This guide provides details for how to facilitate a successful and interactive Pre-Meeting Discussion and Family Team Meeting (FTM). It should be reviewed prior to conducting Pre-Meeting Discussions and Family Team Meetings to help Child Welfare Staff feel confident in their ability to effectively engage parent(s), caregiver(s), youth, and/or their team members in the discussions. Pre-Meeting Discussions and Family Team Meetings are designed to include the parent(s), caregiver(s), and youth throughout the life of their case. Full disclosure helps the parent(s), caregiver(s), and youth understand the importance of their inclusion in every part of the process. According to the fundamental belief of the MiTEAM Practice Model, “all children deserve to be safe from harm, raised in loving, committed families, and provided the kinds of supports to build their well-being”. Conducting Pre-Meeting Discussions and facilitating Family Team Meetings are two avenues in which the conversation begins in making that belief possible.

Note: Please reference Policy 722-06B of the Foster Care Manual for additional details regarding Pre-Meeting Discussions and Family Team Meetings.

I. Pre-Meeting Discussion

A Pre-Meeting Discussion is an opportunity for Child Welfare Staff to prepare parent(s), caregiver(s), youth, and/or other team members for the FTM. A general orientation to the FTM process will be provided, along with a discussion around agenda topics, attendees, ground rules and logistics of the upcoming FTM. Involving the parent(s), caregiver(s), youth, and/or other team members in discussions around the structure of the meeting and content therein, prior to the actual FTM, creates an environment that initiates the development of a collaborative relationship. Pre-Meeting Discussions should empower them to take a lead in the case planning process during and following the FTM. The information in this section complements the Pre-Meeting Discussion brochure entitled: “A Family’s Guide to Pre-Meeting Discussions & Family Team Meetings” (see MDHHS-Pub-1160).

How to Use the Pre-Meeting Discussion Brochure (MDHHS-Pub-1160)

1. Provide the brochure to the participant during the initial, in-person, Pre-Meeting Discussion.
2. Review the sections of the brochure, ask for understanding, and then discuss the purpose of the upcoming FTM.
3. Discuss logistics and have the participant fill out the logistical column on the back to keep for their records.
4. Document the agreed upon logistical column to reference when completing the Social Work Contacts in MiSACWIS.*

*Note: Please see the section below titled, “How to Document Pre-Meeting Discussions”, for when to complete the Social Work Contact and what to include.

Overview Topics for the Pre-Meeting Discussion

For each heading below there is a brief description of the overview topics to be discussed in the Pre-Meeting Discussion. Some headings also have suggested scripts of what to say during the discussion with the family. The overview topics will be reviewed at the initial Pre-Meeting Discussion that must take place face to face. All subsequent Pre-Meeting Discussions, if applicable, should build upon the last; therefore, the logistical information (agenda, attendees, location, times, etc.) can be the primary focus, along with checking in with the family about the stability and supportiveness of their team. Child Welfare Staff must use their professional judgment to assess whether or not previous topics need to be repeated for the family’s benefit.

Team Members

A critical role of Child Welfare Staff is to help the parent(s), caregiver(s), or youth to see the importance of identifying supportive team members that play an essential part in helping with case planning and supporting their long term goals beyond case closure. This could include professional supports, family members and
other informal supports such as neighbors, friends, mentors, pastors, godparents, etc. Child Welfare Staff must keep an open mind when parent(s), caregiver(s), or youth are deciding who to add to their team. Team Members may be invited to FTMs or be used in other capacities to support the parent(s), caregiver(s), or youth. In cases where the FTM is focused on a youth in residential treatment facilities, consideration of their suggested informal supports should be taken into account. Conversations between the Residential Staff and MDHHS/PAFC Foster Care Caseworker must take place and proper protocol must be followed to approve said individuals to be part of the FTM, when appropriate. When concerns arise about a particular person, the Child Welfare Staff must evaluate the concerns and discuss them with the parent(s), caregiver(s) or youth. Together they can weigh the advantages and disadvantages of that person’s involvement. Often, with some thought, once the benefit of that person’s presence is understood, the concerns can be alleviated. Additional preparation for specific team members may be necessary given case-specific circumstances. In times where parent(s), caregiver(s), or youth have difficulty identifying team members, assist them by asking additional questions. Some suggested questions are listed below:

Suggested questions for identifying team members:

- If you were to look back through your phone call or text log, who have you contacted? Who has contacted you?
- If you needed someone to give you a ride or loan you money, who would you ask?
- If you needed someone to talk to or get advice from, who would you reach out to?
- If you were ill and needed someone to watch your kids, who would you trust to do that?

Suggested “Team Members” Script for FTMs:

“We’ve found that FTMs are beneficial when we include people in your life that help and support you. It’s helpful to include people who can provide information about your family’s strengths, assist you in developing a plan and provide you with support. These people can be family, friends, neighbors, as well as people from school/work/organizations and religious groups. You may want to take some time before the meeting to think about those in your life who you would like to participate in the FTM. Once you have chosen your team members we can discuss how we will invite them to the meeting.”

Agenda

The agenda is a road map of how to conduct the FTM to reach the identified goals for that meeting. An agenda should briefly outline all the points or topics that need to be discussed during the FTM*. An agenda is required for each FTM and should be developed with the parent(s), caregiver(s), or youth’s input. Creating an agenda for the FTM is essential to ensure that it is organized and that everyone’s needs are addressed. After the parent(s), caregiver(s) or youth fully understand the purpose of the FTM and have provided input for the agenda, the Child Welfare Staff can then discuss any topics that the agency needs addressed, which includes any “non-negotiables”. Agenda items can include brainstorming of appropriate services to address needs and/or any underlying causes of the reported needs, the development of a service plan and updates on current level of functioning.

*Note: Please reference the “Michigan Family Team Meeting Protocol” link in FOM 722-06B for a detailed description of what is covered in each FTM Type.

Location

The location is one in which safety and comfort can be created for the team. Where the meeting is held can be one of the first decisions that really allow the parent(s), caregiver(s) or youth to feel that the FTM is theirs. Child Welfare Staff should be creative and open-minded as the parent(s), caregiver(s) or youth suggests locations for the FTM to occur. They may have an idea where they would like to hold the meeting, but if they don’t, the Child Welfare Staff should develop a varied list of resources that can be offered as a location for the FTM. Child Welfare Staff can prepare themselves by developing relationships with other community agencies and groups that can provide space for FTMs.
Family Story

When having a Pre-Meeting Discussion with the parent(s), caregiver(s) or youth, it is important to discuss the purpose of the Family Story and the role it plays in the FTM and in case planning. The Family Story is strength-based and provides an opportunity for the parent(s), caregiver(s), or youth to describe his/her family’s past and current level of functioning, important life events, interests and activities. This is also the forum for them to discuss, from his/her own point of view and without criticism, what happened that brought their family to the attention of the Michigan Department of Health and Human Services (MDHHS), which may include the trauma history that they are willing to share. The description of the critical incident necessitating MDHHS and/or court involvement should not be the primary focus of the Family Story. In subsequent FTMs, the Family Story will evolve over time and should include what happened since the last FTM.

Suggested “Family Story” Script:

“During the FTM you will be given an opportunity to tell your Family Story. This means you will have a chance to describe from your perspective how your family became involved with MDHHS, as well as other family history, interests, activities, and important events that have impacted your family. You can share as much or as little as you wish. By sharing this information, your team will have a better understanding of your strengths and needs, which will help us create a successful plan. At future meetings, you will also be able to share your ongoing successes and accomplishments as part of your Family Story to provide an update on what has occurred since the previous FTM. It is helpful to describe a little bit about your family and how you function. For example, you can talk about your child(ren), (what they are like, their interests, behaviors, and needs) or what types of activities you do as a family.”

Strengths

Strengths are the building blocks that families use to make changes and improvements in their lives. Recognizing strengths in families builds a foundation for a trusting relationship. Strengths can be any special skills or abilities that the child(ren) or parent(s) possess. Your role is to build on and compliment the family’s strengths, history of problem solving, natural resources, capacity for change and positive efforts. Examples could include: community supports, ability to access resources, significant others, faith-based community involvement, family relationships, interpersonal skills, education, training, or employment. Encourage the family to think about their strengths prior to the meeting.

Suggested “Strengths” Script:

“We’ve found that identifying and using family strengths can help us tailor interventions for your family. We believe that when you share your strengths, the team can connect them to ways to address your needs. To prepare for the FTM it may be helpful for you to think about your list of strengths. For example, you could think about times when things are going well for your family. Be prepared to talk about what that looks like?”

Non-Negotiables

In the decision-making process there are limitations the team has regarding court orders, state laws and/or MDHHS/agency policies. These limitations can be categorized as “non-negotiables”. To ensure that non-negotiables are respectfully addressed, minimize the use of the term “non-negotiable” and speak to the specific requirements (at this point in time) of the court orders, state laws and/or MDHHS/agency policies. When identifying a non-negotiable, the Child Welfare Staff must be able to explain to the parent(s), caregiver(s), or youth the reasons for the decision, and how it connects to child safety, permanency and/or well-being. Non-negotiables may change throughout the life of the case.

Suggested “Non-Negotiables” Scripts:

“During the FTM our goal is to work together as a team to achieve the best outcome for your family. There are some things that must be addressed by court orders, laws and/or policies. The court order, law and/or policy may limit our options at specific times. However, these areas can be reassessed in the future as your case progresses. The court orders, laws and/or policies that we will be discussing during the Family Team Meeting are __________.”
“Picture a triangle. The work we are going to do as a team during the FTM has to be contained within those three sides: Law, Policy, and Court Orders. These limitations or boundaries will be discussed at that time.”

Needs/Concerns

The needs/concerns are identified from the assessment and/or investigation, as well as from what the parent(s), caregiver(s), or youth verbalizes to you. These are the concerns in the family that prevent the children from being safe. Services should not be connected to just the “needs”, but also to the underlying causes that create the “needs”. The parent(s), caregiver(s), or youth, with the help and support from the team, identifies the needs and barriers to address in order to achieve safety, permanency, and well-being for the child(ren). This is not the time to “re-hash” the investigation or “pick apart” the parent(s), caregiver(s), or youth. This should be presented to them as a supportive and collaborative process. The initial FTM will include an honest and complete disclosure by the team of all the identified needs with the understanding that, over time, subsequent FTMs (if applicable) will address each of the needs, according to the priority established by the team, in more detail. An assessment completed at a later date may determine a different priority of needs.

Suggested “Needs” Script:

“During the FTM we will be working together to identify specific things that we have to work on to make sure that your children are safe. This will include making decisions for the types of services that will be used, establishing goals and creating safety plans for your children. Our ‘non-negotiable(s)’, court orders and policy requirements can limit the options we have for planning; however, these needs will be reviewed throughout the case. Your participation in the process is extremely important to the success of your case plan.”

Confidentiality

When having a Pre-Meeting Discussion it is important to provide the parent, caregiver, or youth with information about confidentiality. The focus of the FTM is to have an open and honest conversation which may include details concerning mental health, medical health and/or substance abuse. We want to ensure the parent(s), caregiver(s), or youth knows their rights and our requirements (see FOM 722-4 and DHS-1105) so that they can make an informed decision about what they are willing to share at the Family Team Meeting.*

*Note: During the FTM, individuals may be excluded from parts of the conversation at the request of the parent(s), with the exception of any Child Welfare Staff present at the FTM.

Suggested “Confidentiality” Script:

“At the FTM we want to have an open and honest discussion with you. We need your permission to do so because we may talk about confidential information, such as substance abuse treatment, mental health or medical issues. We will ask that all team members agree to be respectful and not disclose your information to family members, friends or others in the community. Information from the FTM will be used for case planning and if there is court involvement it may be used in court proceedings. Additionally, if new allegations of abuse or neglect are made we may investigate those allegations. Do you have any questions? Are you comfortable having an open and honest discussion? If you are not comfortable discussing some topics with the team members, we can discuss those issues in private.”

Ground Rules

The ground rules are established at the Pre-Meeting Discussion in collaboration with the parent(s), caregivers, or youth*. At the beginning of the initial FTM, the Child Welfare Staff, parent(s), caregivers, or youth reviews the ground rules, item by item, with the team to elicit group agreement before moving on. At the beginning of any subsequent FTMs, the team may review the ground rules, recognizing that they are often modified as the team moves forward. The purpose of this process is to have the parent(s), caregiver(s), or youth take ownership for how the meeting is run and for all team members to refer to if the FTM gets off track. If not already emphasized, this is a good time to discuss and set expectations for strength-based language and behavior.

*Note: Please see the “Family Team Meeting Informational Sheet” (DHS-1104) for suggested ground rules.
**Subsequent Pre-Meeting Discussions**

Subsequent Pre-Meeting Discussions should not be as in depth as the initial one; however, just as pertinent. Ideally, they will be completed in person during a home visit, but may be completed via phone. The focus of subsequent Pre-Meeting Discussions should be centered on reassessing the team members who will play a vital role in helping with the goals of the upcoming FTM.

During subsequent Pre-Meeting Discussions, caseworkers may briefly review the brochure with the participant, if necessary, then prepare them for the upcoming FTM by:

- Discussing needs/concerns that should be addressed in the upcoming FTM.
- Identifying the right people to be at the meeting to address needs/concerns.
- Identifying potential barriers that may arise and how to address them.
- Finalizing logistics of the upcoming FTM.

**How to Document Pre-Meeting Discussions**

All Pre-Meeting Discussions conducted face-to-face must be entered into the “Social Work Contacts” section of MiSACWIS within five (5) business days. The “Pre-FTM Discussion” box must be marked under the “PURPOSE” section. Documentation of Subsequent Pre-Meeting Discussions completed over the phone must be entered according to the timeframes outlined in the Children’s Services Manuals (PSM 713-03 and FOM 722-06H). The documentation of all Pre-Meeting Discussions should at least include a brief description of the following:

- Efforts to assist the family in forming (or reassessing) their team.
- Preparing the family (and other participants) for the upcoming FTM.
- Arrangements to invite participants to the upcoming FTM.

**II. Family Team Meeting (FTM)**

An FTM is an opportunity for Child Welfare Staff to involve youth, families, caregivers, informal supports, and other team members in case planning and decision-making. It is a collaborative process to create a family-centered, strength-based plan that ensures a child’s safety, well-being and permanence. Family Team Meetings must be facilitated by the assigned caseworker unless there are extenuating circumstances warranting a neutral facilitator*. In such cases, there should be mutual agreement between the caseworker and supervisor. The reason for the neutral facilitator must also be documented in the Social Work Contacts. Federal requirements mandate a neutral facilitator for Young Adult Voluntary Foster Care (YAVFC) youth’s semi-annual transition meetings. Documentation of Family Team Meetings in MiSACWIS should be completed within five (5) business days of the FTM.

*Note: According to FOM 722-06B, “a neutral facilitator is a person without case management responsibility of either the child or the parents who are the subject of the review”.

**Purpose of the FTM**

Throughout the life of a case, there are required times that the parent(s), caregiver(s), or youth’s team will gather to discuss current case matters, future case planning, as well as to discuss any recommendations that will be provided to the court, if applicable. Types of Family Team Meetings are prescribed according to specific timeframes in which decisions must be made. These timeframes can affect the desired outcomes (safety, permanency and well-being) for a youth*. Family Team Meetings should not be used as a platform to further investigate the allegations of abuse/neglect, but rather an opportunity for the parent(s), caregiver(s), or youth and their team to collaborate with Child Welfare Staff to begin development of their case plan.

*Note: Please reference the “Michigan Family Team Meeting Protocol” link in FOM 722-06B for a detailed
description of what is covered in each FTM Type.

Suggested “Purpose of the FTM” Scripts:

“An FTM is a time for us to gather with your identified support team. These team meetings will happen at required times in your case. I am required at each team meeting to collect and document specific information. We will always prepare for team meetings together by discussing the purpose of each meeting ahead of time. Our goal is to work with you to create a supportive and effective case plan. We believe the more input you provide the better. Everyone’s ideas are valued and important. This team may change throughout the life of your case.”

“An FTM is a time to focus on the future and what you can do differently to strengthen and improve your family functioning with the assistance of the team members you put in place to support you.”

Collaboration with Other Child Welfare Staff

There are times in which collaboration with other Child Welfare Staff in an FTM is necessary. This may include, but not limited to, cases that are being transferred from one program to another, when abuse/neglect in a caregiver’s (relative or foster) home is being investigated, or when youth are in residential care. In these cases, and other situations deemed necessary, it is important for the facilitating caseworker to make contact with the additional Child Welfare Staff prior to the FTM to have a discussion around the logistics as well as each other’s role in the meeting. Child Welfare Staff participating in FTMs, where they are not the primary facilitator, still play a vital role in the meeting. Their role is not to be silent, but rather to actively participate in the meeting. They may be asked to assist with documenting on the FTM Report, charting, greeting people, or setting up the room. Additionally, they will be asked to lend to the conversation by adding to the family’s strengths, brainstorming ideas, and anything else necessary to have a productive meeting. It is also important to share with the family when there will be other Child Welfare Staff participating in the FTM and what their role will be in the meeting during their Pre-Meeting Discussion.

Stages of the FTM

This outline will help guide the FTM so that it is productive and beneficial to all participants. It is important to acknowledge all the team members and allow everyone the opportunity to have a voice throughout each stage of the FTM. Genuineness, honesty, inclusivity, and full disclosure are guiding principles of engagement that is to be displayed at all times. The structured list of stages below is best practice for facilitating an FTM. The average timeframe for an FTM is approximately one hour or longer. This provides sufficient time to make sure everyone’s input is included and that there is substance to the meeting.

Welcome and Introductions

(It is helpful to have name tents available, whenever possible, to be able to refer to participants by name.)

- Greet the family and team members as they enter.
- Welcome the family and team members once seated.
- Introduce yourself and explain your role in the FTM.
- Allow the participants to introduce themselves and share their relation to the children.
- Discuss the overall purpose of FTMs, in general. (Reference the DHS-1104 and have copies for participants available.)
- Discuss the specific reason for the current FTM.
- Discuss ground rules. (Add to those already established during the Pre-Meeting Discussion meeting.)
- Discuss non-negotiables. (i.e., policy, procedures and court orders)
- Explain the confidentiality statement and allow everyone an opportunity to agree and sign. (Ask any
clarifying questions, if needed.)

- Explain charting. (This is when the facilitator (or designee) creates a visual of the conversation during the FTM, preferably on a white board or chalkboard, if available; so as to have full disclosure of what is being documented on the FTM Report.)

**Identification of Strengths**

*(Starting the conversation with strengths sets the tone for the meeting. It allows for the meeting to be strength-based and family—centered.)*

- Allow the family to tell their story in their own words. (Once finished, pull strengths from their story and chart it.)
- Ask family/youth to identify a strength/positive attribute about themselves. (Allowing the family to go first will further show that they’re the primary focus of the meeting.)
- Ask for team members to share strengths of the family/youth. (Encourage everyone to verbalize at least one strength.)
- Chart responses.

**Identification of Needs/Concerns**

*(An open dialogue regarding everyone’s assessment of the child/family’s needs/concerns provide opportunities to hear from different vantage points.)*

- Inform participants that they will be discussing the issues that brought them to the FTM.
- Reiterate the confidentiality statement and/or refer to the Ground Rules, if necessary.
- Inquire of family/youth, first, to identify any needs or concerns.
- Be sure all safety and risk factors are discussed, as well as agency and legal “non-negotiables”.
- Present needs/concerns from the agency’s point of view. (Reference factual information, court orders, policies, and laws. Ask clarifying questions for any unclear information.)
- Open the discussion up to the rest of the team to provide needs/concerns.
- Chart responses.

**Brainstorming Ideas**

*(A phase in which the free flowing of ideas is allowed in order to assist in case planning or goal creation.)*

- Ask everyone to offer ideas that can address the needs/concerns and provide safety and protection to the minor children.
- Offer and inquire “out of the box” thinking. (Ask questions such as “What would Dr. Oz say? What would Oprah add? What type of results would you get if you Googled the concern/need?”)
- Quantity is important; quality is not the primary focus during this phase. (Allow as many ideas to be shared and don’t worry about paring them down during this phase.)
- No critical judgment or evaluation.
- Include everyone in the process; no observers. (Encourage family/youth and all team members to participate in the process.)
- Chart responses.
Plan/Goal Development

(Ideas from the previous phase will be pared down into concrete, timely, and attainable next steps.)

- Clarify boundaries or realities that may interfere or impact the ideas. (Reality Testing)
- Plan should address:
  - Placement/custody/transitions
  - Action to provide immediate and potential safety
  - Services/actions to reduce risk
  - Parent/Youth Visitation
  - Parental protective capacity
  - Concurrent planning
- Plan should utilize strengths expressed in the FTM.
- Plan should be family-centered and youth-focused.
- The action steps should be clear & measurable and include the family/youth and team members’ voice and choice. (The plan should answer: **Who will do what by when?**)
- Chart the agreed upon next steps.

Recap and Closing

(All participants should be clear on what was discussed during the FTM and what the next steps are moving forward.)

- Strive to reach a consensus. (A “consensus” is defined as a willingness to support the plan even if it might not be everyone’s first choice.)
- Ensure everyone has an understanding of:
  - What was decided and why.
  - What will happen now/next.
  - Review that everyone understands what they committed to in the next steps.
- Allow family to ask questions. (Provide answers or seek to find answers if unknown at the time).
- Provide a copy of the DHS-1105 to all attendees. (When in the field, at a minimum the parent should always get a copy before leaving the meeting.)
- Thank everyone for coming and participating.

Subsequent FTMs

During subsequent Family Team Meetings, it is important to revisit the information discussed in prior FTMs. In preparation for subsequent FTMs, caseworkers should review the previous DHS 1105 and have it available for participants at the meeting. Each FTM should build upon the next with an emphasis on recapping the prior plan and any follow up action steps. If there are any unfinished tasks that are still applicable, they should be added to the DHS-1105 of the most current FTM. The previous stages should also be followed in subsequent FTMs, with the following added steps:
• Acknowledging/celebrating the family and team members’ successes in the completion of action steps.
• Tracking progress (or lack thereof) in the case plan and adjusting the case plan, when necessary.

III. Following the FTM

Following the completion of an FTM, caseworkers must follow through on any action steps that pertained to them. Additionally, caseworkers should check in with the family and/or team members to see if their action steps were completed or if there were barriers interfering with their ability to complete their action steps. Support or guidance should be provided, when necessary, to help the family and/or team members in the successful completion of their action steps, when applicable.