meetings with this family through the agency's involvement with them, and they appear to have accomplished significant milestones which the facilitator and others in the room were quick to point out/celebrate. The room was full of spirited, positive discussion, the facilitator encouraged the identification of strengths and would note them throughout the meeting. Especially impressive to this observer was the depth of knowledge of family strengths and needs held by the case manager/social worker and care coordinator. Their

knowledge of strengths and clinically astute contributions to the discussion were vital to the success of the process.

The facilitator was careful to distribute satisfaction surveys at the conclusion of the meeting. This case was well-known and the agency had utilized family to care for the focus child. The parent appeared to feel respected and heard, and a plan emerged based on successes with the prior plan. The meeting was an excellent example of neutral facilitation and an active case manager. The room was 100% behind permanency and optimistic that with continued services around sobriety – including a specific relapse plan – this child can live with this parent.

Narrative 4

The mother said that she was told she could "bring anyone she wanted to", and reviewer observed a helpful mix of formal and informal supports present. The mother did not know how or if the formal supports had been prepared for the meeting. The mother reported that she was able to give input into time, date and place for the team meeting.

This case was opened in March, 2018, but no team meeting had been held until September. The facilitator explained later that she has to "wait on referrals" from DHS before having a meeting. The DHS caseworker was not present due to a personal emergency. The facilitator skillfully diffused the family's vocal frustration with their DHS caseworker's absence. The facilitator allowed them to express their concerns, then encouraged them to keep the purpose of the meeting in mind. The guardian ad litem (GAL) also helped to diffuse the situation. There appears to be no trust between family and caseworker. The mother expressed her desire for a new worker and her attorney informed the group he would take that up with the supervisor. The meeting proceeded without any more conflict.

The facilitator was well prepared for the meeting with the confidentiality/sign-in sheet available, and she had posted the agenda and ground rules, thereby creating a helpful sense of structure in the process. The facilitator addressed the steps as outlined on the standard agenda. This was a review of the existing case plan, which had not been created through a team process. Therefore, the facilitator took each section (Life Domains) of the existing plan and led the discussion toward solutions.

The mother was invited to tell the group her family story which was limited to how DHS became involved with her family. The facilitator asked the team to identify needs, worries and concerns, but when those were listed, they were actual steps or activities to be accomplished. The facilitator did not steer the team back to identification of underlying needs. When she asked the team to identify strengths, they were kind but not functional or useful toward case planning.

A plan was developed with small, measurable steps, and included names of those responsible. As the meeting concluded, the facilitator thanked everyone and praised the mother for her hard work. Nonetheless, after the meeting, the mother told the observer that she still does not know why her children are in foster care.

The facilitator distributed a satisfaction survey to each team member, including the family, for completion. No explanation for the survey was given. The facilitator told the team that she would type the case plan and mail it to all team members, including the parents. She also mentioned that the plan would be reviewed and revised as needed. She did not remind them that anyone could request a meeting. Time, date and location for next meeting were not addressed, as referral from DHS is required before a meeting can be set.

Narrative 5

This was a follow-up meeting. The facilitator was well prepared with charts and required forms. She clearly knew the family and the case, and this FTDM was an excellent demonstration of the merits of the state's efforts to keep the same facilitator with a family whenever possible. The facilitator identified the non-negotiables. The team knew the basics of the current situation, but any trauma that the parents or children had experienced was not acknowledged or discussed.

The facilitator was very skilled and guided the group through the meeting, which was challenging because of conflict between team members. This conflict eventually disrupted and terminated the meeting. There were five attorneys present, including attorneys for the mother, both fathers, the guardian ad-litem (GAL), and a second attorney for the children. Present also were the mother and the father of one of the children.

The facilitator sought input from the father about the child currently in his care, and facilitated conversation between him and the mother. This discussion was respectful and resulted in gaining important information about the mother's progress toward earlier goals. Despite discussion of the mother's progress, the GAL was extremely frustrated with her for inappropriate reassurances to the children that they would be coming home soon. The meeting became heated with the mother's denial of this and the GAL's assertion that the mother was "lying". Despite the facilitator's best efforts to remind the group that this was a planning meeting, the conflict escalated and the meeting abruptly concluded when the mother and her attorney left the room, followed by the GAL, who shouted that she was calling a deputy.

While this was a difficult meeting, the facilitator was clearly experienced, remained calm, and would likely have been successful in her efforts to manage the conflict had the GAL remained calm and solution-focused. The GAL was concerned about the anxiety and confusion experienced by the children, and this is understandable. The facilitator demonstrated best practice in her attempts, but after the GAL accused the mother of "lying", the strife and frustration were too significant to overcome. The meeting was irretrievable after the final exchange between the GAL and the mother. The facilitator consistently and skillfully tried to steer the room to solutions but was unsuccessful.

Narrative 6

The facilitator was well-prepared for the meeting with confidentiality/sign-in sheet and posters of agenda and ground rules. She used a laptop to record proceedings which were projected onto the wall. Introductions were conducted well. The facilitator explained the purpose of the meeting and addressed requirements such as confidentiality and non-negotiables. This was the first actual FTDM. The purpose was to review/add to the case plan which was transferred from the Child Protective Services (CPS) section.

The facilitator allowed the mother to tell her family story, which was limited to how she came to the attention of child welfare. During the meeting the facilitator asked the mother about her support system, but the mother stated she did not want any of them on her team. The facilitator did not explore this further. The mother related that her strongest support person was her grandfather, who has passed away. She has developed a close trusting relationship with the DHS-contracted Family Safety Risk and Permanency (FSRP) worker who would be considered formal support.

The mother reported that she was told the meeting was to discuss strengths, goals and that it was not a meeting to remove the children. She understood that it would be a meeting with the DHS worker and FSRP worker. She was given a choice of time, date and location.

The facilitator had clearly read the previous case plan. The facilitator led a discussion of what were identified as needs. These did not present as underlying needs, but were more specific activities for the mother to complete or referrals to be made. It appeared that the facilitator was not aware of the concept of underlying needs. Needs listed included: "children need dental appointments", or they "need a plan for transportation". These are important actions for the case, however, and the facilitator led a robust discussion around strategies. There was no discussion around "what could go wrong".

The facilitator helped the team propose measurable steps, and summarized the discussion and the plan. She also asked the mother if she understood what had been discussed and what each member had committed to do. The mother advised that she did understand and that the meeting was very helpful. She appeared quite happy with the results of this team meeting.

Narrative 7

This was a follow-up meeting held in a conference room at the DHS office. It was not clear whether this was the family's preference. The facilitator began introductions with the mother. The team knew each other well, as this case has been open for some time. Grandparents were mentioned several times during the meeting, and observer wondered whether mother had been informed that she could invite informal supports. It was unclear whether she preferred not to or did not know she could. The only family member present was the mother. Present also were three attorneys and the mother's "parent partner." The facilitator appropriately engaged the mother first to get her input and recognized aloud that she knows her children and her situation better than anyone in the room. This facilitator was very skilled in using reflections (exploring), which enabled the mother to share her feelings with the team.

The facilitator was well prepared, with charts and confidentiality documents available. It was clear that she knew the family and the case, which is a strength of having the same facilitator with a family whenever possible. The facilitator was skilled in guiding the team through an abbreviated version of the steps of the meeting agenda, which had been provided in advance to observers by DHS. No agenda, court order, notes of the previous meeting, nor the current case plan was provided to team members. These documents would have been helpful as progress and future service needs were discussed.

The charts prepared for the meeting focused on child well-being, parental capabilities/safety concerns, and family interactions. This guided the discussion of what was working and what needed attention. With skill, the facilitator allowed the mother to guide the direction of the meeting in terms of tracking progress and identifying barriers to progress. These were addressed and new steps put into place. The facilitator was relaxed and made it easy for participants to say what was on their minds.

The facilitator treated the mother with respect and engaged her in sharing information in an empathetic way. The respectful manner in which the facilitator engaged the mother clearly made her more comfortable taking responsibility for stating her wants and needs. There was no conflict in the meeting; everyone attending behaved politely and made references to earlier meetings that had not gone as

well. There was even laughter and expressions of relief that the group had moved past those early, uncomfortable times.

The facilitator captured steps agreed upon a pre-made chart. The facilitator did a good job of exploring "what could go wrong" with the plan. The mother shared that she was concerned that she might need a new recovery sponsor, as her present one is a sponsor for many women and sometimes can't be reached. The mother shared that she had been sober for 151 days and didn't want to become "too comfortable" with her sobriety. She shared that she would take responsibility for finding a new sponsor.

This family has strong support from extended family and engaged professionals to make sure things are going well and moving toward successful reunification with the younger son and allowing the older son to make the choice to stay with his grandparents. Issues that might negatively impact the family appeared to be recognized and addressed in the FTDM, which indicates that the process is working well overall.

Narrative 8

This was the third FTDM for the family and the first facilitation opportunity ever for the facilitator. A co-facilitator was present. The facilitator had all the necessary forms and had reviewed the prior two FTDM's and the plans that resulted from those meetings. The current case plan was projected onto the wall. Team members appeared to know the purpose of the meeting and that a review of the current plan would take place. While the new facilitator completed all steps of the agenda, there is understandably greater skills development needed.

This FTDM was requested by the therapist as therapist believes that the transition toward return home to the parents should be designed. It is unclear if DHS worked in partnership with the therapist to arrange the meeting or if he requested it alone. The parents said they were told by phone that a team meeting was needed, and they were pleased as reunification and transition planning were their priorities. They were told who would be in attendance and that they could invite anyone they wished to be present as an informal support. The parents confirmed they knew the purpose and were aware of confidentiality and the role of the team members. They related to the observer that the formal supports on the team were valuable members and they were happy to have their input.

The parents had no informal supports at the meeting, although it was later noted that an aunt had been a helpful resource. No one explored the possibility of having her on the team. Team members were invited by the provider agency and appeared prepared to discuss the transition plan and other services listed in the current service plan. All team members were formal supports, except for paternal grandmother, who also serves as the placement for two of the children.

No underlying needs were identified at this meeting. The team members identified needs as services, and the facilitator did not pursue a deeper discussion. The services currently received by the family and possible future services were listed as "needs". For example, "child needs continued therapy" was identified, but this reflects service planning, not an underlying need.

The parents later told the observer that no one had ever asked them for their family story or their life history prior to DHS involvement. They also said that no discussion or identification of underlying needs or of strengths to meet needs had been held to prepare them.

Strengths noted by parents and team members were more inventoried than functional and were discussed at various points during the meeting. Individualized assessments of strengths and needs were completed for each child. Examples of strengths include: “child progressing with anger control”; “child loves football”; or “child enjoys school”.

The transition plan was developed with participation from all team members, especially the parents. The parents were in agreement and appeared hopeful. Before the meeting adjourned, the facilitator asked “what will ‘Plan B’ look like?” as opposed to “what could go wrong with this plan?” “Plan B” ultimately addressed what would happen after the therapist meets with the children to determine their readiness for the reunification, not steps to take if the plan is not successful. The facilitator did not mention that anyone - including parents - could request a meeting. The team agreed that the next meeting date, time, and location would be determined later, after the therapist has evaluated the children’s reaction to reunification.

Narrative 9

The father and mother were present but no other informal supports. The family did not want anyone to know about this situation, however it is unclear if this was the reason they had no other team members present or if they had not been encouraged to do so. It was not clear if they had been offered another time/opportunity for meeting. This family meeting was the first real opportunity to discuss strengths, needs, goals, concerns. The room was set up appropriately with flip chart paper and confidentiality documents. The facilitator also committed to the group that members would be sent a copy of notes and next steps from the information charted. The Meeting purpose, roles and confidentiality were discussed by the facilitator at the beginning of the FTDM.

Needs presented by facilitator and case worker were behaviorally-specific, as opposed to a deeper discussion of family dynamics or the child’s need to feel safe. The facilitator worked very hard to help the family identify underlying needs but they were unwilling to discuss anything deeper than behaviors. The facilitator’s efforts were exemplary. The caseworker also tried to engage the family in deeper discussion, but it became clear that this was not a helpful venue for launching that level of disclosure or vulnerability. That initial level of assessment should have already occurred in private with the family. The facilitator did a nice job of pointing out parallels between the child’s behavior and one parent's, noting that current disciplinary measures had not proven a successful way to change the child’s behaviors and suggesting the need for parents to recognize that this was not a safe or successful way to improve the child’s behaviors. The case worker for the family did an excellent job using “I” messages/statements regarding her concerns.

The facilitator was respectful of family dynamics, but it would have been helpful if comments had been more pointedly solicited from the father. It appeared to this observer that family members were acutely embarrassed and baffled about DHS involvement. The family was not responsive to efforts from facilitator to establish their own desired outcomes, and appeared to be eager to conclude the meeting from the first introductions. As the meeting continued, the facilitator was faced with serious challenges around specificity, as issues were “left hanging” because parents remained vague and non-committal about next steps.

Narrative 10

This mother reported that someone she did not know called her to talk about the need for a meeting. She was provided the opportunity to choose the date, time, and place for the meeting. She was given the names of team members who would be present and was informed that she could invite anyone else she wanted. She did not wish to have informal supports present. She believed that her mother and stepfather, who are the children's caregivers, were given an opportunity to give input prior to the meeting. This was a subsequent FTDM and the mother reported that she already understood the process, including non-negotiables and purpose. The mother said that the only topic of discussion or preparation during the call was about the children's father being present, which the mother opposed. Ultimately, the father could not attend so the facilitator explained that a meeting would be held for him at a later date.

In terms of preparation for the substance of the meeting, the mother reported that there was no discussion of family strengths and needs, no assessment of her past before her involvement with DHS, and no information about what team members might recommend. The mother reported that she was told, in a phone conversation, there would be a discussion about her concerns, but she was not asked to share them in the phone call.

The facilitator was well-prepared in terms of having the agenda and ground rules and other required documents. She had reviewed the current case plan and was familiar with the current list of activities/steps occurring. She encouraged everyone to feel free to speak up during the meeting. The facilitator frequently checked with the mother for her understanding and agreement with what team members were saying. Although the mother was invited to share her "family story", the facilitator framed the opportunity only from the point of DHS involvement forward. The priority for the mother and the team was to address the visiting schedule, which was accomplished by meeting's end.

The mother did not know if preparation of the team occurred. At one point in the meeting the mother and her stepfather had a heated discussion. Even though the facilitator positively redirected the conversation, greater development of ground rules early in the meeting and greater preparation of the family might have prevented this. The mother's stepfather and her mother urged the group to insist on their daughter's participation in Narcotics Anonymous as a condition of future visitation. The facilitator appropriately emphasized that, despite mother's substance use issues, she must be allowed to have supervised visits with the children regardless of her attendance at Narcotics Anonymous

The facilitator invited the team to identify any "needs, concerns, or worries" they might have, but she did not separately define or explore underlying needs. Some of the needs expressed included "mom needs therapy", "mother needs time for herself", and "mother needs a larger house at time of case closure". Strengths of the mother were discussed throughout the meeting, and it was clear that the facilitator recognized how important it was to the mother to hear such positive things. Those strengths, however, were actually status and accomplishments as opposed to a meaningful foundation for planning. Examples of the mother's strengths included "she's willing to have a mental health evaluation", or the fact that she is employed.

Narrative 10 (continued)

The outcome of this meeting was that the transition plan the mother had hoped for was developed and she feels closer to reunifying her family. The mother was very happy about starting additional visits, and it appears that permanency is advancing. However, without identification of underlying needs or services to address them, future involvement is more likely even if reunification is accomplished.

Narrative 11

This FTDM occurred in the mother's home. The mother had no informal supports on her team and reported that no one ever asked her if she wanted to have anyone else at the meetings. She reported to observer, however, that she did not want anyone. She was provided choices relative to the logistics of the FTDM, e.g. time, place. This was her first FTDM, even though she had an existing case plan apparently developed by the CPS worker. The mother also said that she had been asked to bring a list of her concerns/worries/needs and had done so. She reported that she did not have a clear understanding in terms of being prepared for the meeting, however.

The facilitator was prepared for the FTDM meeting, having all necessary paperwork and forms. Formal supports (DHS caseworker, In-home services provider, supervisor of the in-home provider) were present at the meeting. The mother expressed her satisfaction with her DHS caseworker and the in-home provider. During the meeting it was discovered that one of the mother's children had an IEP but the school was not represented on the team.

The facilitator presented the ground rules and explained the steps of the meeting. She set a casual atmosphere that appeared to be of comfort to the mother, who was admittedly anxious. She also explained the non-negotiables and circulated the confidentiality/sign in sheet with explanations. She had good listening skills and kept the mother focused and on topic. She asked about the mother's support system (the mother said she didn't want anyone else at the meeting) and addressed the mother and each child's strengths and needs.

The mother was told that the purpose of the meeting was to revise/amend the case plan. Accomplishments and pending activities were reviewed, and the plan was revised to include the mother's varied list of worries and concerns. She was referred to several community resources (including legal/housing services) for assistance with some of her specific concerns. The facilitator appropriately used several clarifying questions, normalizations and summarizations.

The DHS worker contributed several strengths around accomplishments and decision-making. Underlying needs, were not described or solicited. She assured the mother that one of her (the mother's) strengths was that she had taken initiative to search for services and had begun several of them since the case opened. Neither the facilitator nor DHS case manager gave any input as to how close the agency is to case closure. After the meeting, the mother reported that she did not have a clear understanding of the purpose of meeting, but she felt it had been successful.

Narrative 12

This meeting was held in the grandmother's home, where the mother is temporarily living. Family members were aware of the meeting; some were already present and the grandmother arrived soon after. Safety was presented as a non-negotiable. Unlike the other meetings observed, there were no charts on which to record the content of the meeting. It was not clear whether this was because the meeting was held in a home or what the reason might otherwise be. Participants briefly introduced themselves and the confidentiality form was signed by all. The preparation of team members was unclear; it appeared that the mother was not clear about their roles. The purpose of the meeting was not articulated by the facilitator to the mother. The professional team members were pleasant and enthusiastic, but wanted to immediately talk about possible services, which seemed to overwhelm the mother.

There were no notes distributed that would indicate that a strengths/underlying needs assessment had taken place; however, one of the service providers later spoke succinctly to the mother about the possible needs created by her past trauma and recommended therapy to address those issues.
The facilitator was friendly and enthusiastic. The meeting was very fast-paced, and it appeared that the mother was not able to follow the fast-moving conversation and was either not absorbing what was said or was not taking what was being said seriously. The mother told the observer following the meeting that she had no idea who the facilitator was but did notice that she was "taking notes". The meeting participants seemed to know the story and referred to details of the case in their questions about services. It was noted that the person who spoke least was the mother.

Most questions were posed by providers and were focused on the status of progress with current services and potential needs for future services. The DHS case manager engaged the mother by using reflections effectively, which served to slow the questions and give the mother time to think about what she was hearing. There were a number of services discussed, mostly by the professionals, to address the needs they identified. The mother appeared to be a bystander in the process.

As the meeting concluded, it appeared to the observer that the family was not aware that they could be in charge of calling a meeting – the professionals were clearly in charge, and the family was verbally compliant with their suggestions. The facilitator did not convey this important opportunity to the family.

A number of services were offered which could contribute to safety, permanence, and well-being. It appeared that the mother was receptive to participating in the services; it was not clear that she took seriously the professionals' concerns about the dangers involved in domestic violence or the importance of developing her protective capacities, both as an individual and as a mother.

Narrative 13

The parents reported that during a phone call, they were offered their choice of time, date, and location for the meeting. The parents reported that the FTDM process was explained to them, and that they were advised to bring anyone they wanted. They did not choose to invite informal supports. The meeting included two formal supports, the DHS caseworker and the FSRP worker. There are other formal supports who were not in attendance, including the children's therapist and their father's mental health therapist. It is not known if these other supports were invited.

The facilitator explained each step of the agenda and ground rules. She also went over the non-negotiables and confidentiality, explaining both. She welcomed the team and parents and introduced herself and explained her role as the facilitator. Team members and parents introduced themselves. The facilitator stated that the purpose of the meeting was "to bring supports together to figure out where we are". The caseworker explained the DHS purpose was to review the family plan and to revise the case plan.

The parents reported some dissatisfaction with the DHS caseworker. There has been a recent change in workers and the new worker in attendance had never met the parents and allegedly had not returned several calls over the past two weeks. The observer noted that the DHS worker was not very familiar with the case, and contributed little to the discussion.

The facilitator asked the parents to let the team know what is going on/what is going well, but this was the only opportunity for a "family story".

The facilitator was well prepared for the meeting, and had read the case plan. She had the necessary forms available. (confidentiality/sign-in sheet), flip chart sheets, and posters of standard Agenda and Ground Rules. The facilitator charted the services the parents agreed with, and checked with them throughout the meeting to give them the chance to agree or disagree. She continued to follow the steps of the meeting according to the posted agenda.

This meeting did not seem to advance safety, permanence or well-being, and the case appears to be at a standstill. Nonetheless, the parents reported that they believe they are "very near" case closure. This observer did not hear the caseworker or team member make any reference to imminent case closure. At the conclusion of the meeting, the parents said that they found it to be as it was previously explained: "to bring supports together to figure out where we are".

Narrative 14

Scheduling occurred so that the birth parent could attend. A strengths/needs assessment had been partially accomplished, but had not focused on that parent. The more substantive discussion occurred around the focus child's strengths and needs. The case manager did not know the family well. The facilitator addressed the purpose, roles, and confidentiality after introductions. Appropriate and helpful charts and documentation were prepared.

When the facilitator launched the ground rules discussion, one parent stressed more than once that "truthfulness" was needed. This was a logical point for greater exploration about trust from the facilitator, but this did not occur. The facilitator might have joined more with the less-angry parent and an older teenage sibling, as both of them were loyal to the other parent and, unlike the focus teen, both were able to soothe/quiet the parent. It occurred to the observer that the facilitator may have feared future safety risks if it appeared that the group was being allowed to "gang up" on the parent. This family should have experienced a deep assessment of their strengths and needs before being in this setting. It is unclear whether that needs assessment was attempted by the caseworker, or whether it did or did not occur. The facilitator was not successful in helping the frustrated parent have any hope or confidence in the planning process, but this venue was not conducive to the parent expressing any vulnerabilities vis-à-vis the children.

This was an extremely challenging planning opportunity, and the facilitator's best efforts were unsuccessful in creating a calm or helpful experience. There was intense hostility presented by certain team members in particular, and the facilitator simply could not re-direct the discussion despite being delicate in the handling of the parent. The provider was also yelled at by this parent, and was not silent in response as case manager had been. The facilitator tried, but the depths and nuances of the discussion were broader than most reasonable expectations for a skills set at this level.

Narrative 15

The mother reported that she was given a choice of time, date and place for the FTDM. She was told she could bring anyone to the meeting but chose not to do so. There were six formal and no informal supports at the meeting. The mother reported that she was told the meeting would be held to review the current plan and to develop a transition plan. All formal team members were an asset to the review of the plan and development of the transition plan. At a previous meeting the maternal grandmother joined by speaker phone which proved to be so difficult that the grandmother declined to join that way again.

The facilitator captured "needs/concerns/worries", which were then discussed in terms of what services were available to assist the family. Examples of needs listed included "children need therapy"; "both children need glasses"; and "the mother needs clothes". Some services to meet these "needs" are well underway. There was not, however, any discussion relative to deeper, underlying needs that inform emotions and behaviors, e.g., the specific reason(s) that the children are considered to be in need of therapy.

The mother's accomplishments were listed as her strengths: she is compliant with all services, she has a positive relationship with her mother and the foster mother, and she visits regularly with her children. However, "the mother is compliant" is not a functional strength. It would have been helpful for the facilitator to understand how to reframe this (compliance) into a functional/useful strength. In the FTDM the mother told the GAL how grateful she was to have her (the GAL) support because she had not always had it. The mother reported that having team members (especially the GAL) talk about her strengths made her feel very good.

The mother felt that there is no need to have another meeting as reunification will happen by the end of this month. The children were placed in January 2018, and the transition plan developed at this FTDM prescribed unsupervised visits to begin the same day as this meeting. The mother was elated. Remaining needs were discussed and community resources were suggested for the mother to contact to complete her steps of the plan (transportation services, clothing services, etc.). It is important to note that the mother reported that no one has ever asked her to describe her childhood or what she sees for her family after case closure. The mother reported that she "loved the meeting." She feels good that the children's transition home is now a reality and her plans to move to another state are close.

Narrative 16

One parent had to take time from work, but the other was able to come without missing work. A concern noted was that the care coordinator openly realized in the course of the meeting that this FTM should have occurred at least a month ago. It is unclear whether the facilitator, the case manager, or both helped the focus parent establish the team. The facilitator had flip chart and markers ready, and room was set up professionally. The facilitator was aware of the case details.

The team was robust and talkative and eager to support this focus child's permanency and well-being. The non-focus parent, however, knew virtually nothing about the FTDM process or purpose. The facilitator was careful to include both parents in the discussion, and did a nice job of soliciting comments and increasing their understanding of next steps. The facilitator consistently invited input from everyone. A limited strengths/needs assessment occurred during, not before, the FTDM with the non-focus parent.

The case manager and care coordinator had a better sense of one parent's strengths but it did not appear that any comprehensive assessment of either parent occurred prior to this meeting. The focus parent's commitment to the two small children was noted as a strength during the meeting. The other parent said that all that was known is that "a report was sent to me" but there seemed to be no understanding of what was going on. This parent's son's custody has been removed from the other parent, and that parent and family were present to support the possible step of custody moving to that parent. This parent brightened at the room's recognition of strengths – including the other parent's - with whom there is a spare relationship. The facilitator did a nice job with strengths in the room; however, a strengths assessment in preparation for the meeting clearly did not occur with parents.

The needs identified were surfaced and tied to available services. As opposed to this being a meeting to refine the work with this family, it was more of an introduction to the work with the family. One parent was not well-aware of purpose of the meeting or roles of team members, and the room agreed with the care coordinator that this meeting should have occurred weeks ago if permanency was the priority.

Despite the fact that a formal date was not set for the next meeting, the team left with some sense of purpose and services that had been received were noted as successful by the group. I think this focus child's permanency and long/term outlook were improved as a result of the discussion.

Narrative 17

The skills demonstrated in this FTDM were exemplary on every level. Basics such as room set-up, ground rules, confidentiality, documentation, and a commitment by the facilitator to send the plan to everyone were covered well and thoroughly more than once. This meeting was held at the office. Laminated copies of the formal FTDM agenda had been placed on the table for convenience. As the facilitator introduced the process to the group, the facilitator repeatedly spoke to the need for this family to "feel safe" talking about their lives, and that it was incumbent upon the team to support them through this process.

The facilitator was skilled at helping the parents set measurable goals, and frequently returned to strengths, needs, and concerns that had been charted already. It was repeatedly emphasized that the information and steps being captured on the chart paper were serious and there should be no room for vagueness around next steps. During the "what could go wrong" part of the discussion the need for concurrent planning was raised in a straightforward but kind way with the parents.

As the service matching discussion proceeded, the facilitator continued to ask the parents if conditions were "do-able and reasonable" enough for them to succeed. The observer noted that the parents and other team members did not feel that prior FTDM opportunities had been helpful or offered as needed. The father later told the observer that prior team meetings (other people at other places) had occurred without him being notified. He was not aware that he could call for an FTDM himself. He was relieved and encouraged at the conclusion of the meeting and was visibly glad to meet his new DHS worker.

Narrative 18

This facilitator had prepared the room well with appropriate charts and markers and had confidentiality and other required documentation available. There was not a large group, but the parents had been given an opportunity to set the time for their FTDM. It is unclear whether there were few informal supports because they didn't want them or because they didn't know they could invite them.

The family's functional strengths had been very well-assessed and were utilized throughout the discussion as strong foundations upon which to build their plan. The facilitator did an exemplary job of continuing to refer back to their "strengths sheet", posted on the wall, as challenges or decision-making were discussed. Substance use disorder is a presenting issue with both parents. The father was visibly proud of the list of his strengths, and it was clear that he needed affirmation. The facilitator led the group through a discussion of ground rules, expectations for the meeting, and "what could go wrong" after the meeting.

Despite the excellent demonstration of facilitation skills, the observer found it difficult to determine how the case would be managed from that point forward in terms of monitoring for progress, next steps, and other casework activities. There were many activities suggested and a bustling planning process; it was just difficult to tell who would do what after the meeting. The mother said at the conclusion that she had been "very mad" but was now "very glad" that an FTDM had been conducted with her family. There was evidence in the discussion of a good match of services, and the facilitator did an excellent job of discussing safe case closure with the group.

Narrative 19

The meeting was held at the provider's office and it was unclear if this was the parents' preference. They had a robust group of formal and informal supports who encouraged them throughout the discussion. The facilitator had appropriately arranged chart paper and other planning tools. Introductions occurred, then this facilitator – with great enthusiasm – began charting strengths, asking the group for "more" and "more". The team was energized and the parents were clearly thrilled with the positive attention and affirmation. This facilitator presented as an advocate for the family and the room could feel the facilitator's positive intent.

The facilitator also created a safe environment for more discussion about underlying needs and past traumas experienced by both parents. At one point, the facilitator neutralized the process by kindly reminding everyone present that "anyone in the room would have difficulty with their problems being aired out publicly". The parents were given an opportunity to "tell their stories", and traumas known and unknown to DHS were revealed.

Substance use disorder was a presenting issue for both parents, and a current issue of concern relative to wellness and sobriety of one of the parents was revealed during the meeting. This information had not been shared with the other parent. This disrupted the process and was of great concern to that parent, who spoke to a new lack of trust, then exited the room. After a break in the meeting, both parents came back and the facilitator was able to move the team to next steps after this information initially caused concern and uneasiness in the room. These parents left with many services in place; they will need support and follow-up. They left the meeting encouraged but it was clear to all that the previously unknown information that was shared earlier had wounded the other parent and could impact both of their sobriety status.

IV. Elements of Assessment Summary of Findings

Advance Preparation of Families for Initial Meetings

At least seven of the meetings were follow-up from prior FDTM opportunities, and those families had an understandably greater awareness of the process. Advance preparation for initial and follow-up meetings was conducted largely by phone and consisted of informing parent/caregiver that a meeting was needed to discuss their case. The majority of families indicated that they were told that a meeting should occur and that they could set dates, times, and locations if they desired. Most were also informed that they could invite friends, family, and other informal supports. However, in-depth preparation in terms of what would be discussed; how the meeting would unfold; identity of other team members and how those individuals would be prepared were not discussed in a methodical way with the majority of families prior to the meeting. One family member said that she did not know the caller who invited her, but that she felt it would be best to "do what DHS said". Another individual received instructions to bring a list of her "worries and concerns". She and the team found this helpful and used the list to bridge to a discussion of needs and services.

None of the families observed had experienced an in-person meeting where the caseworker or facilitator began a list of meaningful strengths upon which to build their plan in the context of the FTDM. While some were invited in the meeting to “tell their story”, few appeared to have had that opportunity with their caseworker or facilitator prior to the FTDM. Several families mentioned that the only history known by DHS was from the point of their involvement forward, and they were not confident that their prior life experiences, including trauma, were known or utilized in planning.

Findings about the lack of in-person preparation of parents and caregivers seem consistent with concerns raised in the December 2017 CWG report in which reviewers identified a lack of emphasis on engaging with parents and suggested that DHS consider requiring face to face visits in the parents’ residence. Optimally, in family teaming practice, team meetings are a venue for cooperative problem solving and formalization of planning that has already begun during in-person contacts focused on family assessment and relationship building.

Family/Youth Engagement

The important role that engagement plays in working with families was demonstrated well in several cases. Some families had confidence in their caseworkers based on – in at least three cases – years of working with DHS and having known their caseworker most of the time. Families seemed to be primarily engaged around tasks and compliance monitoring. The FTDM meeting was the first venue for deeper engagement between the DHS caseworker and the family in several cases, even if they had met before.

Meaningful engagement prior to the meeting would likely have changed the outcomes for at least four of the meetings. These four in particular posed a serious challenge to even the keenest facilitation skills. These families were angry and there was not a clear sense of purpose in those meetings. One family thought that reunification would be discussed, but termination of parental rights had occurred and it was unclear to the observer exactly what the goal of the meeting was. Further, it was difficult to

discern who among the formal team members had the primary responsibility of engagement and preparation. One mother had utmost confidence in her FSRP provider, inviting her to the meeting and preparing with her to some degree ahead of time. At least two families had never met their current DHS caseworker before the meeting, and engagement had not occurred at all.

Family/Youth Involvement in Decision-Making

Most of the families observed actively participated in decision-making. Several facilitators did an especially commendable job of ensuring that each service referral or suggestion of any activity to be completed by the family was returned back to the family for their input and agreement. While some of the families did not agree with the team's recommendations, observers saw all families given opportunities to voice their concerns or ask questions.

A few meetings were very intense because of the family's anger, and in one case, rage. One of these families, despite the facilitator's offer and invitation, would not participate in decision-making. The facilitators went to great lengths to attempt to engage the families we observed, and stressed to the families that this was "their plan". In another case, one spouse was virtually silent while the other could not be re-directed despite the skills of the facilitator. This parent vacillated between loud anger to periods of quiet unwillingness to recognize safety issues and move to solutions. This family had just met their DHS caseworker, and repeatedly refused to acknowledge any safety risks posed by their behavior. It was apparent to the observer that an in-depth assessment and more face-to-face preparation of this family prior to the meeting could have increased the likelihood of their willingness to participate and make decisions that did not feel imposed upon them.

Involvement of Family Supports

Of the 19 cases observed, ten of the families had no informal supports (which include family members) present at the FTDM meeting. Nine of these families indicated that they were told they could bring informal supports but chose not to. Observers could not discern if those 10 families were told and elected not to invite anyone or did not know that they could.

The meetings where family and informal supports were present were largely robust and strengths-based. Even in the meetings where no informal supports were present, if a family member or friend was mentioned, the facilitator or caseworker typically asked about them as a potential source of support in the future. Two of the meetings presented with opportunities for greater exploration of family supports, but the facilitator did not pursue these.

Goal-Setting (where relevant)

Families were invited to lead or participate in the identification of goals in every case. Many facilitators encouraged family and other team members to set goals not only for the plan but for what they hoped to accomplish in the meeting. These were posted, which is a positive; however, observers noted that these were service-related issues that needed monitoring or adjustment, versus a discussion of what had changed for the family (progress) and what still needed to change in order to reach the case goal. Observers saw this as continued evidence that a substantive understanding of the strengths and needs of the families was largely missing and did not drive goal-setting or planning. Goals were discussed in every meeting and participation was encouraged by facilitators. These were nearly 100% tied to actions

to be taken by family or professionals, not tied to underlying needs that, when well-met, can lead more families to successful outcomes.

Identification of Youth and Family Strengths

For each observation, strengths and positive outcomes were identified and posted during the meetings. Several facilitators vigorously led the group back to the strengths list when decisions were being made about services and referrals. Family members, particularly those in the meetings where informal supports were present, were visibly pleased and proud to have the group recognize and celebrate their progress and accomplishments in general. As happens not infrequently, one young father wanted to take his strengths list home as ready encouragement for his goals around sobriety.

In most of the follow-up meetings observed, strengths were updated and charted for each family member. Observers consistently saw that new and updated strengths were primarily "inventoried" strengths (attributes or values), which are not necessarily "usable" strengths upon which to build the more serious and vital components of the plan. A discussion of inventoried strengths is helpful and creates an opportunity for positive planning, and with greater skill, facilitators would know better how to guide the group to use these inventoried strengths to delve deeper into the underlying and functional strengths which are most likely to support the achievement of better outcomes for all.

Observers were consistently concerned about the lack of greater, more personalized preparation for the team meetings, particularly with first-time families. When assessment and preparation have occurred with the family, including initial discussions inviting their evaluation of their personal and family strengths, the team meeting is likely to be more successful. Enthusiasm and good wishes from team members are helpful to the family, and create a sense of shared ownership in the outcomes. Several facilitators acknowledged good will in the room, which proved a successful strategy toward a positive meeting.

Assessment of Child and Family Needs

Several teams were more vocal and emphatic about child and family needs than strengths. Six facilitators in particular did a nice job of re-directing the team to look at the strengths and use them to meet the needs of the family. Current case/family activities, such as attendance at Narcotics Anonymous (NA), were frequently presented as needs in the context of continued participation, e.g., “this father needs to continue his participation in NA. Further, case/family activities not yet accomplished were presented as needs. For example, “this mother needs to agree to drug testing”. While these are important and measurable actions to be taken by providers and families, the completion of these tasks does not indicate that underlying needs have been identified or that appropriate services have been identified to address them.

If underlying needs are not well-identified, the safety or other concerns that presented as the reason(s) for DHS involvement will likely bring the family to the attention of the agency again. Nearly half of the meetings observed were follow-up, and some of those families had been known to the agency more than once in the past. However, many of those families did not appear to have experienced any level of assessment of serious, underlying needs. It was apparent in about 33% of the cases that caseworkers were either immediately new to the case and had not reviewed existing case material, or the caseworker had served the family for a while but had not read the file or spoken with prior workers for any sort of transitional discussion around needs and prior service provision.

Identification of Services to Meet Needs

A strength in many of the meetings was the presence of one or more service providers who could address what they had already done with the family or what they could do to assist in the future. In a handful of meetings, the therapist/counselor had indicated interest in attendance but was unavailable due to scheduling. When no service providers were present, the meetings concluded with a vague sense of next steps or clarity about roles. It was difficult to determine if particular services were recommended because they were appropriate or because they were available.

Counseling services were roundly recommended by teams as needed by almost every family although it was not always clear exactly what symptom or behaviors counseling was intended to address.

Substance use disorder was a presenting issue in many of these families, so treatment, inpatient and outpatient rehabilitation, drug testing, and support groups were also frequently identified in the team meetings. Teams spoke to inpatient treatment waiting lists and the need for treatment options in rural areas. Transportation was mentioned as a barrier to some families.

The more robust teams naturally had more fruitful discussions around services. Some facilitators led "brainstorming" sessions with teams, which families later said were energizing and helpful. It was difficult for facilitators to elicit ideas and referrals from the small teams, one of which, in particular, was comprised of a caseworker who had never met the family, the caseworker's supervisor, and the family.

Service Crafting Practice Where Needed

Observers saw a consistent effort from facilitators and caseworkers to identify local resources for service needs presented. The more populous service areas, unsurprisingly, had a more varied service menu and DHS staff and others spoke to feeling fortunate that they had these resources based on concerns shared by their peers in other areas. Service crafting was not discussed in the team meetings observed; available services appeared to be utilized even when not the best fit for what the family might need. Further, it did not appear that facilitators or caseworkers were equipped with the skills to help a team differentiate between what's needed, particularly underlying needs, and what services are available and accessible.

Assignment of Responsibility for Tasks

Facilitators in each FTDM captured tasks due, by when, and by whom. Some of the facilitators appropriately and professionally insisted on keen specifics, and most meetings concluded with clarity about next steps. There were a few meetings, however, that ended abruptly, and it was difficult for the facilitator to conclude the discussion with clear tasks assigned and agreed-upon with so few team members. These facilitators spoke to those remaining in the room and advised that they would submit the information captured during the meeting to each of them as well as the other team members.

Plans for Follow-Up Meetings

Observers noted that all teams were asked about the need for follow-up meetings and timeframes for them to be held, but not all of them were arranged at meeting's end. At least three of the cases were about to be closed pending the team's recommendations, so meetings were not planned for those

families. Some of the remaining meetings concluded with a specific date and time already established for the next meeting. One facilitator did a great job of "normalizing" the scheduling process by inviting everyone to pull up their schedules on their devices and agreeing upon a date and time before the team left. In other meetings, the caseworker agreed to get more details and notify the team about any next FTDM to be scheduled.

Scoring of Observations

Service Area and Statewide Scores – FTDM Observation

Observers scored 19 cases, assessing four fundamental capacities which must be well-demonstrated in order to facilitate meaningful and productive Family Team Decision Meetings. Those are: 1. Building a Trusting Relationship; 2. Building and Preparing the Family Team; 3. Working with the Family Team, and 4. Maintaining the Family Team. Observers utilized a scale of one (poor) to six (excellent) to assess the indicators for each capacity. The scores for each capacity are captured below, as well as state averages per indicator. The final score for the FTDM process overall in Iowa is 4.07. The scores are congruent with the themes captured in the elements of assessment narrative above.

	Western Service Area One	**Northern Service Area Two**	**Eastern Service Area Three**	**Cedar Rapids Service Area Four**	**Des Moines Service Area Five**	**State**
Number of Cases	5	3	4	3	4	19
	Scoring from 1-6 (Poor to Excellent)					
1. Building a Trusting Relationship						
Schedules according to family preferences and visits in home	4.2	4	4.12	4.3	3.5	4.02
Conducts strengths/needs assessment with family	3.6	3.33	4	5	3.75	3.94
Engages family with empathy, genuineness, and respect	4.8	4	4.62	5	4.5	4.58
Maintains balance among exploring, focusing and guiding the conversation	4.2	3.6	4.16	5	4	4.19

Uses open-ended solution focused questions	3.6	3.5	4.1	4	3.6	3.76
Solicits and involves all family members input	4.4	3.37	5.3	4.3	4.5	4.37
Recognizes families as their own expert	3.5	4.67	3.5	3.66	4	3.86
2. Building and preparing the Family Team						
Discusses meeting purpose, roles and confidentiality	5	5	4.75	5.3	4	3.86
Schedules with family best date, time and place	3	5	3.87	5	3.25	4.02
Helps family identify team member, encouraging natural informal supports	3.6	3.6	3.87	4.3	2	3.47
Discusses with the family who needs to attend the meeting, including their own support system	3.6	4	4.62	5	2	3.84
Helps the family identify their worries, concerns about team members participation	3.6	4	3.87	4.3	2.25	3.84
Invites team members, including service providers, prepares them to create positive expectations, plans for managing emotions, including what they want from the facilitator	4	4	4.12	4.3	3	3.88

3. Working with the Family Team						
Is prepared for the meeting, including preparing team members, having necessary documents and materials	4.4	4	4.12	4	3.75	4.05
Facilitates the team meeting; including guiding the team through the steps of the meeting	4.4	4	4.38	4.66	4	4.28
Leads the team to identify underlying needs	3.6	3	4.25	3.3	4	3.63
Demonstrates ability to manage conflict and reach consensus	5	4	4.5	4.6	4.5	4.5
Prioritizes needs and assures matched services match needs	4.4	3	4	4.3	4.25	3.99
Makes steps small and measurable, identifies who, what and when to accomplish steps	4.2	4.3	4.25	4.6	3.5	4.17
Ensure that "what could go wrong with this plan" gets addressed	0	1	3.75	4.3	4	2.61

4. Maintaining the Family Team						
Thanks family and other team members for their effort and cooperation	4.8	5.3	5.25	6	4.75	5.22
Commits to provide a written copy of the plan, advises that plan will be reviewed regularly and revised as needed	4	4.6	4.75	6	4	4.67
Notes that any team member can request a review, and sets date, time location for next meeting or review of work	1	1	3.75	4.3	4	2.81
Establishes method for follow up with members regarding completion of steps	2.8	2	4.25	5	5.25	3.86
Overall by Service Area and State	**3.74**	**3.68**	**4.26**	**4.61**	**3.76**	**4.01**

V. Discussion

Facilitation

It is our understanding that every effort is made to ensure that one facilitator follows their assigned families through the life of the case. This is commendable and, in the meetings observed where it was clear that the facilitator knew the family, families and team members had a more positive experience. There were excellent and efficient discussions in meetings where the facilitator and DHS caseworker knew the family and knew one another. In some meetings, the facilitator knew much more about the family than the DHS caseworker.

Facilitators were cordial and cooperative with the observations and appeared comfortable in their role. The facilitators had gone to great lengths to ensure that the meeting spaces were well-prepared with charts, markers, confidentiality documents, some laptops and projectors, and in most instances, provided water, juice or soda, snacks, and tissues. The purpose was stated at the beginning of the meetings, and team members were encouraged to participate. Facilitators followed the standard agenda and began the meetings by introducing themselves before continuing. Further, several facilitators asked the team if they would like to take a break, both as a gesture of courtesy and as an opportunity to help family members or team members regain their composure.

Each facilitator had a positive, friendly, attitude and a professional demeanor toward the families who were meeting. They seemed genuinely interested in the families and greeted and engaged team members as the groups waited for all to arrive. Facilitators made an effort to give everyone on the team a voice, and were able to manage most of any conflict presented. Respect was shown for family member preferences. For example, in one meeting, the father's attorney was present but the mother's attorney was not. The mother did not want the meeting to take place without her attorney, so the facilitator made every effort to locate and invite the attorney. When this was not successful, the meeting was canceled and the facilitator worked with the group to find another agreeable date.

Facilitators took care to ensure that families and other team members had opportunities to contribute to the discussion. They helped parents understand the intent of any awkward or accusatory statements made by team members, particularly some attorneys. For each family member, strengths and positive outcomes were identified, and of the 19 observations, 18 of the facilitators used charts or a white board to document the plan. The only one where visible documentation did not occur was conducted in a family's home.

Thorough preparation of the family and team members was lacking in most cases. Families had been invited and told that they had options relative to meeting times and locations. Families had been told they could bring informal supports if they desired. However, it did not appear that substantive discussions of the agenda had occurred. Preparation is necessary to ensure that families claim ownership of their meeting and gain confidence in the integrity of the process. They should be prepared to tell their family story, to include life history and their future goals. As many of the meetings were follow-up opportunities, families in those cases had more context based on prior FTDM's. Formal supports were prepared to contribute contextual information, but it was unclear if they had seen an agenda before the meeting or understood what would occur beyond a case status discussion. Pre-conference face-to-face contacts between parents and caseworkers are the best way to ensure that parents are prepared and to build the rapport that will enable the caseworker to support their full participation in the team meeting.

Some facilitators related that, by their own agency's policy, they do not prepare families. There were meetings where it was clear that the facilitator and caseworker knew the family, and even if preparation did not include a deeper assessment, the family appeared more comfortable and engaged. However, in those cases where neither the facilitator nor the caseworker had prepared the team, valuable time was spent in the engagement phase of the case as opposed to an acknowledged understanding of that family's strengths and needs. The absence of consistent in-person preparation of families by their own caseworker suggests a lack of understanding of the critical importance of these parties forming a working alliance. Team meetings provide an important opportunity for joint problem solving and planning, but they call for sharing of very personal information and often of very painful experiences, and can thus be threatening and emotionally challenging for families. Having had an opportunity to talk these concerns through with the caseworker in advance can, and often does, make a crucial difference in the outcome of the meeting.

The Meeting

Despite cases being "open", FTDM's had not been conducted for several families, as planning had occurred primarily with the caseworker or as directed by the Court. One case had been open for six months with no prior FTDM. One case had been open a year and no FTDM had been convened. One meeting was held to review/amend the case plan although the meeting was the initial FTDM. Observers

gathered that when the CPS worker concludes investigation and transfers the case, a plan is transferred also. This was not verified by policy or protocol assessment, however. Most follow-up meetings observed were described by families as "better" than any prior ones.

Most facilitators invited the family members to "tell their story". Observers were concerned that most of the families described the reasons for their involvement with DHS instead of taking the opportunity to share more about their lives and past trauma. If the team has been well-prepared, they understand the agenda and the importance of the family having the opportunity to describe their history, including trauma. More meaningful strengths are frequently identified when team members hear a family's story. The result becomes a more meaningful plan with a greater likelihood of success.

Team meeting "ground rules" were discussed, but it would be helpful if families and other team members develop ground rules that make sense to them. (Observers understood that some ground rules are non-negotiable, for example, child safety, court ordered visitation, or respectful behavior in the team meeting.) When ground rules are set, a significant opportunity exists for families to feel their first sense of ownership of the meeting.

The flow of the meeting could be improved by enhancing each step of the agenda. The Iowa FTDM agenda is a logical guide for the team, and observers saw some facilitators augment the agenda with opportunities for deeper, more nuanced discussion. A facilitator might enhance the strengths portion of the meeting, by starting the strengths list with the mother, then asking her if she is comfortable hearing input and observations from the other team members. Any nuance presented in the agenda that reflects parental ownership is helpful and more likely to achieve outcomes for the family.

One of the most significant challenges faced by a facilitator is the creation of a functional and meaningful list of strengths and needs. When strengths are named, it is crucial for the facilitator and caseworker to identify those that families drew upon to survive past traumas and difficult times. Effective case planning recognizes these strengths so that they can be used again during the current case experience. The facilitator should tell the team why strengths are discussed, and give examples of strengths he or she has observed. These include inventoried strengths, i.e. qualities or accomplishments, as well as functional strengths such as resiliency or survival of past trauma.

It was rare to hear underlying needs discussed in the team meetings observed. Questions for the team were framed as invitations to ask about their "concerns/worries/needs". The responses were almost universally tied to services or outcomes. Observers heard "needs a car", "needs therapy", "needs a job". These are important and should be known and acknowledged. Families who struggle may need all of those things, and it serves them well for the team to share a sense of responsibility for their case goals.

The presence of attorneys in at least two of the meetings presented a challenge to the entire team, especially the facilitator. While their intentions were to assure child safety and parental accountability, the expectation is that FTDM's are conducted in a civil manner that increases the likelihood of setting and reaching the family's goals. They are not to become adversarial, even when there are valid frustrations. Further, they are not to be used for discovery, advocacy efforts, or a personal agenda. Observers were advised that FTDM training for attorneys has been offered in the past. However, it appears that there remains a need for work with legal partners to enable them to more fully appreciate and respect the team process. This has been a challenge in other jurisdictions that have implemented family teaming and sometimes requires the engagement of judges, Court

Improvement Program team members, advocacy organizations, and/or others with an understanding of the roles of the agency and courts in child welfare.

In at least two cases, observers were extremely concerned about the facilitator's judgment relative to children being present during the team meeting. Child age and maturity inform this decision, as well as family preferences. It is not uncommon for children to attend the FTDM from introductions through the identification of strengths. In many situations it is acceptable and helpful for the child/young adult to attend. However, one child repeatedly heard why she "deserved to be hit". It is critical for facilitators to gauge maturity for any child's involvement, but the meeting should have been suspended in those cases until other arrangements for the children could be made. It is unclear if child supervision during the meeting was offered to these families and they declined, or if no offer was available. Thorough in-person preparation of parents and caregivers by the caseworker can also help anticipate such problems and consider them in planning whether or not children will be in attendance.

Surveys are an important method of giving specific feedback to facilitators and general feedback about the FTDM process, but some facilitators did not explain how the surveys would be used. It is commendable for DHS to solicit feedback and it demonstrates an institutional interest in improving outcomes for families and in staff development. Facilitators had survey sheets available and some encouraged team members to complete one and leave it there. Few, if any, fully explained how the survey would be used or made a commitment to confidentiality. Some family members and others expressed discomfort over whether they should be candid about their experience when the team was small and DHS would "know who said what". Observers largely noted this as a routine request at the conclusion of the meeting as opposed to an opportunity for thoughtful feedback. One facilitator commented to observer, saying "I don't know how (or why) the survey is used; we just file the completed ones. I suppose the DHS reviewers look at them when they do their reviews of us. "

The agency may wish to re-think the method for obtaining feedback from family members. For example, surveying only a random sample of FTDMs may make it practical for someone not involved in the cases (e.g., a Quality Assurance staff members, student intern) to speak with the parent(s) by phone following the meeting or stamped envelopes might be provided for mailing the survey to a someone in the regional or central office. Survey forms can also be coded to identify them by county, date, and even caseworker and facilitator without requiring the parent(s) to enter their name(s).

VI. Recommendations

- If independent facilitation continues to be the Iowa model for teaming, then stronger expectations should be established and monitored to ensure that the same facilitator supports the family throughout the life of their case.

- Require internal communication with the new worker and most recent prior worker upon case transition as well as a comprehensive review of case documentation. Several DHS workers were new to their family and shared that they knew only what they read on a referral document. Had a discussion, in-person or by phone, occurred, and the current caseworker been more familiar with the case history, the FTDM would likely have been more efficient and substantive.

- Use the FTDM format for the development of the initial plan. Team meetings should not be considered a parallel planning process; they are the process for planning with families based on

Iowa's model. Families spoke to having a case plan that was developed earlier in their involvement with DHS, but these plans were not a result of the FTDM. If this process is to become fully institutionalized, it must begin when the involvement with the family begins.

- Observers learned that, in order to be re-approved as an FTDM facilitator, one must receive six hours of continuing education every two years. We recommend at least 16 hours of specific training every year for approved facilitators. It appeared to observers that facilitators were conducting needs assessments as they had been taught to do. It is imperative that facilitators cultivate a keener sense of underlying needs and develop a strong skills-set relative to identification of functional strengths, and a requirement for robust and consistent training for facilitators would be more likely to impact outcomes than the acquisition of CEU's alone. A similar understanding of underlying needs is also important for caseworkers as they work with families to identify the most beneficial interventions and to gauge progress and any needs for mid-course changes in service plans.

- Provide training opportunities for attorneys and the judiciary relative to Family Team Decision Making. The partnership enjoyed in Iowa between the Court Improvement Program and the judiciary at large is an excellent foundation for a discussion about the role of attorneys and the Court in the FTDM process. Some brochures and hand-outs for attorneys and judges were reviewed by CWG, and demonstrate evidence that this is not a new discussion. It must, however, be refreshed as new judges emerge and new attorneys become qualified as guardians-ad-litem, public defenders, or family representatives.

VII. Concluding Remarks

The Child Welfare Policy and Practice Group considered it a privilege to observe Family Team Decision Meetings in Iowa. Facilitators, DHS staff, other professionals and other supports were eager to acknowledge the strengths in families and the innate worth of the individuals served by DHS. Observers noted a wealth of documentation online relative to years of defining and refining a Practice Model, and it is apparent that DHS is committed to a strengths-based model. The "Commonalities of Family Team Meeting Models" section of the website provides abundant evidence that great care has gone into the process. The six commonalities highlight the best in child welfare anywhere in the country, and the FTDM Program Improvement Plan developed in the state several years ago is evidence of a high level of commitment to families.

VIII. APPENDIX

Cover Sheet

Child Welfare Policy and Practice Group

Iowa FTDM Facilitation Assessment

Fall, 2018

Location of Review (Agency/City)

_____

_____

Name of Facilitator

_____

Name of Observer

Date of FTDM Observation

FTDM Observer's Assessment Form

Facilitator's Name _____

Supervisor/Coach's Name _____

Date of Observation_____

Column A for FTDM observer scoring 1-6

Column B: comments from FTDM observer

1. Building a Trusting Relationship: Emphasis on use of exploring & focusing skills. Must engage family and gain perspective of the family's definition of community & culture, and desired outcomes.

Principles / Indicators	Column A	**Strengths/Opportunities for Improvement** Column B
Schedules according to family preferences and visits in home		

Conducts strengths/needs assessment with family		
Engages family with empathy, genuineness and respect		
Maintains balance among exploring, focusing and guiding the conversation; uses open ended/solution focused questions		
Solicits and involves all family members input; recognizes family as their own expert		
Prioritizes needs and identifies non-negotiables, helps family determine outcomes for a family team meeting		
Prepares parents or other family members to tell their story		

Notes:

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Building and Preparing the Family Team: Emphasis is on giving the Family a voice. Helps identify and prepare team members and determine roles.

2. **Building and Preparing the Family Team:** Emphasis is on giving the family a voice. Helps identify and prepare team members and determine roles.

Principles/Indicators **Strengths/Opportunities for Improvements**

Column A Column B

Discusses meeting purpose, roles and confidentiality		
Schedules with family best date, time & place		

Helps family identify team members, encouraging natural informal supports		
Discusses with the family who needs to attend the meeting, including their own support system		
Helps the family identify their worries concerns about team members participation		
Invites team members, including service providers, prepares them to create positive expectations, plans for managing emotions, including what they want from the facilitator		

Notes:

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3. **Working with the Family Team:** Emphasis is on use of facilitation skills, such as listening and guiding the process, reaching consensus, and maintaining a strengths/needs focus.

Principles/Indicators **Strengths/Opportunities for Improvements**

Column A Column B

Is prepared for the meeting, including preparing team members, having necessary		

documents and materials		
Facilitates the team meeting; including guiding the team through the steps of the meeting		
Leads the team to identify underlying needs		
Demonstrates ability to manage conflict and reach consensus		
Prioritizes needs and assures matches services match needs		
Makes steps small and measurable, identifies who, what and when to accomplish steps		
Ensures that "What could go wrong with this plan?" gets addressed		

Notes:

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4. **Maintaining the Family Partnership Team:** Emphasis is on demonstrating ways to support team members throughout the life of a case.

Principles/Indicators **Strengths/Opportunities for Improvements**

Column A Column B

Thanks family & other team members for their effort & cooperation		
Commits to provide a		

written copy of the plan, advises that plan will be reviewed regularly and revised as needed		
Notes that any team member can request a review, and sets date, time location for next meeting or review of work		
Establishes method for follow up with members regarding completion of steps.		

Notes:

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Summary Notes

Strengths Demonstrated in Process:

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Areas of Opportunity in Process:

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Extent to Which the FTM advanced Safety/Permanence/Well-Being:

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