

Michigan Family Team Meeting Protocol

TYPE OF FTM	TIMEFRAME	PURPOSE	COMMENTS
PROGRAM AREA: CPS			
CPS Case Opening (ISP)	<p>Timeframe: Within 30 calendar days before or 14 calendar days after CPS case opening.</p>	<p>This FTM provides the forum for families to participate in planning, development and assessment of goals and activities aimed at ensuring the safety, permanency and well-being of their children. During the FTM team members shall:</p> <ol style="list-style-type: none"> 1. Assess child safety and risk, parental protective capacity. 2. Identify parental capacities and needs. 3. Identify child vulnerabilities by assessing child's behaviors, physical and mental health. 4. Identify and initiate services to address the safety concerns (Develop the Family Plan). 5. Provide clear guidelines as to what must be addressed (either parental behavior or concrete needs) to ensure the child's safety in parent/caregiver home. 6. Identify potential safety resources, relative/non-relative resources that were not identified earlier. 7. Develop safety plans to address identified safety concerns. 8. Discuss contact standards for mother, father, other caregivers, child(ren), and collaterals. 9. Discuss an exit strategy and alternative plans/options if safety concerns are not adequately addressed within agreed upon timeframes. <p>If during the course of the FTM it is determined that the safety concerns cannot be resolved in the short-term, collaborate with the family to develop an alternative plan to ensure the child's long-term safety.</p>	<p>Eligibility Specialists may be represented at this FTM, when possible, as they may be a valuable resource for the family.</p> <p>Families and youth must be involved in the development of any plan which affects them. The family should be encouraged to identify relative resources, for support and potential placement, if/when needed.</p> <p>If transferring to an Ongoing Worker, both Ongoing and Investigative Workers should be present for the FTM.</p> <p>The caseworker must discuss any security needs and safety concerns prior to the FTM to ensure adequate security at the meeting site. Family members may be excluded if they pose a credible safety threat to the group or if attendance would violate a personal protection order, no contact-bond, probation, parole, or other court order. In some of these cases, a telephone conference must be explored.</p> <p>All participants must be provided with security information, whenever a FTM will include the attendance of a family member with a known history of violent or threatening behavior.</p> <p>MIC to be included if substantiation involves a MIC worker. Please refer to MIC Scenario Chart.</p>
CPS Case Open/Close	<p>Timeframe: Prior to case disposition.</p>	<p>This FTM provides the forum for the family and their supports to create proactive steps and early interventions to address potential problems before they escalate or manifest. Recommendations from this FTM must be focused on reducing recidivism and decreasing risk. During the FTM team members shall:</p> <ol style="list-style-type: none"> 1. Assess child safety and risk, parental protective capacity. 2. Identify parental capacities, needs, and child vulnerabilities. 3. Provide clear guidelines as to what must be changed (either parental behavior or concrete needs) to ensure the child's safety in 	<p>If during the course of the FTM it is determined that the safety concerns cannot be resolved in the short-term, collaborate with the family to develop an alternative plan to ensure the child's long-term safety and consider a case opening or elevation of risk.</p>

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		parent/caregiver home. 4. Provide resources to address identified risks and needs. 5. Discuss expectations of parents in regards to recommended services. 6. Discuss consequences of not participating/completing recommended services. 7. Create a plan with a supportive team that will address proactive ways to meet the family's needs.	MIC to be included if substantiation involves a MIC worker. Please refer to MIC Scenario Chart.
Case Service Plan Reassessment (USP)	Timeframe: For ongoing CPS cases, anytime within 30 calendar days prior to USP due date.	This FTM provides the forum for families to participate in planning, development and reassessment of goals and activities aimed at ensuring the safety, permanency and well-being of their children. During the FTM team members shall: <ol style="list-style-type: none"> 1. Reassess safety and risk. 2. Evaluate the effectiveness of the Case Plan. 3. Identify additional safety concerns and develop any needed safety plans and action steps. 4. Provide feedback from physician and other health care service professionals treating the child and identify how concerns will be address, if needed. 5. Review of any psychotropic medication the child is currently prescribed, had been prescribed in the past, or had been recommended to take. 6. Focus on family preservation. 7. Identify resources/collaterals (formal and informal supports). 8. Determine if case should remain open, closed, or escalated to court intervention. 	The family should be encouraged to identify relative resources, for support and potential placement, if/when needed. Eligibility Specialists should be represented at this FTM, when possible, as they may be a valuable resource for the family. Families and youth must be involved in the development of any plan which affects them. This FTM can be combined with a Court Intervention FTM.
Court Intervention	Timeframe: Within 7 business days from the date of the preliminary hearing.	This FTM provides the forum for families to discuss the interventions that are necessary to address the concerns that risk child safety, wellbeing and permanency. If in-home placement: During the FTM, team members shall: <ol style="list-style-type: none"> 1. Address step 1-8 for the CPS Case Opening FTM. 2. Determine whether out-of-home placement is necessary, or how out-of-home placement can be avoided. 3. Determine how the child's safety can be ensured in the least restrictive, least intrusive manner possible by: <ol style="list-style-type: none"> a. Considering all placement options. b. Assessing the need to keep sibling groups together. c. Considering best interest of the child regarding their schooling needs. d. Planning for transportation for the children to school, sports, clubs, etc. 	If a child was removed on an emergency basis, the initial Out-of-Home Care FTM is the removal FTM. Invite supports/resources that can assist with providing formal or informal supportive services. Supervisors may also be beneficial members of the team. This FTM can be combined with a Foster Care Case Service Plan Development FTM provided that placement occurs within 48 hours of FTM, and all issues related to the initial out-of-home care FTM are addressed. If transferring the case to foster care, the caseworker and/or licensing worker should be present for the FTM. The licensing worker will be beneficial in explaining relative licensing /waiver process as appropriate.

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	<p>Timeframe: No later than 7 business days from the date of the preliminary hearing.</p>	<p>If placed in out-of-home care: In addition to the above:</p> <ol style="list-style-type: none"> 1. Provide the family with additional information regarding the out-of-home care process and their involvement with DHS. Discuss relative licensing/waiver process. 2. Discuss how to minimize any possible trauma to the child as a result of the out-of-home placement. 3. Discuss transitional needs of the child. Develop a plan to obtain items the child will need. 4. Discuss how medical/dental care and mental health treatment will be transitioned between caregivers. 5. Obtain information from parent/caregiver of the child's medical provider to maintain continuity of care. 6. Review of any psychotropic medication the child is currently prescribed, had been prescribed in the past, or had been recommended to take. 7. Develop the preliminary visitation plan, including sibling visitation and a potential plan for placing the siblings together (if they are separated); 8. Establish initial contact standards. 9. Discuss permanency and concurrent plans, as appropriate. 10. Begin engagement of the family in the development of a viable plan for permanency. 	<p>MIC may be involved for an addendum or change of placement petition. Health Liaison may be invited to assist in obtaining child's health information.</p>
<p>Case Closure</p>	<p>Timeframe: Within 30 calendar days before case closure or one business day after unplanned court ordered dismissal</p>	<p>The case closure FTM is held to evaluate and finalize the exit transition plan including the following:</p> <ol style="list-style-type: none"> 1. Review safety and risk factors to ensure they have been sufficiently addressed. 2. Discuss the reasons case closure is being recommended. 3. Ensure that all necessary supports are in place prior to the case closing. 4. Establish a transition plan for the following: <ol style="list-style-type: none"> a. services that are ending or continuing. b. children returning home (school, medical transition if needed). 5. Address outstanding concerns regarding any educational, health and mental health needs, as well as concrete needs (food, shelter, clothing). 6. Any additional non-safety needs the family may identify. <p style="text-align: center;">*Address safety plan, as needed</p>	<p>This FTM should be a celebration of the family's accomplishments in achieving goals.</p> <p>Family team members such as extended family, community supports, etc., should be invited to the closure FTM to discuss their role in supporting the family post-case closure.</p>

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		<ol style="list-style-type: none"> 3. Assess effectiveness of the Case Plan. Review the case plan goals and discuss the level of achievement to determine if family is on track or if any revisions are needed. Reassess visitation schedule (multiple overnights if moving towards reunification). 4. Update on current health status and medical/dental needs upon placement in foster care. 5. Description of any needed follow-up treatment needed to address medical, dental and mental health needs. 6. Review of any psychotropic medication the child is currently prescribed, had been prescribed in the past, or had been recommended to take. 7. Assess if services being provided are effective in addressing the specific parental behavior deficits and child vulnerabilities identified. 8. Identify and address barriers to permanency and specific plans to overcome barriers. Have barriers been resolved? Review or recommend concurrent plans, update relative licensing/waiver process, etc. 9. Discuss Residential Placement updates, concerns, transition plans, etc. 10. Discuss Young Adult Voluntary Foster Care requirements/timeframes and progress. 	
Child in Care for Six Months (Permanency Goal Review)	Timeframe: By the 30 th day from the date the child has been in care for six months.	Provides a forum for the family to provide critical information or clarity regarding progress or lack thereof on goals and activities related to safety and permanency goals; while also providing the opportunity to discuss possible recommendations to the court, based on measurable progress. During the FTM, team members shall: <ol style="list-style-type: none"> 1. Discuss progress or lack thereof related to specific behavior changes. 2. Identify barriers to achieving permanency. 3. Discuss effectiveness of services/level of participation, etc., (what evidence is available to support this, including provider statements, reports of participation, progress, etc.). 4. Discuss safety and risk factors regarding permanency as well as placement and develop/revise safety plans. 5. Discuss reasonable efforts (whichever applies: to reunify, to finalize permanency, to prevent placement). 6. Discuss the agency's recommendations to the court. 	Can be combined with the Foster Care Case Service Plan Reassessment FTM. Always address safety plan as needed. The caseworker must discuss appropriateness of placement, concurrent permanency planning and inquire about relatives. If placed with relatives, the caseworker shall discuss benefits and expectations of relative licensure and/or the waiver process.
Change in Permanency Goal	Timeframe: Within 30 days before the date of the goal change	An FTM must be conducted when it is decided in conjunction with the Supervisor, the court, and other appropriate staff to change a child's goal to adoption, guardianship, PPFWR or APPLA. This FTM serves as a collaborative case planning forum to ensure that the family and child are supported in the plan. Along with the importance of permanency for the child, other topics that shall be addressed include:	The caseworker must discuss appropriateness of placement, concurrent permanency planning and inquire about relatives. If placed with relatives, the caseworker shall discuss benefits and expectations of relative licensure and/or the waiver process.

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		<p><u>Adoption</u></p> <ol style="list-style-type: none"> 1. The adoption process. 2. Sibling contact. 3. Financial support and medical information to maintain the child in the home. 4. Available pre and post adoption support services. 5. Other legal concerns, etc. <p><u>Guardianship</u></p> <ol style="list-style-type: none"> 1. The guardianship process and requirements. 2. Commitment and ability to raise the child(ren). 3. Visitation concerns (regarding parents/caregivers and siblings). 4. Financial support and medical information. 5. Available services: supportive, financial and others as needed. <p><u>Permanent Placement with Fit and Willing Relative (PPFWR)</u></p> <ol style="list-style-type: none"> 1. Determine if PPFWR in the best interest of the youth. 2. Assess if all options have been explored for permanency, and the reason the other permanency plans are not viable options for the child. 3. Reassess concurrent plan and placement options. 4. The relative custody process and requirements. 5. Support services: financial and other available services for relatives/non relative caregivers. 6. Visitation concerns (regarding parents/caregivers and siblings). 7. Commitment and ability to raise the child(ren). <p><u>Another Planned Permanent Living Arrangement (APPLA)*</u></p> <ol style="list-style-type: none"> 1. Determine if APPLA in the best interest of the youth. 2. Assess if all options have been explored for permanency, and the reason the other permanency plans are not viable options for the child. 3. Reassess concurrent plan and placement options. 4. Who are the committed adult connections/resources that will support this youth while in care and after? 5. Planning for adulthood, independence (obtaining vital records, etc.). 6. Available services, resources and supports. 7. Educational/vocational, housing and medical needs. 8. Independent Living Services. 9. Discuss the expected roles and responsibilities of the approved caregiver while in the APPLA agreement. <p style="text-align: center;">Address safety plan, as needed.</p>	<p>Relative(s), children age 14 or older and appropriate staff must also sign the appropriate Permanent Placement with a Fit and Willing Relative Agreement (DHS-845 for permanent court or MCI wards, DHS-846 for temporary court wards). Children under age 14 should be allowed to sign the agreement but it is not required.</p> <p>*The permanency goal of APPLA should not be given to a youth in care without a FTM and the development of a plan for a permanency resource. The caseworker must work with the youth to explore appropriate and available connections with adults in his/her life. This can include teachers, counselors, extended family members, former foster parents, religious leaders, etc. These identified resources should be invited to the FTM to explore their potential as permanency resources for the youth.</p> <p>Foster parents, youth and respective staff must sign APPLA Approval form, DHS-844 for permanent court or MCI wards, DHS-843 for temporary court wards.</p>

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Requests by Family	<p>Timeframe: At the discretion of the family/caseworker, but no later than 2 weeks from request being made.</p>	<p>The FTM purpose will be determined based on the individual circumstances of the family. Whenever family members request an FTM, the caseworker, supervisor and Peer Coach shall:</p> <ol style="list-style-type: none"> 1. Make all efforts to accommodate the request within a timeframe that is mutually agreed upon by the family and the agency. 2. Work together to explore the reason for the request and gather additional information from the family in order to better prepare for the meeting and address their concerns/needs. 3. Ensure that family's concerns are adequately addressed. 4. Address safety plan, as needed 	

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MIC Scenario Chart

The following are scenario's involving Maltreatment in Care (MIC) investigations and identifies who is responsible for ensuring the required FTM is completed. "Placement" was used as these scenarios should apply regardless if unlicensed or licensed home. Any FTM involving a child that is under DHS supervision, the assigned Foster Care worker will be identified as the lead and the MIC worker will be involved as a participant. MIC worker should be included in the FTM by phone or face to face to explain findings. Any case situation where a placement or day care provider has biological children identified as a victim, the MIC worker is required to conduct the FTM pertaining to the biological children. Please note: For FTM's involving Non-urban MIC workers, the local office where the open case is being transferred to, must have an on-going worker identified and in attendance at the FTM.

Trigger	FTM	Foster Care	CPS
Placement has foster children removed but also has his/her own children in the home (regardless if the bio children were listed as victims).	Required for change of placement AND FTM is required for biological children left in home to review and ensure safety measures.	X	X
Foster children removed from placement after MIC investigation and there are no children left in the home.	Required for change of placement	X	
Child Abuse/Neglect (CA/N) of foster child while placed in Child Caring Institute (CCI) placement and staff person is substantiated.	Required FTM to address the child who has been re-victimized.	X	
Maltreatment in Care (MIC/CPS) substantiates CA/N finding biological parents as perpetrator while foster child is on a home visit.	Required FTM to address the child who has been re-victimized AND to address parents needed services due to new preponderance	X	
Daycare no bio children in home OR involves day care facility	No FTM		
Child Care Home (daycare) with biological children in the home also listed as victims	FTM required to discuss findings and what if any services are needed in home to ensure biological children are safe		X
Child Care Home-bio child NOT listed as victims	No FTM		
CCI complaint and child victim is not a ward w/DHS	No FTM		