

Division of Children and Family Services	
Protection and Safety Procedure Update #15-2013	
Regarding:	Family Team Meetings
Rescind:	#13-2011- Family Team Meetings
Date Effective:	April 22, 2013
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Philosophy:

The Division of Children and Family Services believes in Family Centered Practice We believe that families are best able to address their identified needs when they can draw upon their own network of support to supplement CFS interventions. The family team meeting process allows the family to define their family group, affirms the culture of the family, recognize a family’s spirituality, fully acknowledge the rights and abilities of the family to make sound decisions for and with their relatives and actively engage the community as a vital support for families.

Procedure:

The CFS Specialist will use Family Team meetings for case planning, evaluation of case plan progress, and updating the case plan and/or the safety plan. Members of the Family Team may change as the family’s needs change. The CFS Specialist will assure that any plan developed is the result of a collaborative effort and that the all plans are developed “with”, not “for,” the family.

A Family Team Meeting (FTM) is a structured and guided discussion with the family, their natural supports and other team members about the family strengths and needs and the impact they have on the safety, permanency and well-being of the family’s children. The FTM has a clear but open-ended purpose. It provides an opportunity for the family to be involved in decision-making and planning; provides options for the family to consider in making decisions; involves the family in the development of specific safety or permanency plans; and involves the family in the development of services and supports. The FTM will always be tailored to the needs of the individual family. If the family and natural supports are not present or when the goal of the meeting is primarily information gathering the meeting will not be considered an FTM.

The CFS Specialist must ensure that families are not required to meet conflicting or competing expectations across DHHS programs, such as Economic Assistance, Employment First, or Developmental Disabilities. For example, if Employment First is requiring a parent to look for work 20 hours per week, the CFS Specialist cannot expect the parent to participate in other tasks that will cause the parent to neglect the Employment First obligations that may result in the loss of benefits. The CFS Specialist should contact the Employment First Worker to discuss any plan Employment First has and work together to identify strategies that will maintain the parent’s benefits as well as work toward achieving child safety or reducing risk to children. The case manager will make every effort to resolve conflicts across program areas. There will be one Family Team and one case plan for each family involved with DHHS unless there are domestic

violence issues and/or one parent has a no-contact order. In this situation there may be more than one Family Team.

Family Team Membership

The Family Team includes at least one informal (unpaid) resource person identified by the family. If the family is unable to identify an informal resource, one of the formal resources on the team will assist the family/youth in locating or developing informal resources.

Members of the Family Team are identified by the family and may include: extended family; friends of the family; other family support persons; foster parents; guardians ad litem (GAL); therapists; school personnel; medical personnel; law enforcement; others as chosen by the family. In court-involved cases, the CFS Specialist will work with the family to include legal parties (i.e., parent's attorneys and GAL) in the family team meeting specifically when discussion and decisions are being made regarding the case plan goals and changes to the safety plan. The involvement of the legal parties at that time is important to ensure that everyone is agreeable when presenting the plan to the court for approval.

It is not necessary for every member of the Family Team to be present at every team meeting; however, the custodial parent, non-custodial parent, and the child, if age nine or older and developmentally able to participate, must always be involved as members of the family team. Team members must meet together (or be included in the discussion by phone) in order for the conversation to qualify as a FTM.

It is important to track when FTM's are held and who was in attendance, in addition to any other documentation produced based on the meeting. Family Team members will sign in at the meeting which helps track each individual participating in the meeting. The CFS Specialist may note participation, understanding and support of the discussion or plan development by family team members who participate by phone or other means.

Family Team meetings continue to be the primary avenue for case planning and evaluation, even when parental rights are no longer intact or when the goal is Independent Living. In these situations, team members will likely change, and the CFS Specialist is encouraged to identify an advocate for the child. That individual will have the primary decision-making role regarding team membership.

Frequency of Family Team Meetings: The CFS Specialist will conduct Family Team meetings in the development of the family case plan. It is recommended that, unless the child is removed, the first Family Team meeting be held in sufficient time to complete the case plan within 60 days of opening the case. In situations where the child has been removed from the parental home, an expedited family group conference is held within 5 to 10 calendar days after removal.

Subsequent Family Team meetings will occur every 90 days at a minimum, or more often, as indicated by the needs of the family.

Coordination of Family Team meetings: The CFS Specialist will:

1. Obtain a list of family team meeting participants from the family; notify all participants of the date, time and location of the Family Team meeting;
2. Clarify the purpose of the Family Team meeting;
3. Plan an agenda with input from team members;
4. Document discussion and decisions made;
5. Assure that the “Family Team Meeting Sign In Sheets” are completed by all participants;
6. Summarize the meeting at the end for all participants in order to verify an understanding of the discussion and the decisions agreed upon by the participants.

Documentation of Family Team meetings: Following a family team meeting, the signature page will be completed and placed in the case file. In addition, the following information must be documented on N-FOCUS in Detail program Case Narrative - Family Team Meeting no later than the Friday prior to the 3rd Monday of each month.

1. Location of meeting;
2. Date of meeting (enter the Occurrence Date);
3. Purpose of meeting: The meeting must be for planning, creating, implementing, updating, or evaluating the case plan, safety plan, crisis plan, or transition plan. These are not treatment plan or treatment team meetings;
4. Team Members Present: Team members need to be documented by their names and roles (i.e. school teacher, foster parent, biological parent, child, therapist, etc.);
5. Observations of the child, sibling(s), parent(s), provider(s), and/or family in relation to the team meeting process;
6. Discussion points, decisions made: If changes to the safety plan or case plan are deemed necessary, reference should be made to the updated safety plan and case plan documented on N-FOCUS. Discussion must include outcomes, needs, strength based strategies, and all issues involving safety; and
7. Actions needed, by whom and when.

References:

None