Evaluation of the Integrated Practice Model in Maryland

SFY22 Semi-Annual Report

JULY 1, 2021 – DECEMBER 31, 2021

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I. MARYLAND CHILD WELFARE & FAMILY-CENTERED PRACTICE EXECUTIVE SUMMARY

This report will evaluate the utilization and effectiveness of Family Team Decision Meetings (FTDMs), previously known as Family Involvement Meetings (FIMs), as a fundamental strategy of the new Integrated Practice Model (IPM) at the Maryland Department of Human Services, Social Services Administration (DHS/SSA). The SFY22 Semi-Annual Report captures the timeframe from July 1, 2021 to December 31, 2021.

FTDMs are a tool used in child welfare practice in Maryland to engage families and key case participants in the decision-making process to ensure the safety, permanency, and well-being of all children served. The researchers at the University of Maryland School of Social Work (UMSSW) have been collecting and analyzing data on this strategy per an agreement with DHS/SSA. The evaluation of FTDM practice includes an analysis of survey data collected from FTDM participants, monthly data submitted by Local Departments of Social Services (LDSSs), and data acquired from the Child, Juvenile, and Adult Services Management System (CJAMS) FTDM Reports. Through these data sources, the utilization and effectiveness of FTDMs and how successfully this fundamental strategy aligns with the Core Principles of the Integrated Practice Model during the reporting timeframe is evaluated.

The COVID-19 pandemic impacted child welfare practice and utilization of FTDMs during this reporting period. Since the onset of the COVID-19 pandemic in March 2020, FTDMs have been conducted primarily over a virtual platform. As safety restrictions were being lifted prior to and throughout the reporting period, some jurisdictions went back to in-person FTDMs while other jurisdictions remained virtual or utilized a combination of in-person and virtual FTDMs. To account for the ongoing changes in FTDM practice through the COVID-19 pandemic, FTDM Feedback Surveys were collected electronically for the October 2021 implementation. Furthermore, as the state has been in the process of reopening, it is unlikely that COVID-19 has had an impact on the number of child maltreatment reports received during the reporting period, and, thus, the number of corresponding FTDMs.

II. FAMILY-CENTERED PRACTICE II AS A COMPONENT OF THE INTEGRATED PRACTICE MODEL

A. Background and Purpose

Maryland's current model, the Integrated Practice Model (IPM), was rolled out in May 2019 and highlights the following Core Principles: Family-Centered; Culturally & Linguistically Responsive; Outcomes-Driven; Individualized & Strengths-Based; Safe, Engaged & Well-Prepared Professional Workforce; Community-Focused; and Trauma-Responsive (Figure 1).

As per an agreement between the Department of Human Services, Social Services Administration (DHS/SSA) and the University of Maryland School of Social Work (UMSSW), researchers at the Ruth Young Center for Maryland at the Institute for Innovation and Implementation have been evaluating the

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IPM Core Principles

Family-Centered

Culturally & Linguistically-Responsive

Outcomes-Driven

Individualized & Strength-Based

Safe, Engaged & Well-Prepared Professional Workforce

Community-Focused

Trauma-Responsive

Figure 1: IPM Core Principles

utilization and effectiveness of Family Team Decision Meetings (FTDMs) as a fundamental strategy of the new IPM.

The initial Family-Centered Practice evaluation focused mainly on 1) the process of implementing the practice model across the state, 2) changes in organizational climate, worker attitudes, and practice, and 3) changes in child and family outcomes. The second phase of the evaluation, the IPM, builds on the previous evaluation by addressing additional questions to better determine the outcomes of the practice model after its full implementation. The additional questions aim to capture: 1) how children are faring under this practice model, 2) how casework practice has changed, and 3) how engagement with families and community partners has changed after implementing the IPM. A key pillar of the IPM is examining the use of FTDMs to determine the overall impact on these indicators.

The evaluation of the IPM uses qualitative and quantitative methods to focus on the effectiveness of the IPM by examining outcomes statewide. The evaluation aligns and works collaboratively with other UMSSW projects to mine data that is currently available in addition to using modified measures to ensure that information vital to meeting the goals of the second part of the evaluation is collected.
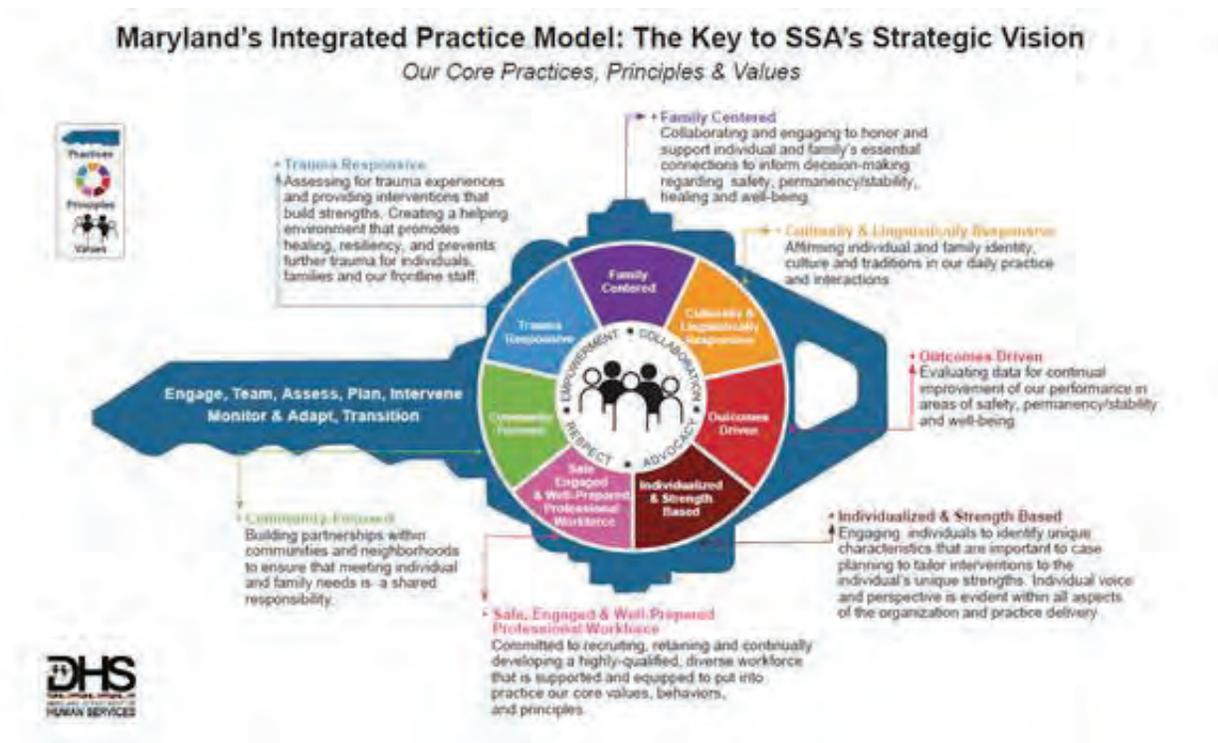
Figure 2: Maryland's Integrated Practice Model: The Key

B. Evaluation of Data Sources

i. Family Team Decision Meeting (FTDM) Feedback Survey

Previously, FTDM Feedback Surveys were collected from jurisdictions who volunteered to complete the survey on a monthly basis. These FTDM Feedback Surveys were only conducted in two small jurisdictions and, therefore, could not be generalized across the state to characterize FTDM practices as a whole. A new method of collecting data was implemented in SFY20 and has been utilized since. FTDM Feedback Surveys are collected for two calendar months (October and March) from all jurisdictions. This semi-annual report will look at a total of 302 FTDM Feedback Surveys collected from 114 FTDMs that took place in October 2021. These surveys were confidential and asked no identifying information to promote honesty among participants.

Limitations

Please note that not all 24 jurisdictions submitted data for the October 2021 implementation of the feedback survey. The information in this report is from a total of 16 jurisdictions. Additionally, a total of 819 surveys were distributed, but only 23.0% were completed. The low response rate may impact the generalizability of the FTDM Feedback Survey results to statewide FTDM practice. Another area of consideration is that surveys were voluntary and relied on the facilitator to provide the correct Form ID in order to organize the surveys completed per FTDM. Not all Form IDs were correctly filled out, so these surveys could only be organized by jurisdiction. Additionally, it is important to note that the entirety of the reporting timeframe occurred during the COVID-19 pandemic. Since many jurisdictions are still utilizing a virtual platform to conduct FTDMs, the FTDM Feedback Surveys were solely collected electronically, which may have impacted the response rate. Finally, the survey questions were expanded upon for the October 2021 implementation to include questions specifically related to the impact of COVID-19 and virtual FTDMs on practice. As a result, the length of time it took to complete the survey is longer than past implementations, which may impact the number of respondents who completed the survey in its entirety.

ii. Local Departments of Social Services (LDSSs) Self-Report

The LDSS Self-Reports collect programmatic and outcome data on the FTDMs held across the state. These reports were designed initially to collect more accurate data on the FTDM process given the limitations of the administrative data system. Local jurisdictions complete a monthly data form designed to connect specific types of FTDMs that are held in a local jurisdiction to the direct outcomes of the meeting for children and families. The data collected from these reports have gotten closer to FTDM data entered in the Maryland Children's Electronic Social Services Information Exchange (MD CHESSIE) and the Child, Juvenile, and Adult Services Management System (CJAMS) over time. Once the data collected from these reports is consistent with data extracted from CJAMS, the use of the LDSS Self-Reports will be discontinued.

Each LDSS was requested to provide self-reported data that captures the total number of FTDMs completed, the number of FTDMs completed by type of program assignment, and the number of FTDMs completed by type of policy-identified intervention point. The program assignment types include

Investigative Response Cases, Family Preservation/In-Home Services, Out-of-Home Services, Alternative Response Cases, Non-CPS Cases, and Auxiliary Services/Voluntary Placement Agreement Cases. The FTDM types by policy-identified intervention points are as follows: Separation/Considered Separation, Placement Stability, Permanency Planning, Youth Transition Planning, and Voluntary Placement Agreement. Please note that in the most recent family teaming policy, Youth Transition Planning is no longer considered a type of FTDM. Instead, youth transition plans are associated with Youth Transition Planning Meetings, which are another type of facilitated meeting. At the time of this report, Youth Transition Planning Meetings were still combined with all other FTDM types by policy-identified intervention point in the LDSS Self-Report.

The LDSS Self-Report data also captures information on FTDM participants and outcomes. FTDM participants are divided into nine categories, including parent/legal guardians, children/youth, relatives, service providers/community participants (e.g., attorneys), resource parents, private providers (e.g., RCC, CPA), other support role participants (e.g., significant others, neighbors, godparents), LDSS staff, and school system participants. The FTDM outcomes that will be discussed in this report are number of Out-of-Home Placements (OHPs) diverted following an FTDM, number of families referred to services, number of children remaining or placed with parents after an FTDM, and number of children diverted or placed with relatives after an FTDM.

For the first half of SFY22, LDSSs reported that a total of 1,286 FTDMs were conducted and 1,730 children were discussed.

Limitations

Please note that not all 24 jurisdictions submitted data for all six months of the reporting timeframe. Two jurisdictions did not submit data for one month of the reporting timeframe. Another two jurisdictions did not submit data for two months of the reporting timeframe, and one jurisdiction did not submit data for the entirety of the reporting timeframe. Thus, only 19 jurisdictions submitted data every month of the reporting timeframe. Even though not all jurisdictions submitted data, the data from the 23 jurisdictions that provides a good snapshot of FTDM practice throughout Maryland. Additionally, it appears that there was variation in how local jurisdictions interpreted the data form, which led to discrepancies in some data fields.

iii. Child, Juvenile, Adult Services Management System (CJAMS) FTDM Reports

The CJAMS FTDM Reports utilize the administrative data system to capture quantitative data related to FTDMs, including the total number of FTDMs recorded and the types of FTDMs held based on the following policy-identified intervention points: separations, placement changes, permanency plan changes, youth transition plans, and voluntary placement agreements. The data in CJAMS FTDM Reports comes from Contact: Notes, which includes data migrated over from MD CHESSIE, and Contact: Meetings. For the first half of SFY22, a total of 1,562 FTDMs were marked as completed in Contact: Notes, while 1,223 FTDMs were marked as completed in Contact: Meetings.

Limitations

These reports provide complete statewide data for the reporting timeframe. However, it has been noted that there is variation in data entry methods across the state, which may impact the validity of the data.

For instance, FTDMs can be recorded in both Contact: Notes and Contact: Meetings in CJAMS. Since some jurisdictions may document FTDMs in both locations, these data sources cannot be combined to get an accurate count of FTDMs due to possible duplication. Moreover, because there are instances where multiple FTDM types are selected in CJAMS, these numbers may be artificially high due to data entry trends. Additionally, given the structure of the data entry fields in CJAMS, the reports generated may only be able to represent the closest approximation for the data field of interest. Lastly, due to the transition from MD CHESSIE to CJAMS, there are some differences in the data trends reported in this report in comparison to previous versions in which MD CHESSIE data was utilized.

III. EVALUATION COMPONENTS AND RESULTS

A. FTDM Feedback Survey

The FTDM Feedback Survey evaluation was developed to measure the impact of FTDMs on the referred families and to ensure that the FTDM model is being implemented in a safe, respectful manner. The surveys are designed to capture the quality of FTDMs and agency engagement of families and community partners to ensure the safety, permanency, and well-being of children. The surveys collect data on FTDM outcomes, participant satisfaction, and model fidelity.

The FTDM Feedback Survey instruments were presented at an FTDM Facilitator Meeting, a meeting with LDSS staff, a meeting with the IPM implementation team, and an internal meeting of researchers at UMSSW. Based on feedback from these meetings and stakeholders, the FTDM Feedback Surveys were modified and updated, as was the protocol for conducting the FTDM feedback evaluation. The surveys used in this evaluation are included in Appendix A.

The FTDM Feedback Surveys were completed by all willing participants and the FTDM facilitator after the FTDM. In October 2021, there were four survey types tailored to the participants' roles in the meeting: Facilitator, Professional, DSS Caseworker/Supervisor, and Child/Family. The Facilitator Survey captured background demographic information about the case and the target child in addition to the common fields found in all four participant versions. Additionally, the Professional Survey, DSS Caseworker/Supervisor Survey, and Child/Family Survey inquired about the respondent's impressions of the FTDM facilitator along with their impressions of the meeting. The Child/Family Survey also included questions to elicit feedback on teaming and planning prior to the meeting. In October 2021, all four participant surveys were updated to include questions specifically about the impact of COVID-19 and virtual meetings on FTDM practice. As a result of the ongoing COVID-19 pandemic, surveys were only completed online during this reporting period.

During the month of October, 16 of the 24 jurisdictions submitted survey data. Even though not all jurisdictions submitted FTDM survey data, these results can inform the quality of FTDM processes and practices.

i. FTDM Feedback Survey Types and FTDM Participant Roles

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There were 302 respondents in October 2021. The FTDM Feedback Survey most often submitted—and, thus, the participant role most represented—was the Facilitator Survey (n=114, 37.7%), followed by the DSS Caseworker/Supervisor Survey (n=94, 31.1%), the Professional Survey (n=56, 18.5%), and, finally, the Child/Family Survey (n=38, 12.6%) (Figure 3).

Facilitator (37.75%)
DSS Caseworker/Supervisor (31.13%)
Professional (18.54%)   Child/Family (12.58%)
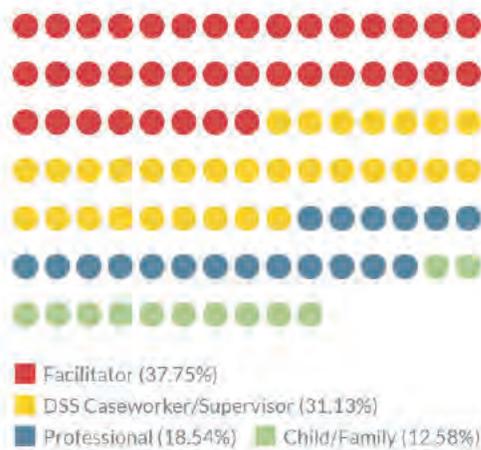
Figure 3: FTDM Feedback Survey Types

Table 1 further breaks down the types of participants who attended an FTDM and completed an FTDM Feedback Survey. Youth and family participants, including caregivers and family supports, represented 12.6% of responses (Table 1). Youth accounted for only 0.3% of the responses while biological parents accounted for 3.7%, with biological mothers accounting for 3.0% and biological fathers accounting for 0.7% (Table 1). Foster parents and therapeutic foster parents accounted for approximately 3.0% of responses, and other relatives accounted for 4.6% of responses (Table 1). LDSS Staff represented 31.1% of responses while all other professionals represented 18.5% of responses (Table 1). Examples of these other professionals include parent/guardian attorneys (4.6%), mental health providers (3.0%), child attorneys (2.6%), CASA staff (2.3%), and treatment foster care (TFC) staff (1.7%) (Table 1).

Given this break down, it may be important to consider the dynamics of FTDMs where professionals and agency staff outnumber family participants by nearly 4:1. DHS may consider that this can be intimidating to families rather than helpful, and facilitators may need to be mindful of how the participant dynamics impact family participation and the success of the meeting.

Table 1: *FTDM Feedback Survey Participant Roles*

Participant	October 2020 (n = 302)	
	#	%
Child/Youth	1	0.3%
Child/Youth's Sibling	0	0.0%
Biological Mother	9	3.0%
Biological Father	2	0.7%
Stepparent	0	0.0%
Parent's Significant Other	0	0.0%
Adoptive Parent	2	0.7%
Foster Parent	8	2.6%
Therapeutic Foster Parent	1	0.3%
Other Relative	14	4.6%
Family Friend	1	0.3%
DSS Caseworker	53	17.5%
DSS Supervisor	41	13.6%
Family Support Worker/Advocate	1	0.3%
Child Attorney	8	2.6%

Participant	October 2020 (n = 302)	
	#	%
Parent/Guardian Attorney	14	4.6%
Independent Living Coordinator	1	0.3%
Intern	0	0.0%
Mental Health Provider	9	3.0%
Court Representative	0	0.0%
Community Advocate	0	0.0%
Agency Attorney	1	0.3%
DJS Representative	1	0.3%
School Representative	2	0.7%
CASA Staff	7	2.3%
Ready by 21 Staff	0	0.0%
Kinship Navigator	0	0.0%
Resource Worker	1	0.3%
Treatment Foster Care Staff	5	1.7%
Other Provider	6	2.0%
Facilitator	114	37.7%
Missing	0	0.0%
Total	302	99.7%*

* Percentages may not equal 100% due to rounding.

ii. FTDM Participation Rates

In the October 2021 implementation, there was a participation rate of 88.1% among all the participants who were invited to attend an FTDM in October 2021 (7). The participant types with the highest participation rates were children/youths' siblings who were not the focus of the meeting (100.0%), DSS caseworkers/supervisors (94.7%), and TFC workers/supervisors (93.8%) (Table 2). Biological mothers (86.1%) had a higher participation rate than biological fathers (68.9%), who had the lowest participation rate of all the groups in which at least one person was invited to an FTDM (Table 2). Education representatives had the second lowest participation rate of 69.2% (Table 2). It is important to note that this information is collected by the FTDM facilitator and the process of inviting participants to meetings varies across jurisdictions; therefore, facilitators may not be aware of all individuals invited to the meeting.

Table 2: *FTDM Participation Rate*

Participant	Number of Invitations	Number of Participants Attending FTDM	Participation Rate
Child/Youth (focus of meeting)	58	52	89.7%
Child/Youth's Sibling (not focus of meeting)	1	1	100.0%
Other Child/Youth	0	0	0.0%
Biological Mother	79	68	86.1%
Biological Father	45	31	68.9%
Foster Parent	44	39	88.6%
Other Family	85	78	91.8%

Participant	Number of Invitations	Number of Participants Attending FTDM	Participation Rate
Non-Relative Supports	26	22	84.6%
DSS Caseworker/ Supervisor	323	306	94.7%
TFC Worker/Supervisor	32	30	93.8%
Attorney/Court Representative	123	100	81.3%
Education Representative	13	9	69.2%
Mental Health Provider	51	38	74.5%
Community Advocate	26	24	92.3%
Other Professional	66	58	87.9%
Total	972	856	88.1%

iii. FTDM Target Child Demographics and FTDM Types

In the FTDM Feedback Surveys, facilitators were asked to provide child demographics and indicate the type of FTDM conducted. Of the children discussed in the October 2021 FTDMs, there were slightly more female children (57.3%) than male children (42.7%) (Table 3). The children discussed were most likely to fall in the following four age categories: 3-6 years old (21.8%), 15-17 years old (20.6%), 0-2 years old (20.0%), and 11-14 years old (18.2%) (Table 3). 49.7% of children were African American/Black, 41.2% of children were Caucasian/White, and 12.1% were Hispanic/Latinx/Spanish (Table 3).
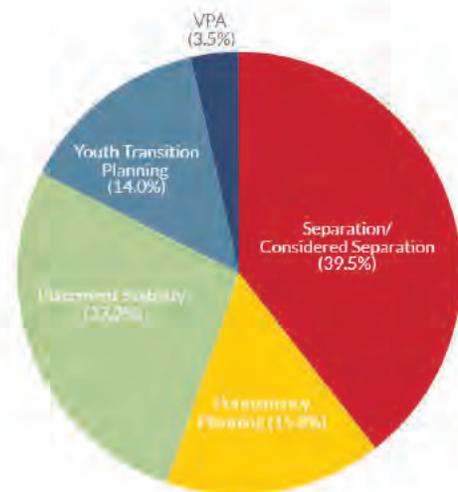
Figure 4: FTDM Types

The types of FTDMs conducted listed in the FTDM Feedback Surveys were: Separation/Considered Separation, Placement Stability, Permanency Planning, Youth Transition Planning, and Voluntary Placement Agreement. It should be noted that Youth Transition Planning Meetings are no longer considered a type of FTDM under the most recent family teaming policy. Instead, Youth Transition Planning Meetings are now considered a type of facilitated meeting. For the purposes of this report, Youth Transition Planning Meetings will remain combined with all other FTDM types. The most common FTDM type this implementation was Separation/Considered Separation (39.5%), then Placement Stability (27.2%), followed by Permanency Planning (15.8%), Youth Transition Planning (14.0%), and Voluntary Placement Agreement (3.5%) (Table 4 & Figure 4). Table 4 lists each FTDM type by jurisdiction.

Table 3: *FTDM Child Demographics*

Child's Gender	Number	Percentage
Male	70	42.7%
Female	94	57.3%
Other Gender Identity	0	0.0%
Total	164*	100.0%

Child's Age	Number	Percentage
0-2 years old	33	20.0%
3-6 years old	36	21.8%
7-10 years old	16	9.7%
11-14 years old	30	18.2%
15-17 years old	34	20.6%
18+ years old	16	9.7%
Total	165*	100.0%

Child's Race	Number	Percentage**
African American/Black	82	49.7%
Hispanic/Latinx/Spanish	20	12.1%
Caucasian/White	68	41.2%
Asian/Pacific Islander	2	1.2%
Native American	0	0.0%
Other	4	2.4%
Total	165*	106.6%

*Totals do not match due to missing information.

**Since more than one race was able to be selected, the percentages are calculated out of the total number of children identified (n=165).

Table 4: *FTDM Types by Jurisdiction*

Jurisdiction	Separation/ Considered Separation	Permanency Planning	Placement Stability	Youth Transition Planning	Voluntary Placement Agreement	Total
Anne Arundel (n=28)	3	2	6	1	1	13
Baltimore City (n=23)	2	3	6	0	0	11
Baltimore County (n=76)	13	6	7	5	1	32
Calvert (n=20)	2	1	2	0	0	5
Carroll (n=19)	7	0	1	3	0	11
Cecil (n=17)	4	0	3	2	0	9
Charles (n=3)	0	0	0	0	0	0
Dorchester (n=3)	0	0	0	0	1	1
Frederick (n=10)	1	0	0	0	0	1
Harford (n=10)	0	0	0	0	0	0
Howard (n=1)	0	0	0	0	0	0
Montgomery (n=58)	10	3	5	2	0	20
Prince George's (n=14)	1	3	1	2	1	8
Talbot (n=9)	0	0	0	0	0	0
Washington (n=1)	0	0	0	0	0	0
Wicomico (n=10)	2	0	0	1	0	3
Total	45 (39.5%)	18 (15.8%)	31 (27.2%)	16 (14.0%)	4 (3.5%)	114 (100.0%)

iv. Services Discussed or Offered at FTDMs

Table 5 displays the frequency of which each need was identified and each service was offered in the FTDM according to Facilitator Survey responses. The needs most often identified were mental health services (n=110, 29.1%), housing services (n=53, 14.0%), and education services (n=43, 11.4%) (Table 5). The services most often listed in the "other" category were parenting classes and family therapy. When evaluating whether the services offered were sufficient to meet the needs of the family, facilitators

strongly agreed 56.2% (n=59) of the time and agreed 32.4% (n=34) of the time (Table 6). Only one facilitator (1.0%) felt that the services offered would not meet the family's identified needs (Table 6).

It is important to consider that the number of times a service was offered to meet an identified need does not denote if the family ultimately received that service. Furthermore, the frequency of services offered may be impacted by whether or not a family was ready to receive a certain service at the time of the meeting, even if the need was identified. It is also possible that services were provided to families by the caseworker following the meeting and the facilitator was not aware and unable to capture that information in this survey. Facilitators mentioned that services were discussed or offered to families 241 times across the FTDMs held in October 2021. The top three services discussed or offered were: mental health services (n=65, 27.0%), housing services (n=34, 14.1%), and education services (n=27, 11.2%) (Table 5). Even though the three most identified needs were also the three services most often discussed, it is important to be aware of the discrepancy between the number of times these needs were identified versus how often services were discussed or offered to meet these needs. For instance, mental health services were only offered 59.1% of the time a mental health need was identified (Table 5). The only types of needs that were met with a service every time they were identified were transportation services and legal services. These findings require further discussion with facilitators to identify if there are any barriers preventing services from being discussed or offered during FTDMs.

Table 5: *Services Offered/Discussed*

Needs and Services	Needs Identified	Services Discussed or Offered	Percent of Time Services were Offered to Meet Identified Needs
Financial Services	28	18	64.3%
Mental Health Services	110	65	59.1%
Housing Services	53	34	64.1%
Education Services	43	27	62.8%
Employment Services/Trainings	16	9	56.3%
Medical Services	42	22	52.4%
Substance Use Services	29	17	58.6%
Meal Services	0	0	0.0%
Transportation Services	21	21	100.0%
Legal Services	13	13	100.0%
Other	23	15	65.2%

v. Feedback of FTDM and FTDM Facilitator

Question Structure for FTDM Feedback Survey

The Facilitator, Professional, DSS Caseworker/Supervisor, and Child/Family FTDM Feedback Surveys each evaluated participants' FTDM experiences. Participants were asked to rate their opinion about statements that reflect basic FTDM ideals using a Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). These questions were tailored to the type of participant, and the results are displayed in Tables 6, 7, 8, & 9. Additionally, youth and family participants were asked to rate their opinions on statements regarding the FTDM planning process, which is displayed in Table 10. Tables 11, 12, & 13 show professionals', DSS caseworkers'/supervisors', and family participants' opinions on the FTDM

facilitators. Lastly, due to the ongoing COVID-19 pandemic, all participants were asked to rate their opinions on statements that inquired about the use of virtual FTDMs and the impact of COVID-19 on FTDMs and overall practice. Their responses are displayed in Tables 14 – 20.

Figure 5 describes the Likert scale used for providing feedback on the FTDM process and FTDM facilitators.

1= Strongly Disagree	2= Disagree	3= Neutral	4= Agree	5= Strongly Agree
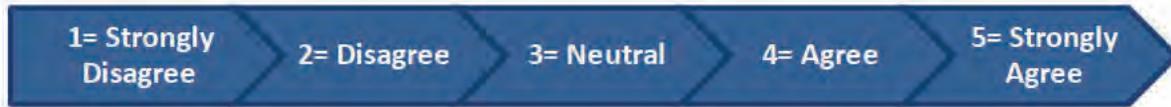
Figure 5: Likert Scale

Evaluation of FTDMs

Facilitators generally gave very positive feedback on the FTDMs that were held, with a majority of facilitators agreeing or strongly agreeing with all the statements provided. 95.6% of facilitators reported that they ensured that the purpose of the meeting was made clear to the participants and that everyone was given an opportunity to share with the team. (Table 6). Facilitators tended to report that the plan developed protected the child(ren)'s safety

85.6% of all participants were satisfied with the FTDM

4.8% of all participants were dissatisfied with the FTDM

Figure 6: Overall Satisfaction & Dissatisfaction with the FTDM

(n=95, 89.6%) and addressed the child(ren)'s permanency (n=83, 83.0%) (Table 6). However, based on the facilitators' perspectives, the FTDM did not always prevent the child(ren) from coming into the agency's care (n=10, 20.0%) (Table 6). Facilitators also commented that they did not always feel that everyone who needed to be at the meeting was there (n=11, 9.6%) (Table 6). Additionally, only 70 out of 114 total facilitators responded to the statement regarding whether or not the plan considered the family's culture and religion, which calls into question what culturally competent practice looks like in FTDMs (Table 6). Overall, a majority of facilitators were satisfied with the outcome of the FTDM (n=95, 84.8%) (Table 6).

Table 6: *Facilitator Survey – What do you think about the FTDM? (n=114)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I ensured that the purpose of the meeting was made clear to the participants.	0 (0.0%)	0 (0.0%)	5 (4.4%)	22 (19.3%)	87 (76.3%)	114 (100.0%)
2. Everyone who needed to be there was.	0 (0.0%)	11 (9.6%)	12 (10.5%)	40 (35.1%)	51 (44.7%)	114 (99.9%)
3. Everyone was given an opportunity to share their input with the team.	0 (0.0%)	0 (0.0%)	5 (4.4%)	27 (23.7%)	82 (71.9%)	114 (100.0%)
4. The family's strengths were identified during the meeting.	0 (0.0%)	2 (1.9%)	6 (5.7%)	28 (26.4%)	70 (66.0%)	106 (100.0%)
5. The family's needs were identified during the meeting.	0 (0.0%)	0 (0.0%)	6 (5.6%)	29 (27.1%)	72 (67.3%)	107 (100.0%)

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
6. The services or resources offered will meet the family's identified needs.	0 (0.0%)	1 (1.0%)	11 (10.5%)	34 (32.4%)	59 (56.2%)	105 (100.1%)
7. The child(ren)'s permanency was discussed during the meeting.	2 (2.0%)	1 (1.0%)	15 (15.3%)	21 (21.4%)	59 (60.2%)	98 (99.9%)
8. The plan helps family members address the issue(s) that brought them here.	0 (0.0%)	1 (1.0%)	17 (17.0%)	28 (28.0%)	54 (54.0%)	100 (100.0%)
9. The plan protects the child(ren)'s safety.	0 (0.0%)	0 (0.0%)	11 (10.4%)	26 (24.5%)	69 (65.1%)	106 (100.0%)
10. The plan addresses the child(ren)'s permanency.	0 (0.0%)	3 (3.0%)	14 (14.0%)	30 (30.0%)	53 (53.0%)	100 (100.0%)
11. The plan addresses the participants' concerns.	0 (0.0%)	3 (2.7%)	10 (9.1%)	42 (38.2%)	55 (50.0%)	110 (100.0%)
12. The plan will help the family achieve what they want for themselves.	0 (0.0%)	5 (4.8%)	24 (23.1%)	33 (31.7%)	42 (40.4%)	104 (100.0%)
13. The plan considered the family's culture or religion.	0 (0.0%)	0 (0.0%)	21 (30.0%)	18 (25.7%)	31 (44.3%)	70 (100.0%)
14. The decision made prevented the child(ren) from coming into the agency's care.	6 (12.0%)	4 (8.0%)	9 (18.0%)	10 (20.0%)	21 (42.0%)	50 (100.0%)
15. Overall, I am satisfied with the outcome of the FTDM.	0 (0.0%)	1 (0.9%)	16 (14.3%)	38 (33.9%)	57 (50.9%)	112 (100.0%)

The professional participants' feedback was less positive than the facilitators' feedback. However, a majority of professional participants still agreed or strongly agreed with most of the statements provided. These individuals echoed the facilitators' feeling that not everyone who needed to be at the meeting was in attendance (n=7, 12.5%) (Table 7). Additionally, a large majority of professional participants felt that they had a chance to share their thoughts and opinions (n=54, 96.4%), but a smaller majority indicated that they helped make decisions at the meeting (n=31, 58.5%) (Table 7). Of all the statements provided, the only statement that had less than half (47.2%) of the professional respondents agree or strongly agree was: the plan considered the family's culture and/or religion (Table 7). Again, this response warrants further examination of how the "culturally and linguistically responsive" IPM principle is being implemented in FTDM practice.

Table 7: *Professional Survey – What do you think about the FTDM? (n=56)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I understood the reason for the meeting.	1 (1.8%)	3 (5.4%)	2 (3.6%)	9 (16.1%)	41 (73.2%)	56 (100.1%)
2. Everyone who needed to be at the meeting was there.	1 (1.8%)	6 (10.7%)	3 (5.4%)	20 (35.7%)	26 (46.4%)	56 (100.0%)
3. I had a chance to share my thoughts and opinions.	0 (0.0%)	1 (1.8%)	1 (1.8%)	25 (44.6%)	29 (51.8%)	56 (100.0%)
4. I helped make decisions at the meeting.	2 (3.8%)	3 (5.7%)	17 (32.1%)	15 (28.3%)	16 (30.2%)	53 (100.1%)

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Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
5. The family's strengths were identified during the meeting.	0 (0.0%)	3 (5.5%)	10 (18.2%)	25 (45.5%)	17 (30.9%)	55 (100.1%)
6. The family's needs were identified during the meeting.	0 (0.0%)	2 (3.6%)	7 (12.5%)	23 (41.1%)	24 (42.9%)	56 (100.1%)
7. The family was offered services/resources to meet their needs.	1 (1.9%)	4 (7.5%)	10 (18.9%)	22 (41.5%)	16 (30.2%)	53 (100.0%)
8. The plan protects the child(ren)'s safety.	0 (0.0%)	3 (5.7%)	9 (17.0%)	18 (34.0%)	23 (43.4%)	53 (100.1%)
9. The plan addresses the child(ren)'s permanency.	2 (3.8%)	5 (9.6%)	5 (9.6%)	20 (38.5%)	20 (38.5%)	52 (100.0%)
10. The plan addresses my concerns about the family.	2 (3.9%)	4 (7.8%)	16 (31.4%)	12 (23.5%)	17 (33.3%)	51 (99.9%)
11. The plan will help the family achieve what they want for themselves.	2 (3.8%)	4 (7.5%)	12 (22.6%)	19 (35.8%)	16 (30.2%)	53 (99.9%)
12. The plan considered the family's culture and/or religion.	2 (5.6%)	4 (11.1%)	13 (36.1%)	10 (27.8%)	7 (19.4%)	36 (100.0%)
13. I understand what will happen next with the plan and the things that I need to do.	1 (1.9%)	4 (7.5%)	3 (5.7%)	26 (49.1%)	19 (35.8%)	53 (100.0%)
14. Overall, I am satisfied with how the FTDM was conducted.	2 (3.6%)	3 (5.5%)	4 (7.3%)	25 (45.5%)	21 (38.2%)	55 (100.1%)

The feedback from DSS caseworkers and supervisors was very positive, and compared to other participant types, DSS caseworkers and supervisors were less likely to disagree or strongly disagree with a given statement. A vast majority of caseworkers and supervisors were satisfied with how the FTDM was conducted (n=86, 94.5%) (Table 8). As other participants have shared, the DSS caseworkers and supervisors also felt that not everyone who needed to be present at the FTDM was in attendance (n=9, 10.2%) (Table 8). Caseworkers and supervisors were more likely to report that they helped make decisions at the meeting (n=79, 91.9%) when compared to professionals (n=31, 58.5%) and youth/family participants (n=24, 70.6%) (Table 8, 7, & 9). Additionally, caseworkers and supervisors tended to agree or strongly agree that the family's needs were identified during the meeting (n=86, 95.6%) and services were offered to meet those needs (n=81, 94.2%) (Table 8). Regarding the plans developed as a result of the FTDM, caseworkers and supervisors largely felt that the plan addressed their concerns for the family (n=80, 95.2%) (Table 10). While many believed that the plan considered the family's culture and/or religion, 28.8% of respondents were neutral on this statement (Table 8).

Table 8: *DSS Caseworker/Supervisor Survey – What do you think about the FTDM? (n=94)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I ensured the family understood the reason for the meeting.	0 (0.0%)	1 (1.3%)	2 (2.6%)	30 (39.5%)	43 (56.6%)	76 (100.0%)
2. I encouraged the family to invite participants to the meeting.	1 (1.4%)	0 (0.0%)	5 (6.9%)	29 (40.3%)	37 (51.4%)	72 (100.0%)
3. Everyone who needed to be at the meeting was there.	0 (0.0%)	9 (10.2%)	13 (14.8%)	34 (38.6%)	32 (36.4%)	88 (100.0%)

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Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
4. I had a chance to share my thoughts and opinions.	0 (0.0%)	0 (0.0%)	3 (3.4%)	36 (40.9%)	49 (55.7%)	88 (100.0%)
5. I helped make decisions at the meeting.	0 (0.0%)	1 (1.2%)	6 (7.0%)	36 (41.9%)	43 (50.0%)	86 (100.1%)
6. The family's strengths were identified during the meeting.	1 (1.1%)	1 (1.1%)	2 (2.2%)	32 (35.6%)	54 (60.0%)	90 (100.0%)
7. The family's needs were identified during the meeting.	1 (1.1%)	0 (0.0%)	3 (3.3%)	34 (37.8%)	52 (57.8%)	90 (100.0%)
8. The family was offered services/resources to meet their needs.	1 (1.2%)	0 (0.0%)	4 (4.7%)	42 (48.8%)	39 (45.3%)	86 (100.0%)
9. The plan protects the child(ren)'s safety.	0 (0.0%)	0 (0.0%)	3 (3.4%)	36 (41.4%)	48 (55.2%)	87 (100.0%)
10. The plan addresses the child(ren)'s permanency.	0 (0.0%)	1 (1.1%)	7 (8.0%)	34 (38.6%)	46 (52.3%)	88 (100.0%)
11. The plan addresses my concerns about the family.	0 (0.0%)	0 (0.0%)	4 (4.8%)	41 (48.8%)	39 (46.4%)	84 (100.0%)
12. The plan will help the family achieve what they want for themselves.	1 (1.1%)	2 (2.3%)	7 (8.0%)	44 (50.0%)	34 (38.6%)	88 (100.0%)
13. The plan considered the family's culture and/or religion.	1 (1.3%)	0 (0.0%)	23 (28.8%)	30 (37.5%)	26 (32.5%)	80 (100.1%)
14. I understand what will happen next with the plan and the things that I need to do.	0 (0.0%)	0 (0.0%)	1 (1.1%)	41 (45.6%)	48 (53.3%)	90 (100.0%)
15. Overall, I am satisfied with how the FTDM was conducted.	0 (0.0%)	1 (1.1%)	4 (4.4%)	33 (36.3%)	53 (58.2%)	91 (100.0%)

Overall, the youth and families surveyed agreed or strongly agreed with most of the statements. The majority of youth and family respondents understood the reason for the meeting (n=30, 83.3%) (Table 9). While 67.6% of the youth and family respondents felt heard at the meeting, even fewer youth and family respondents (59.4%) felt that the plan addressed their concerns and would help them achieve what they wanted as a family (Table 9). By comparison, 72.1% of facilitators, 66.0% professionals, and 88.6% DSS caseworkers/supervisors believed that the plan would help the family achieve what they want for themselves (Tables 6, 7, 8). Thus, it appears that DSS caseworkers/supervisors in particular were likely to overestimate how much the plan developed aligns with the family's goals. Like the other participant groups, however, youth and family participants also did not believe that everyone who needed to be at the FTDM was there (n=11, 32.4%) (Table 9). Since attendance of key participants has been a consistent area of concern across all four participant types, it may be worth isolating which factors are driving this data point in order to implement strategies to improve attendance of key participants. Lastly, only 67.6% of youth and family respondents were satisfied with how the FTDM was conducted, which suggests that there are currently gaps in FTDM practice as it relates to teaming with youth and families.

Table 9: *Child/Family Survey – What do you think about the FTDM? (n=38)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I understood the reason for the meeting.	4 (11.1%)	1 (2.8%)	1 (2.8%)	11 (30.6%)	19 (52.8%)	36 (100.1%)

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
2. Everyone who needed to be at the meeting was there.	2 (5.9%)	9 (26.5%)	1 (2.9%)	10 (29.4%)	12 (35.3%)	34 (100.1%)
3. I felt heard at this meeting.	6 (17.6%)	2 (5.9%)	3 (8.8%)	6 (17.6%)	17 (50.0%)	34 (99.9%)
4. I actively contributed to the decisions at the meeting.	4 (11.8%)	2 (5.9%)	4 (11.8%)	9 (26.5%)	15 (44.1%)	34 (100.1%)
5. My family's strengths were identified during the meeting.	3 (9.1%)	2 (6.1%)	3 (9.1%)	10 (30.3%)	15 (45.5%)	33 (100.1%)
6. My family's needs were identified during the meeting.	5 (15.2%)	2 (6.1%)	4 (12.1%)	6 (18.2%)	16 (48.5%)	33 (100.1%)
7. My family was offered services/resources to meet our needs.	5 (16.1%)	4 (12.9%)	5 (16.1%)	5 (16.1%)	12 (38.7%)	31 (99.9%)
8. The plan protects my/the child(ren)'s safety.	4 (12.1%)	1 (3.0%)	6 (18.2%)	7 (21.2%)	15 (45.5%)	33 (100.0%)
9. The plan addresses my concerns about my family and will help us achieve what we want as a family.	4 (12.5%)	3 (9.4%)	6 (18.8%)	4 (12.5%)	15 (46.9%)	32 (100.1%)
10. The plan considered my family's culture and/or religion.	3 (13.0%)	2 (8.7%)	7 (30.4%)	5 (21.7%)	6 (26.1%)	23 (99.9%)
11. I understand what will happen next with the plan and the things that I need to do.	3 (9.1%)	3 (9.1%)	3 (9.1%)	8 (24.2%)	16 (48.5%)	33 (100.0%)
12. Overall, I am satisfied with how the FTDM was conducted.	5 (14.7%)	2 (5.9%)	4 (11.8%)	9 (26.5%)	14 (41.2%)	34 (100.1%)

In addition to evaluating the FTDM itself, youth and family participants were asked about the FTDM planning process. Less than half (31.6%) of the youth and family respondents reported that they were encouraged to invite people to attend this meeting (Table 10). However, 91.6% of caseworker/supervisor respondents reported that they did encourage the family to invite other supports (Table 8). This discrepancy could be reflective of the fact that some youth/family respondents attended the FTDM as relative supports to the family and, therefore, would not need to be encouraged to invite other participants. However, DSS workers may want to consider evaluating the manner in which they encourage families to invite additional participants so that families feel welcome to invite supports.

The LDSSs appear to be involving youth and family participants in other areas of FTDM planning. 69.7% of the youth and families that participated in an FTDM during October 2021 were involved in the decision to have the meeting, and 57.6% were asked for their preferences regarding the date, time, and/or location of the meeting (Table 10). 76.7% of youth and family participants had been a part of other family meetings (Table 10). Overall, a majority of youth and family respondents (64.7%) were satisfied with how the agency helped them plan for the FTDM (Table 10).

Table 10: *Child/Family Survey – Planning Before FTDM (n=38)*

Question	Yes	No	Total
I was encouraged to invite people to attend this meeting.	12 (31.6%)	26 (68.4%)	38 (100.0%)

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I was involved in the decision to have the meeting.	2 (6.1%)	5 (15.2%)	3 (9.1%)	6 (18.2%)	17 (51.5%)	33 (100.1%)
2. I was asked what date, time, and/or location worked for me to have this meeting.	4 (12.1%)	6 (18.2%)	4 (12.1%)	7 (21.2%)	12 (36.4%)	33 (100.0%)
3. I have been a part of other family meetings that included DSS.	2 (6.7%)	5 (16.7%)	0 (0.0%)	7 (23.3%)	16 (53.3%)	30 (100.0%)
4. Overall, I am satisfied with how the agency helped me plan for this meeting.	3 (8.8%)	4 (11.8%)	5 (14.7%)	9 (26.5%)	13 (38.2%)	34 (100.0%)

Evaluation of FTDM Facilitators

The professional participants, DSS caseworkers/supervisors, and youth/family participants gave generally positive feedback on the facilitators' work during the surveyed FTDMs in October 2021 (Figure 7). Using the same Likert scale, participants rated to what extent they agreed or disagreed that the facilitator was knowledgeable, respectful and courteous of all participants, able to keep the group focused, and made the participants feel comfortable. The participants also rated their overall satisfaction with the FTDM facilitator. The professionals and DSS caseworkers/supervisors gave facilitators more favorable ratings than families did, possibly due to the external circumstances that bring families into meetings. However, there was positive feedback overall from all groups on the facilitator's ability to conduct the meeting, with 94.4% of professionals, 97.8% of DSS caseworkers/supervisors, and 79.4% of youth/family participants agreeing or strongly agreeing that they were satisfied with the FTDM facilitator overall (Table 11, 12, & 13).

96.0% Knowledgable

92.1% Made Participants Comfortable

96.6% Respectful

93.3% Overall Satisfaction

93.9% Kept Meeting Focused

Figure 7: Evaluation of FTDM Facilitators

Table 11: *Professional Survey – What did you think of the Facilitator? (n=56)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. Knowledgeable.	0 (0.0%)	1 (1.9%)	1 (1.9%)	16 (30.2%)	35 (66.0%)	53 (100.0%)
2. Respectful and courteous of all participants.	0 (0.0%)	0 (0.0%)	0 (0.0%)	11 (20.4%)	43 (79.6%)	54 (100.0%)
3. Kept group focused on the purpose of the conference.	1 (1.9%)	1 (1.9%)	1 (1.9%)	17 (31.5%)	34 (63.0%)	54 (100.2%)
4. Made me feel comfortable.	1 (1.9%)	1 (1.9%)	2 (3.8%)	15 (28.3%)	34 (64.2%)	53 (100.1%)
5. Overall, I am satisfied with the FTDM facilitator.	1 (1.9%)	1 (1.9%)	1 (1.9%)	14 (25.9%)	37 (68.5%)	54 (100.1%)

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Table 12: *DSS Caseworker/Supervisor Survey – What did you think of the Facilitator? (n=94)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. Knowledgeable.	0 (0.0%)	0 (0.0%)	1 (1.1%)	27 (29.7%)	63 (69.2%)	91 (100.0%)
2. Respectful and courteous of all participants.	0 (0.0%)	1 (1.1%)	1 (1.1%)	19 (20.9%)	70 (76.9%)	91 (100.0%)
3. Kept group focused on the purpose of the conference.	0 (0.0%)	0 (0.0%)	3 (3.3%)	21 (23.1%)	67 (73.6%)	91 (100.0%)
4. Made me feel comfortable.	0 (0.0%)	0 (0.0%)	2 (2.2%)	21 (23.1%)	68 (74.7%)	91 (100.0%)
5. Overall, I am satisfied with the FTDM facilitator.	0 (0.0%)	0 (0.0%)	2 (2.2%)	17 (18.7%)	72 (79.1%)	91 (100.0%)

Table 13: *Child/Family Survey – What did you think of the Facilitator? (n=38)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. Knowledgeable.	1 (3.0%)	1 (3.0%)	2 (6.1%)	13 (39.4%)	16 (48.5%)	33 (100.0%)
2. Respectful and courteous of all participants.	0 (0.0%)	0 (0.0%)	4 (12.1%)	11 (33.3%)	18 (54.5%)	33 (99.9%)
3. Kept group focused on the purpose of the conference.	0 (0.0%)	1 (2.9%)	4 (11.8%)	11 (32.4%)	18 (52.9%)	34 (100.0%)
4. Made me feel comfortable.	1 (2.9%)	3 (8.8%)	4 (11.8%)	9 (26.5%)	17 (50.0%)	34 (100.0%)
5. Overall, I am satisfied with the FTDM facilitator.	2 (5.9%)	0 (0.0%)	5 (14.7%)	8 (23.5%)	19 (55.9%)	34 (100.0%)

Evaluation of COVID-19 Impact

For the October 2021 implementation, existing questions regarding COVID-19 were refined to evaluate the impact of the pandemic on FTDM and child welfare practice. The nature of the questions asked differed based on participant type. However, all questions assessed five main areas of focus: 1) FTDM attendance, 2) communication with the family, 3) meeting the family's needs, 4) adjusting practice, and 5) FTDM outcomes.

Overall, facilitators felt that the COVID-19 pandemic had a positive effect on FTDM practice as a whole (n=80, 82.5%) (Table 14). It appears that one positive outcome of COVID-19 is increased attendance in FTDMs, as 82.1% of facilitators agreed or strongly agreed that attendance for youth/families had improved and 81.3% of facilitators felt that attendance for community providers had also improved (Table 14). This may be due to the use of virtual or hybrid meetings, which allow participants who cannot attend in person to join by phone or video call. However, DSS caseworkers and supervisors tended to feel more neutral about the impact of COVID-19 on attendance for youth/families (n=24, 30.8%) and community providers (n=32, 40.0%) (Table 16). Additionally, most facilitators agreed that COVID-19 did not affect the outcome of the FTDM (n=87, 92.6%,) and a majority of the plans developed during the FTDMs were able to meet the family's needs related to COVID-19 (n=45, 83.3%) (Table 14).

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Table 14: *Facilitator Survey – COVID-19 Impact (n=114)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The plan developed during the meeting was able to meet the needs of the family related to the COVID-19 pandemic.	0 (0.0%)	1 (1.9%)	8 (14.8%)	9 (16.7%)	36 (66.7%)	54 (100.1%)
2. The COVID-19 pandemic did not affect the outcome of the meeting.	0 (0.0%)	1 (1.1%)	6 (6.4%)	22 (23.4%)	65 (69.1%)	94 (100.0%)
3. Since COVID-19, youth/family attendance has improved.	0 (0.0%)	0 (0.0%)	17 (17.9%)	18 (18.9%)	60 (63.2%)	95 (100.0%)
4. Since COVID-19, community providers' attendance has improved.	0 (0.0%)	0 (0.0%)	18 (18.8%)	17 (17.7%)	61 (63.5%)	96 (100.0%)
5. The Department of Social Services has adequately adjusted its practice in working with families since the COVID-19 pandemic.	0 (0.0%)	1 (1.0%)	6 (5.8%)	28 (27.2%)	68 (66.0%)	103 (100.0%)
6. Overall, the adaptations to FTDMS due to the COVID-19 pandemic have had a positive impact on FTDM practice.	0 (0.0%)	0 (0.0%)	17 (17.5%)	21 (21.6%)	59 (60.8%)	97 (99.9%)

The impact of COVID-19 on FTDMs and overall practice was more of a mixed experience for professionals and DSS caseworkers/supervisors than facilitators. 57.4% of professionals and 65.9% of DSS caseworkers/supervisors shared that COVID-19 did not negatively impact their communication with families (Table 15 & 16). However, over a quarter of professionals (29.8%) felt that COVID-19 did impede their ability to communicate with their clients (Table 15). Additionally, it is unclear the extent to which COVID-19 has impacted service provision. 75.9% of caseworkers and supervisors were still able to connect families to the services they needed during the COVID-19 pandemic, while 9.6% disagreed or strongly disagreed with that statement (Table 16). In light of the state-wide changes brought about by COVID-19, 98.1% of DSS caseworkers and supervisors felt that the agency had adequately adjusted its practice to better work with families throughout the pandemic (Table 16). However, only 60.8% of professionals believed that the local department's adjustments to practice were adequate (Table 15). Furthermore, professionals and DSS caseworkers/supervisors were both asked about whether the plan developed during the FTDM met the family's needs related to COVID-19. Responses from the two participant groups were also discrepant for this statement, as 85.7% of DSS caseworkers/supervisors believed that the plan developed did meet the family's needs related to COVID-19 compared to only 71.1% of professionals (Table 16 & 15).

Table 15: *Professional Survey – COVID-19 Impact (n=56)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. COVID-19 negatively impacted my ability to communicate with my client(s).	10 (21.3%)	17 (36.2%)	6 (12.8%)	10 (21.3%)	4 (8.5%)	47 (100.1%)

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
2. I think my agency has adequately adjusted its practice in working with families since the COVID-19 pandemic.	0 (0.0%)	1 (2.1%)	5 (10.4%)	18 (37.5%)	24 (50.0%)	48 (100.0%)
3. I think the Department of Social Services has adequately adjusted its practice in working with families since the COVID-19 pandemic.	1 (2.0%)	7 (13.7%)	12 (23.5%)	17 (33.3%)	14 (27.5%)	51 (100.0%)
4. The plan developed during the meeting was able to meet the needs of the family related to the COVID-19 pandemic.	1 (2.2%)	2 (4.4%)	10 (22.2%)	17 (37.8%)	15 (33.3%)	45 (99.9%)

Table 16: *DSS Caseworker/Supervisor Survey – COVID-19 Impact (n=94)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. COVID-19 negatively impacted my ability to communicate with my client(s).	17 (20.7%)	37 (45.1%)	15 (18.3%)	11 (13.4%)	2 (2.4%)	82 (99.9%)
2. Since COVID-19, youth/family attendance has improved.	2 (2.6%)	6 (7.7%)	24 (30.8%)	26 (33.3%)	20 (25.6%)	78 (100.0%)
3. Since COVID-19, community providers' attendance has improved.	1 (1.3%)	4 (5.0%)	32 (40.0%)	23 (28.8%)	20 (25.0%)	80 (100.1%)
4. I think community providers have adequately adjusted its practice in working with families since the COVID-19 pandemic.	1 (1.2%)	4 (4.7%)	18 (21.1%)	43 (50.6%)	19 (22.4%)	85 (100.0%)
5. I think the Department of Social Services has adequately adjusted its practice in working with families since the COVID-19 pandemic.	1 (1.9%)	0 (0.0%)	0 (0.0%)	9 (17.3%)	42 (80.8%)	52 (100.0%)
6. I was able to connect families to the services that they needed during the COVID-19 pandemic.	2 (2.4%)	6 (7.2%)	12 (14.5%)	42 (50.6%)	21 (25.3%)	83 (100.0%)
7. The plan developed during the meeting was able to meet the needs of the family related to the COVID-19 pandemic.	0 (0.0%)	0 (0.0%)	12 (14.3%)	48 (57.1%)	24 (28.6%)	84 (100.0%)

Only a slight majority of youth and family participants (56.0%) felt that, overall, the agency did a good job working with their family throughout the pandemic (Table 17). Less than half (43.8%) of youth and family respondents reported that their DSS worker helped them with their COVID-19 related needs even though 75.9% of caseworkers and supervisors indicated that they were still able to connect families to the services they needed during the COVID-19 pandemic (Table 17 & 16). This disparity among respondents of different participant groups suggests a disconnect between the experiences of the youth/family participants and the efforts of the DSS caseworkers/supervisors. Local departments may want to consider locating the source of this disconnect in order to drive potential improvements to practice. Despite the negative experiences detailed above, 93.9% of youth and family participants believed that the COVID-19 pandemic did not negatively impact the plan developed during the meeting or the outcome of the FTDM

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(Table 17). Furthermore, 77.3% of youth and family participants indicated that COVID-19 did not hinder their ability to contact their DSS worker (Table 17).

Table 17: *Child/Family Survey – COVID-19 Impact (n=38)*

Question	Yes		No		Total	
1. The COVID-19 pandemic negatively impacted the plan developed during and/or the outcome of this meeting.	2 (6.1%)		31 (93.9%)		33 (100.0%)	
2. Did your family need any services as a result of the COVID-19 pandemic	6 (19.4%)		25 (80.6%)		31 (100.0%)	

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
3. I believe the COVID-19 pandemic made it hard for me to contact my DSS worker.	7 (31.8%)	10 (45.5%)	2 (9.1%)	2 (9.1%)	1 (4.5%)	22 (100.0%)
4. My worker helped me with my needs related to the COVID-19 pandemic.	2 (12.5%)	3 (18.8%)	4 (25.0%)	3 (18.8%)	4 (25.0%)	16 (100.1%)
5. I think the agency has done a good job working with my family during the COVID-19 pandemic.	4 (16.0%)	1 (4.0%)	6 (24.0%)	5 (20.0%)	9 (36.0%)	25 (100.0%)

Evaluation of Virtual Meetings

In addition to evaluating the impact of COVID-19, questions were added to the surveys distributed in the October 2021 implementation to examine the use of virtual meetings and their impact on FTDM practice. Each participant group (i.e., facilitators, professionals, DSS caseworkers/supervisors, and children/families) were asked to respond to a variety of statements about virtual FTDMs using the same Likert scale used to evaluate FTDM practice and facilitators. These statements sought to illicit feedback on the benefits of virtual FTDMs, barriers to implementing virtual FTDMs successfully, and whether virtual FTDMs should continue to be offered. Tables 18 – 22 display the participants' evaluation of the virtual meeting format.
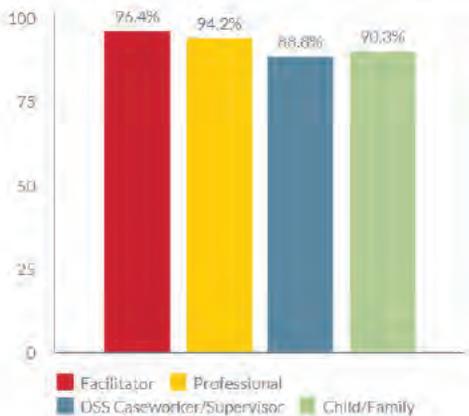
Figure 8: Agree/Strongly Agree that Virtual FTDMs Should Continue to be Offered

Overall, facilitators held a positive attitude towards virtual meetings. 95.5% of the respondents reported that they are able to engage participants in virtual meetings, indicating that the virtual format does not pose a barrier to teaming during FTDMs (Table 18). Furthermore, facilitators believed that virtual FTDMs are an effective format (n=100, 90.1%) that make it easier to attend the FTDMs (n=86, 89.6%) (Table 18). The only challenge that facilitators identified was technology, with 42.9% of respondents stating that they have had technical issues that impacted their ability to participate in the virtual FTDM (Table 18). Despite this, only one facilitator (1.0%) did not prefer the virtual format and a vast majority of facilitators felt that virtual FTDMs should continue to be offered (n=107, 96.4%) (Table 18 & Figure 8).

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Table 18: *Facilitator Survey – Virtual Meetings Impact (n=114)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I am able to engage participants in virtual meetings.	0 (0.0%)	0 (0.0%)	5 (4.5%)	30 (27.0%)	76 (68.5%)	111 (100.0%)
2. Virtual FTDMs are an effective format.	0 (0.0%)	0 (0.0%)	11 (9.9%)	30 (27.0%)	70 (63.1%)	111 (100.0%)
3. I have access to the appropriate technology to participate in virtual FTDMs.	0 (0.0%)	1 (0.9%)	10 (9.0%)	44 (39.6%)	56 (50.5%)	111 (100.0%)
4. I have experienced technical issues which impacted by ability to participate in virtual FTDMs.	17 (18.7%)	24 (26.4%)	11 (12.1%)	14 (15.4%)	25 (27.5%)	91 (100.1%)
5. The option of virtual FTDMs makes it easier for me to attend FTDMs.	0 (0.0%)	0 (0.0%)	10 (10.4%)	22 (22.9%)	64 (66.7%)	96 (100.0%)
6. Virtual FTDMs should continue to be offered.	0 (0.0%)	0 (0.0%)	4 (3.6%)	31 (27.9%)	76 (68.5%)	111 (100.0%)
7. I prefer virtual FTDMs over in-person FTDMs.	0 (0.0%)	1 (1.0%)	20 (19.8%)	24 (23.8%)	56 (55.4%)	101 (100.0%)

Professional participants' responses aligned with the facilitators' perspective. Professionals agreed that virtual FTDMs should continue to be offered (n=49, 94.2%) (Table 19 & Figure 8). Access to the appropriate technology to participate in virtual FTDMs was not a barrier for professionals, and most professional respondents indicated that the option of a virtual FTDM actually made it easier for them to attend (n=47, 90.4%) (Table 19). However, like facilitators, some professional participants reported experiencing technical issues during virtual FTDMs (n=12, 23.1%) (Table 19).

Table 19: *Professional Survey – Virtual Meetings Impact (n=56)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. Virtual FTDMs are an effective format.	0 (0.0%)	1 (1.9%)	6 (11.5%)	19 (36.5%)	26 (50.0%)	52 (99.9%)
2. I have access to the appropriate technology to participate in virtual FTDMs.	0 (0.0%)	0 (0.0%)	0 (0.0%)	22 (42.3%)	30 (57.7%)	52 (100.0%)
3. I have experienced technical issues which impacted by ability to participate in virtual FTDMs.	14 (26.9%)	19 (36.5%)	4 (7.7%)	10 (19.2%)	2 (3.8%)	52 (100.1%)
4. The option of virtual FTDMs makes it easier for me to attend FTDMs.	0 (0.0%)	1 (1.9%)	4 (7.7%)	16 (30.8%)	31 (59.6%)	52 (100.0%)
5. Virtual FTDMs should continue to be offered.	0 (0.0%)	0 (0.0%)	3 (5.8%)	16 (30.8%)	33 (63.5%)	52 (100.1%)
6. I prefer virtual FTDMs over in-person FTDMs.	4 (7.7%)	5 (9.6%)	12 (23.1%)	11 (21.2%)	20 (38.5%)	52 (100.1%)

DSS caseworkers and supervisors' attitudes towards virtual FTDMs was less favorable. Only 57.3% of caseworkers and supervisors preferred virtual FTDMs over in-person FTDMs (Table 20). While a

majority of caseworkers and supervisors (81.1%) reported that virtual FTDMs are an effective format, 8.9% of respondents disagreed or strongly disagreed with this statement (Table 20). DSS caseworkers and supervisors also reported experiencing technical issues that impacted their ability to participate (n=30, 35.7%) (Table 20). Despite voicing greater concerns for virtual FTDMs than facilitators and professionals, DSS caseworkers and supervisors still overall agreed or strongly agreed that virtual FTDMs should continue to be offered (n=79, 88.8%) (Table 20 & Figure 8).

Table 20: *DSS Caseworker/Supervisor Survey – Virtual Meetings Impact (n=94)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. Virtual FTDMs are an effective format.	2 (2.2%)	6 (6.7%)	9 (10.0%)	33 (36.7%)	40 (44.4%)	90 (100.0%)
2. I have access to the appropriate technology to participate in virtual FTDMs.	1 (1.1%)	1 (1.1%)	2 (2.2%)	39 (43.3%)	47 (52.2%)	90 (99.9%)
3. I have experienced technical issues which impacted by ability to participate in virtual FTDMs.	9 (10.7%)	31 (36.9%)	14 (16.7%)	25 (29.8%)	5 (6.0%)	84 (100.1%)
4. The option of virtual FTDMs makes it easier for me to attend FTDMs.	1 (1.1%)	3 (3.3%)	8 (8.9%)	26 (28.9%)	52 (57.8%)	90 (100.0%)
5. Virtual FTDMs should continue to be offered.	1 (1.1%)	4 (4.5%)	5 (5.6%)	27 (30.3%)	52 (58.4%)	89 (99.9%)
6. I prefer virtual FTDMs over in-person FTDMs.	6 (6.7%)	5 (5.6%)	27 (30.3%)	19 (21.3%)	32 (36.0%)	89 (99.9%)

Participants who completed the Child/Family FTDM Feedback Survey were directed to one of two sets of statements about the impact of virtual meetings depending on whether or not the FTDM they attended was held virtually. The youth and family participants who indicated that the FTDM they attended was virtual were taken to the set of statements displayed in Table 21. Youth and family participants that did not attend a virtual FTDM were asked to respond to the set of statements displayed in Table 22. 28 youth/family participants indicated that they attended the FTDM virtually while five youth/family participants indicated that they did not attend virtually.

Youth and family participants that attended a virtual FTDM reported that the option of a virtual FTDM made it easier for them to participate (n=22, 88.0%) (Table 21). A majority of the respondents who attended virtually felt that they could share their needs and strengths in a virtual setting (n=20, 80.0%), which suggests that the virtual format still allows for the collaborative development of plans that are individualized and strengths-based (Table 21). While only 69.2% of youth and family participants who attended virtually preferred virtual meetings over in-person meetings, 92.3% felt that virtual FTDMs should continue to be offered (Table 21). Youth and family participants who did not attend a virtual FTDM felt similarly, with 80.0% of these respondents agreeing or strongly agreeing that FTDMs should continue to be offered (Table 22).

In terms of barriers related to technology, all but one youth/family respondent indicated that they had access to a computer or phone that could be used to attend a virtual meeting (n=25, 96.2%) (Table 21). Likewise, 80.0% of youth and family participants who did not attend a virtual FTDM shared that they

also had access to appropriate technology that would allow them to attend virtual meetings (Table 22). Only five respondents (21.7%) who attended the FTDM virtually experienced technological issues that impacted their ability to participate virtually (Table 21). These findings suggest that access to technology is not a major barrier to attending virtual FTDMs for most youth/family respondents, although this may not be representative of families' experiences across the state. Therefore, local departments should continue to identify and address various accessibility barriers that may impact the feasibility and usefulness of virtual FTDMs.

Table 21: *Child/Family Survey – Virtual Meetings Impact: Attended FTDM Virtually (n=28)*

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The option of virtual meeting made it easier for me to participate.	1 (4.0%)	2 (8.0%)	0 (0.0%)	6 (24.0%)	16 (64.0%)	25 (100.0%)
2. I felt that I could share my needs and strengths in the virtual meeting.	3 (12.0%)	1 (4.0%)	1 (4.0%)	6 (24.0%)	14 (56.0%)	25 (100.0%)
3. I had access to a computer or phone to attend the virtual meeting.	0 (0.0%)	1 (3.8%)	0 (0.0%)	9 (34.6%)	16 (61.5%)	26 (99.9%)
4. I had a space where I felt comfortable participating in the virtual meeting.	1 (4.0%)	0 (0.0%)	1 (4.0%)	7 (28.0%)	16 (64.0%)	25 (100.0%)
5. I experienced technical issues which impacted my ability to participate in the virtual meeting.	6 (26.1%)	10 (43.5%)	2 (8.7%)	2 (8.7%)	3 (13.0%)	23 (100.0%)
6. Virtual meeting should continue to be offered.	1 (3.8%)	0 (0.0%)	1 (3.8%)	8 (30.8%)	16 (61.5%)	26 (99.9%)
7. I prefer virtual meetings over in-person meetings.	1 (3.8%)	3 (11.5%)	4 (15.4%)	5 (19.2%)	13 (50.0%)	26 (99.9%)

Table 22: *Child/Family Survey – Virtual Meetings Impact: Did Not Attend FTDM Virtually (n=5)*

Question	Yes	No	Total
1. I was offered the option to participate virtually.	2 (40.0%)	3 (60.0%)	5 (100.0%)

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
2. I have access to a computer or phone to attend virtual meetings.	0 (0.0%)	0 (0.0%)	1 (20.0%)	1 (20.0%)	3 (60.0%)	5 (100.0%)
3. I have a space where I would feel comfortable participating in a virtual meeting.	0 (0.0%)	0 (0.0%)	1 (20.0%)	1 (20.0%)	3 (60.0%)	5 (100.0%)
4. Virtual meeting should continue to be offered.	0 (0.0%)	0 (0.0%)	1 (20.0%)	1 (20.0%)	3 (60.0%)	5 (100.0%)
5. I prefer virtual meetings over in-person meetings.	1 (20.0%)	0 (0.0%)	1 (20.0%)	1 (20.0%)	2 (40.0%)	5 (100.0%)

Qualitative Feedback on Virtual Meetings

In addition to collecting quantitative data, facilitators, professionals, DSS caseworkers/supervisors, and youth/family participants had the opportunity to provide additional feedback about the impact of virtual meetings through a written narrative. Although not every participant elected to provide additional feedback, the participants who did conveyed several advantages of using virtual FTDMs. One facilitator

shared that "the virtual platform eliminates the power differential that often happens in person." A DSS caseworker/supervisor felt similarly, stating, "Please continue with this format. It allows parents and supports to participate without missing significant time on travel to and from work. I believe it adds equity to the FTDM." There was also a consensus among facilitators that virtual FTMs are safer, easier to schedule, and allow for greater participation because "virtual is much more convenient for many families." Another facilitator shared that virtual FTDMs are "more punctual, focused, and accessible."

However, professional participants, DSS caseworkers and supervisors, and youth and family participants also discussed some disadvantages of conducting FTDMs on a virtual platform. Common concerns included: the lack of nonverbal communication, difficulty hearing all participants, and accessibility. Regarding lack of nonverbal communication, one professional shared, "Most people on the meeting had their camera off. Having a meeting with a bunch of black screens is not conducive to connecting with the youth." Additionally, a DSS Caseworker/Supervisor cited losing the ability to see and interpret body language as the reason they did not like virtual meetings. In terms of accessibility, another DSS caseworker/supervisor shared, "While virtual FTDMs have been very effective and efficient, my only complaint is that the facilitators do not know how to add someone on the phone, which is needed for translation through our Language Line. This has negatively impacted the FTDM. This was not an issue with the most recent FTDM but it has been for several FTDMs in the past few months." A child/family participant shared a similar concern around the lack of appropriate accommodations and interpretation services when using a virtual platform:

> "The virtual meeting is an excellent option. However, the biological parents of the child are disabled and severely disabled…I do not believe the impact of her disability was clear to the meeting organizers for how she would be severely disadvantaged in this meeting…There are appropriate accommodations. The department should have somebody who specializes in how to coordinate this ahead of time. A great deal of the meeting was trying to coordinate the interpreter and zoom service at the same time for the mother. I would personally feel very anxious and stressed if that was occurring to me (but I wouldn't speak for her)…I would like to recommend that the department have an accessibility expert for the county prepare a plan for how to accommodate these individuals better."

Several comments also noted the use of hybrid FTDMs, in which some participants attend in-person while others attend virtually. A couple DSS caseworkers/supervisors expressed "there's a place for both virtual and in person FTDMs" as "both [are] efficient and effective." In light of the advantages and disadvantages of virtual FTDMs that were highlighted by participants, the local departments may want to consider 1) continuing to offer virtual FTDMs and 2) offering hybrid FTDMs, which would allow participants to capitalize off of the unique advantages each setting provides.

Qualitative Feedback on Technological Support

Facilitators were also given the opportunity to provide additional feedback on any technology support that is needed when implementing FTDMs. Even though only 33.3% of facilitators believed that additional technology support is needed, nearly half (42.9%) experienced technology issues during FTDMs held in October 2021 (Table 17). This response indicates a need for further technological assistance to ensure that

FTDMs are not disrupted by technology issues. Facilitators who elected to provide additional feedback on the subject repeatedly shared that there is a need for laptops with cameras and better equipment. Another facilitator stated that there was a need for better Wi-Fi access within buildings. Additionally, multiple facilitators stated additional training, such as "additional platform training" and "additional training in hosting virtual meetings and full use of Google Meet tools," would be beneficial. Lastly, one facilitator asked for support around "ways to effectively [hold] a FTDM with some attending virtually and some in person."

B. LDSS Self-Reports

The LDSS Self-Report data provides information on the types or purposes of FTDMs held, the participants who were directly involved in the meetings, and the continuing services and outcomes concluded from the meetings. This data source allows staff to provide descriptive information on reasons

32.3%   **Key Participant No Show**

30.0%   **Key Participant Not Available**

17.7%   **Agency Cancelled**

Figure 9: Top Three Reasons an FTDM was Not Completed

an FTDM may not have been held, which currently cannot be captured through any other data source (Figure 9). There was a total of 154 FTDMs not completed, and 130 of those FTDMs had a corresponding reason as to why they were not completed. The most common reasons were key participants not showing up to the FTDM and key participants being unavailable to attend (Figure 9). Throughout the reporting timeframe of July 1, 2021 – December 31, 2021, the LDSS Self-Report data was collected monthly from each jurisdiction's FTDM facilitator or an alternate staff member. Please note that not all 24 jurisdictions submitted data for all twelve months of the reporting timeframe. 19 jurisdictions submitted data every month of the reporting timeframe, four

jurisdictions did not submit data for at least one month during the reporting timeframe, and one jurisdiction did not submit any data for the entirety of the reporting timeframe. The UMSSW generates monthly FTDM reports of the 24 jurisdictions and the statewide total to be shared with DHS and the LDSSs. The tables below show the data collected from the local departments for FTDMs held from July 1, 2021 – December 31, 2021.

i. FTDMs and Policy-Identified Intervention Points

A total of 1,286 FTDMs were reported by the local jurisdictions from July 1, 2021 – December 31, 2021, and 1,730 children were discussed in those FTDMs. As expected, Out-of-Home Services was the most common type of program assignment, constituting 59.5% of reported FTDMs (Table 23). Additionally, Separation/Considered Separation FTDMs (39.6%) were the most common policy-identified intervention point (Table 23). This was closely followed by Youth Transition Planning Meetings (25.5%) and Placement Stability FTDMs (22.1%) (Table 23). Voluntary Placement Agreement FTDMs (1.7%) were least likely to be conducted, which may be due to the limited number of active Auxiliary Services/Voluntary Placement Agreement Cases open during the reporting timeframe (Table 23).

Table 23: *FTDM Types and Policy-Identified Intervention Points*

FTDMs by Program Type	Total	Percent
Investigative Response Cases	220	17.0%
Family Preservation/In-Home Services	163	12.6%
Out-of-Home Services	768	59.5%
Alternative Response Cases	75	5.8%
Non-CPS Cases	41	3.2%
Auxiliary Services/Voluntary Placement Agreement Cases	24	1.9%
Total	1,291*	100.0%
FTDMs by Policy-Identified Intervention Point	Total	Percent
Separation/Considered Separation FTDM	510	39.6%
Placement Stability FTDM	285	22.1%
Permanency Planning FTDM	142	11.0%
Youth Transition Planning Meeting	328	25.5%
Voluntary Placement Agreement FTDM	22	1.7%
Total	1,287*	99.9%**

*Totals do not match due to variation in LDSS data submission.
**Percentages may not equal 100% due to rounding.

Table 24 looks at quarterly trends during the first half of SFY22. Quarter 1 includes July 1, 2021 – September 30, 2021, and Quarter 2 includes October 1, 2021 – December 31, 2021. All of the FTDM types categorized by policy-identified intervention point, except for Permanency Planning FTDMs and Voluntary Placement Agreement FTDMs, decreased between SFY22 Quarter 1 and Quarter 2. The number of Permanency Planning FTDMs remained the same across both quarters while Voluntary Placement Agreement FTDMs increased by 20.0% (Table 24). Youth Transition Planning Meetings decreased by the largest percentage (17.8%) between the first quarter and second quarter of SFY22 (Table 24). In terms of FTDMs by program type, all program types, except Auxiliary Services/Voluntary Placement Agreement Cases, decreased from Quarter 1 to Quarter 2. The greatest decreases were for Non-CPS Cases (29.2%) and Family Preservation/In-Home Services (24.7%) (Table 24). Conversely, Auxiliary Services/Voluntary Placement Agreement Cases increased by 18.1%, which is consistent with the percent increase in Voluntary Placement Agreement FTDMs (Table 24).

Table 24: *FTDM Types and Policy-Identified Intervention Points Quarterly Data Comparison*

Number of FTDMs	SFY22 Q1	SFY22 Q2	Difference In Percent
Total	678*	608*	↓10.3%
FTDMs by Program Type	SFY22 Q1	SFY22 Q2	Difference In Percent
Investigative Response Cases	115	105	↓8.7%
Family Preservation/In-Home Services	93	70	↓24.7%
Out-of-Home Services	400	368	↓8.0%
Alternative Response Cases	40	35	↓12.5%

Non-CPS Cases	24	17	↓29.2%
Auxiliary Services/VPA Cases	11	13	↑18.1%
Total	683*	609*	↓10.8%
FTDMs by Policy-Identified Intervention Point	SFY22 Q1	SFY22 Q2	Difference In Percent
Separation/Considered Separation FTDM	271	239	↓11.8%
Placement Stability FTDM	146	139	↓4.8%
Permanency Planning FTDM	71	71	0.0%
Youth Transition Planning Meeting	180	148	↓17.8%
Voluntary Placement Agreement FTDM	10	12	↑20.0%
Total	678*	608*	↓10.3%

*Totals do not match due to variation in LDSS data submission.

ii. FTDM Outcomes and FTDM Participants

Table 25 presents data on FTDM outcomes and number of FTDM participants. During the reporting timeframe, 39.8% of Out-of-Home Placements (OHPs) were diverted as a result of the FTDM (Table 25). 342 children were diverted or placed with relatives following an FTDM, while 389 children remained or were placed with their biological parents (Table 25). Of the 1,730 children discussed, 42.3% were prevented from coming into the agency's care by either being placed with or continuing to live with their parents or family members (Table 25). Additionally, 389 families were provided referrals to services during the FTDM, with 42.7% of these families being referred to In-Home Services (Table 25).

Parent/Legal Guardian (12.56%) Child/Youth (5.75%)
Relative (6.98%)
Service/Community Provider (20.35%)
Resource Parent (3.69%) Private Provider (5.44%)
Other Support Role (2.79%) LDSS Staff (38.55%)
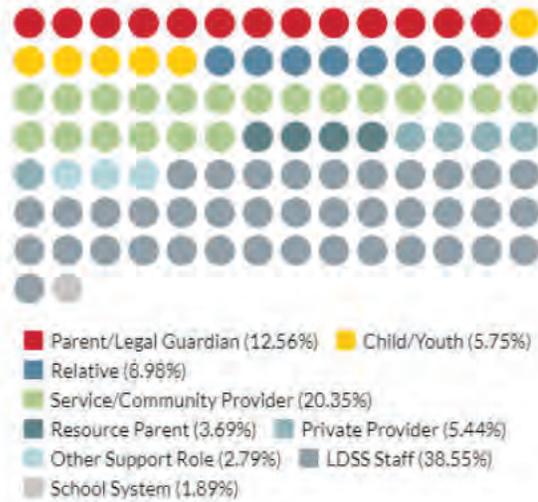School System (1.89%)

Figure 10: FTDM Participants Based on LDSS Self-Reports

The LDSS Self-Report participant data was similar to the participant data in the FTDM Feedback Survey with the majority of participants representing the agency. Approximately 38.5% of participants were LDSS staff, 20.3% were service providers, and 12.6% were parents/legal guardians (Table 25 & Figure 10). Notably, child/youth participants were only reported to take part in the FTDM 5.7% of the time (Table 25 & Figure 10).

Table 25: *FTDM Outcomes and FTDM Participants*

FTDM Outcomes	Total	Percent
Out-of-Home Placements Diverted after FTDMs	511	29.5%*
a. Children Remaining or Placed with Parents after FTDM	389	22.5%*
b. Children Diverted or Placed with Relatives after FTDM	342	19.8%*
Families Referred to Services	389	30.2%**

FTDM Outcomes	Total	Percent
a. Families Referred to In-Home Services	166	12.9%**
b. Families Referred to Community Services	223	17.3%**

Participants	Total	Percent
Parent/Legal Guardian Participants	1,344	12.6%
Child/Youth Participants	615	5.7%
Relative Participants	961	9.0%
Service Provider/Community Participants	2,177	20.3%
Resource Parent Participants	395	3.7%
Private Provider Participants	582	5.4%
Other Support Role Participants (e.g., Significant Other, Neighbors, Godparents, etc.)	298	2.8%
LDSS Staff Participants	4,124	38.5%
School System Participants	202	1.9%
Total	10,698	99.9%***

* Percentage is frequency out of total number of children discussed (N=1,730).

** Percentage is frequency of an outcome out of total FTDMs (N=1,286).

***Percentages may not equal 100% due to rounding.

Table 26 shows changes in FTDM outcomes and number of FTDM participants over time. Only one of the FTDM outcomes captured in the LDSS Self-Report increased between SFY22 Quarter 1 and Quarter 2. The number of children diverted or placed with relatives after an FTDM increased by 26.5% between the first two quarters of SFY22 (Table 26). On the other hand, the number of children remaining or placed with biological parents after an FTDM decreased by 23.2%, resulting in a 6.4% decrease in the total number of children diverted after an FTDM (Table 26). When looking at FTDM outcomes, one of the main goals is to divert children from OHPs and keep families together; therefore, it would be beneficial to see an increase in the number of FTDMs that lead to an OHP diversion. Moreover, there was also a decrease in service referrals. The number of families referred to In-Home Services and Community Services decreased by 15.6% and 12.6%, respectively (Table 26).

The number of participants also tended to decrease between SFY22 Quarter 1 and Quarter 2, likely due to the overall number of FTDMs decreasing by 10.5% (Table 24). However, the number of school system participants actually increased between halves (40.5%) (Table 26). This increase may be due to the fact that children are not in school for the first two months of Quarter 1, but are in school for all of the months in Quarter 2. Among the FTDM participants types that decreased, other support role participants had the largest decrease (31.6%), followed by private providers (12.9%) and relatives (12.3%) (Table 26).

Table 26: *FTDM Outcomes and FTDM Participants Quarterly Data Comparison*

FTDM Outcomes	SFY22 Q1	SFY22 Q2	Difference In Percent
Out-of-Home Placements Diverted after FTDMs	264	247	↓6.4%
a. Children Remaining or Placed with Parents After FTDM	220	169	↓23.2%
b. Children Diverted or Placed with Relatives after FTDM	151	191	↑26.5%

Families Referred to Services	209	180	↓13.9%
a. Families Referred to In-Home Services	90	76	↓15.6%
b. Families Referred to Community Services	119	104	↓12.6%

FTDM Participants	SFY22 Q1	SFY22 Q2	Difference In Percent
Parent/Legal Guardian Participants	702	642	↓8.5%
Child/Youth Participants	313	302	↓3.5%
Relative Participants	512	449	↓12.3%
Service Provider/Community Participants	1,152	1,025	↓11.0%
Resource Parent Participants	207	188	↓9.2%
Private Provider Participants	311	271	↓12.9%
Other Support Role Participants	177	121	↓31.6%
LDSS Staff Participants	2,148	1,976	↓8.0%
School System Participants	84	118	↑40.5%
Total	5,606	5,092	↓9.2%

C. CJAMS FTDM Reports

The CJAMS FTDM Reports summarize information that has been entered into the administrative data system by frontline staff. These reports examine the number of FTDMs entered into Contact: Notes and Contact: Meetings as well as the percentage of policy-identified intervention points for children where an FTDM was held. The five FTDM policy-identified intervention points that will be examined are: separations, placement changes, permanency plan changes, youth transition plans (YTPs), and voluntary placement agreements (VPAs). Researchers at the UMSSW have developed data extraction reports using various data fields in CJAMS to best approximate the percentages that speak to the utilization and success of FTDMs statewide.

For the first half of SFY22, a total of 1,562 FTDMs were marked as completed in Contact: Notes, while 1,223 FTDMs were marked as completed in Contact: Meetings.

i. Policy-Identified Intervention Point Event Comparisons

Tables 27 – 31 describe the types of FTDMs held during the first half of SFY22 as they relate to the policy-identified intervention points. The first row of each table represents the total number of occurrences for that policy-identified intervention point during the timeframe of July 1, 2021 – December 31, 2021. The subsequent rows represent the types of FTDMs that were held in response to the specified policy-identified intervention point.
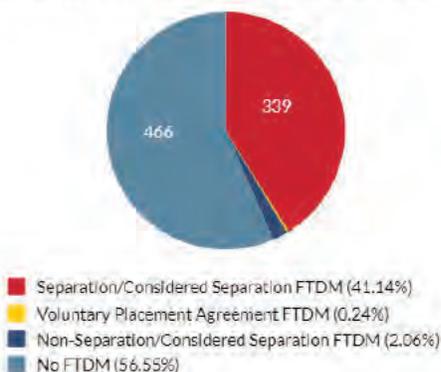

Separation/Considered Separation FTDM (41.14%)
Voluntary Placement Agreement FTDM (0.24%)
Non-Separation/Considered Separation FTDM (2.06%)
No FTDM (56.55%)

Figure 11: Separations

Table 27 depicts separations (formerly referred to as removals) between July 1, 2021 and December 31, 2021 and the corresponding FTDMs held in response. This includes Voluntary Placement Agreement FTDMs up to one year before the separation and other Separation/Considered Separation FTDMs that occurred six weeks before or six weeks after the separation. 41.1% of separation events (N =824) had a Separation/Considered Separation FTDM six weeks before or six weeks after removal (Table 27). Less than one percent of

35

separation events had a Voluntary Placement Agreement FTDM take place, and only 2.1% of separation events had a non-Separation/Considered Separation FTDM take place (Table 27). Overall, 43.4% of separations had any type of FTDM six weeks before or after the separation, leaving 466 separation events where no FTDM occurred (Table 27). These percentages indicate that over half of the separations (56.6%) were not predicated or followed by an FTDM in accordance with state policy (Figure 11).

Table 27: *Separations*

Separations	Frequency	Percent*
Children entering care	824	--
Separations where a Separation/Considered Separation FTDM took place	339	41.1%
Separations where a Voluntary Placement Agreement FTDM took place	2	0.2%
Separations where a non-Separation/Considered Separation FTDM took place	17	2.1%
Separations where any FTDM type took place	358**	43.4%

*Percentage is frequency of children with an FTDM type out of total number of children entering care (N=824).
**Frequency is the sum of Separation/Considered Separation FTDMs, Voluntary Placement Agreement FTDMs, and non-Separation/Considered Separation FTDMs.
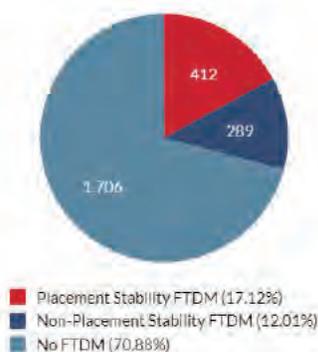

Figure 12: Placement Changes

Legend:
- Placement Stability FTDM (17.12%)
- Non-Placement Stability FTDM (12.01%)
- No FTDM (70.88%)

Table 28 depicts placement changes between July 1, 2021 and December 31, 2021 and their associated FTDMs. This includes FTDMs that occurred three weeks before or six weeks after the change and Planned Placement Change FTDMs that occurred up to six months prior to the change. In the first half of SFY22, there were a total of 2,407 placement changes (Table 28). Over one quarter (29.1%) of all placement changes in the first half of SFY22 had an associated FTDM, with 17.1% of placement changes having a Placement Stability FTDM (e.g., Change in Placement FTDM, Disruption, Emergency Placement Change, and Planned Placement Change) and 12.0% of placement changes having a non-Placement Stability FTDM (e.g., Permanency Plan Changes, Youth Transition Plan, Visitation Plan, Voluntary Placement, Prior to or After

Removal, Planned Removal, Case Transfers, and Family Group Meeting) (Table 28). There were 1,706 (70.9%) placements in which there was no FTDM of any kind during the specified timeframe (Figure 12).

Table 28: *Placement Changes*

Placement Changes	Frequency	Percent*
Children with a placement change	2,407	--
Placements changes where a Placement Stability FTDM took place	412	17.1%
Placements where a non-Placement Stability FTDM took place	289	12.0%
Placements where any FTDM type took place	701**	29.1%

*Percentage is frequency of FTDM type out of total number of children with a placement change (N=2,407).
**Frequency is the sum of Placement Stability FTDMs and non-Placement Stability FTDMs.

There were 264 permanency plan changes in the first half of this fiscal year (Table 29). Table 29 includes permanency plan changes that had an FTDM in the three months prior to a permanency plan date change or an FTDM between six months and one year in foster care. Of the total number of permanency plan changes, 22.7% were associated with a Permanency Planning FTDM, which includes Permanency Plan Changes, Youth Transition Plans, and Case Transfers (Table 29). Another 15.9% of permanency plan changes were associated with a non-Permanency Planning FTDM (Table 29). More than half of children with a change in permanency plan (n=162, 61.4%) did not participate in an FTDM in the three months prior to a permanency plan date change or between six months and one year in foster care (Figure 13).
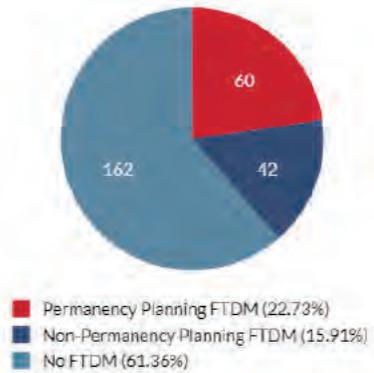

Figure 13: Permanency Plan Changes

Table 29: *Permanency Plan Changes*

Permanency Changes	Frequency	Percent*
Children with a change in permanency plan	264	--
Permanency plan changes where a Permanency Planning FTDM took place	60	22.7%
Permanency plan changes where a non-Permanency Planning FTDM took place	42	15.9%
Permanency plan changes where any FTDM type took place	102**	38.6%

*Percentage is frequency of FTDM type out of total number of children with a change in permanency plan (N=264).
**Frequency is the sum of Permanency Planning FTDMs and non-Permanency Planning FTDMs.

Table 30 includes children who have been in foster care for at least one year and who are at least 14 years old, referred to as youth transitionals. The total number of youths requiring transition plans from July 1, 2021 – December 31, 2021 statewide was 1,809 (Table 30). Of the youth transitionals, 45.3% had a Transition FTDM (i.e., Youth Transition Planning Meeting) in the past year while 13.9% had a non-Transition FTDM occur in the past year (Table 30). Thus, over half of the youth who were classified as youth transitionals during the first half of SFY22 had an FTDM of any type in the past year, while 40.8% (n=738) of youth transitionals did not have an FTDM or did not have an FTDM that was documented in CJAMS (Table 30 & Figure 14).
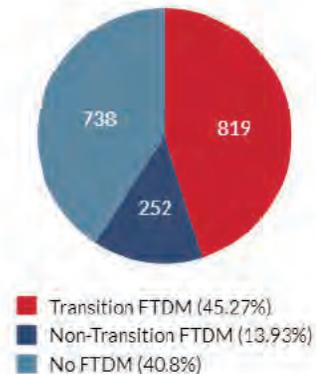

Figure 14: Youth Transition Plans

Table 30: *Youth Transition Plans*

Youth Transition Plans	Frequency	Percent*
Children in foster care for at least one year who are at least 14 years old	1,809	--

Youth Transition Plans	Frequency	Percent*
Youth transitionals with a Transition FTDM	819	45.3%
Youth transitionals with a non-Transition FTDM	252	13.9%
Youth transitionals with any FTDM	1,071**	59.2%

*Percentage is frequency of FTDM type out of total number of children in foster care for at least one year who are at least 14 years old (N=1,809).

**Frequency is the sum of Transition FTDMs and non-Transition FTDMs.

The total number of voluntary placement agreements (VPAs) for the first half of SFY22 statewide was 32 (Table 31). A Separation/Considered Separation FTDM that occurred six weeks before or six weeks after the separation was the most common response to a child entering the agency's care via VPA (n=13, 40.6%) (Table 31). Voluntary Placement Agreement FTDMs that occurred up to one year before separation only occurred for 3.1% of all VPAs (Table 31). Moreover, only 43.8% of children entering care via VPA had any type of FTDM that was captured in CJAMS, meaning that just over half of all VPAs were conducted without an associated FTDM (Table 31 & Figure 15). Please note that it should not be expected that all VPA separations will have a corresponding FTDM as the family teaming policy outlines specific instances in which an FTDM would be optional for a VPA.
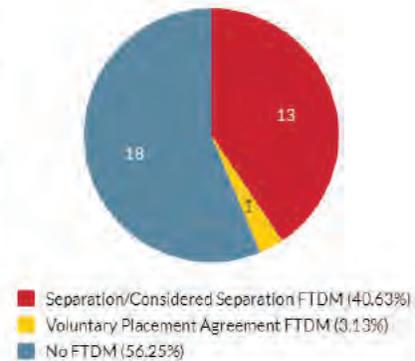

■ Separation/Considered Separation FTDM (40.63%)
■ Voluntary Placement Agreement FTDM (3.13%)
■ No FTDM (56.25%)

Figure 15: Voluntary Placement Agreements

Table 31: *Voluntary Placement Agreements*

Voluntary Placement Agreements (VPAs)	Frequency	Percent*
Children entering care via VPA	32	--
VPA separations where a Separation/Considered Separation FTDM took place	13	40.6%
VPA separations where a Voluntary Placement Agreement FTDM took place	1	3.1%
VPA separations where a non-Separation/Considered Separation FTDM took place	0	0.0%
VPA separations where any FTDM type took place	14**	43.8%

*Percentage is frequency of children with an FTDM type out of total number of children entering care via VPA (N=32).

**Frequency is the sum of Separation/Considered FTDMs, Voluntary Placement Agreement FTDMs, and non-Separation/Considered Separation FTDMs.

Table 32 and Figure 16 look at trends in policy-identified intervention points and their associated FTDMs over the course of the first two quarters of SFY22. For separations, the number of children entering the agency's care decreased between the two quarters 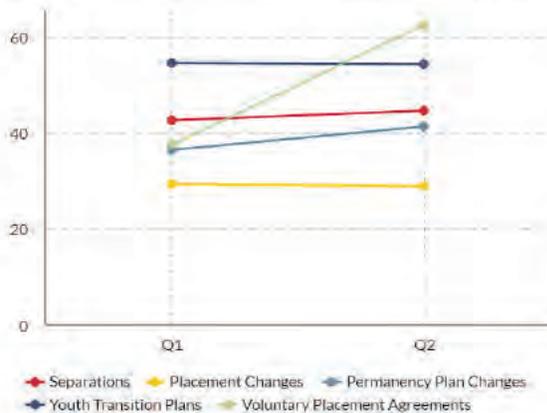(Table 32). The percent of separations where a Separation/Considered Separation FTDM took place increased from Quarter 1 (39.0%) to Quarter 2 (43.3%), but the percent of separations where any FTDM type took place increased only slightly (Table 32 & Figure 16). Additionally, despite a drop in the number of placement changes, the percent of placement changes where any FTDM occurred remained relatively stable between Quarter 1 (29.3%) and Quarter 2 (28.9%) (Table 32 & Figure 16). Of all the policy-identified intervention points, placement changes were the most likely to not have an associated FTDM; across both quarters, seven in every ten placement changes occurred without an FTDM (Table 32). Permanency plan changes, on the other hand, experienced a decrease in the percent of permanency plan changes where any FTDM type occurred, as the percent of permanency plan changes where both a Permanency Planning FTDM took place and a non-Permanency Planning FTDM took place increased from SFY22 Quarter 1 to Quarter 2 (Table 32 & Figure 16). As a result, the permanency plan changes without any FTDM decreased from 63.6% (Quarter 1) to 58.7% (Quarter 2) (Table 32). Like placement changes, the percent of youth transitionals where any FTDM type took place remained relatively stable across the two quarters, although a greater percentage of Transition FTDMs (i.e., Youth Transition Planning Meetings) occurred during Quarter 2 (43.6%) (Table 32 & Figure 16). It is also worth noting that the consistency between the two quarters may be related to the considerable overlap between youth transitionals in Quarter 1 and Quarter 2 since youth transitionals from Quarter 1 who did not leave foster care by the start of Quarter 2 (October 1, 2021) are counted in both quarters. Lastly, just over a third (37.5%) of VPA separations had an associated FTDM of any type in SFY22 Quarter 1 (Table 32). In SFY22 Quarter 2, over half (62.5%) of the VPA separations were associated with any FTDM type (Table 32 & Figure 16). This increase resulted in only 37.5% of VPA separations without any corresponding FTDM in SY22 Quarter 2 (Table 32).

Figure 16: Percent of Policy-Identified Intervention Points Where Any FTDM Type Took Place

Table 32: *Policy-Identified Intervention Points and FTDM Types Quarterly Data Comparison*

Separations	SFY22 Q1	SFY22 Q2
Children entering care	431	395
Separations where a Separation/Considered Separation FTDM took place	39.0%	43.3%
Separations where a Voluntary Placement Agreement FTDM took place	0.5%	0.0%
Separations where a non-Separation/Considered Separation FTDM took place	2.8%	1.3%
Separations where any FTDM type took place	42.2%	44.6%
Separations without any FTDM	57.8%	55.4%

Placement Changes	SFY22 Q1	SFY22 Q2
Children with a placement change	1,342	1,065
Placements where a Placement Stability FTDM took place	18.0%	16.1%
Placements where a non-Placement Stability FTDM took place	11.3%	12.9%
Placements where any FTDM type took place	29.3%	28.9%
Placements without any FTDMs	70.7%	71.1%
Permanency Plan Changes	**SFY22 Q1**	**SFY22 Q2**
Children with a change in permanency plan	143	121
Permanency plan changes where a Permanency Planning FTDM took place	21.0%	24.8%
Permanency plan changes where a non-Permanency Planning FTDM took place	15.4%	16.5%
Permanency plan changes where any FTDM type took place	36.4%	41.3%
Permanency plan changes without any FTDM	63.6%	58.7%
Youth Transition Plans	**SFY22 Q1**	**SFY22 Q2**
Children in foster care for at least one year who are at least 14 years old	1,514	1,705
Youth transitionals with a Transition FTDM	39.9%	43.6%
Youth transitionals with a non-Transition FTDM	14.6%	10.7%
Youth transitionals with any FTDM	54.5%	54.3%
Youth transitionals without any FTDM	45.5%	45.7%
Voluntary Placement Agreements (VPAs)	**SFY22 Q1**	**SFY22 Q2**
Children entering care via VPA	24	8
VPA separations where a Separation/Considered Separation FTDM took place	37.5%	50.0%
VPA separations where a Voluntary Placement Agreement FTDM took place	0.0%	12.5%
VPA separations where a non-Separation/Considered Separation FTDM took place	0.0%	0.0%
VPA separations where any FTDM type took place	37.5%	62.5%
VPA separations without any FTDM	62.5%	37.5%

IV. FUTURE STEPS AND RECOMMENDATIONS

FTDM Feedback Survey
- The FTDM Feedback Surveys were revised for the October 2021 implementation in order to adjust questions based on common data issues observed and feedback received from participants. Additionally, FTDM Feedback Surveys were revised to include questions specific to the COVID-19 pandemic and virtual meetings.

- o Continued use of the survey statewide will provide valuable feedback on the FTDM process in order to improve the quality of the practice.
- o The FTDM Feedback Survey will continue to be assessed and reevaluated. Relevant changes will be made as needed.
- o UMSSW will collaborate with FTDM Facilitators and SSA leadership to develop a plan for improving response rates.
- o Technical assistance will continue to be provided to jurisdictions that require assistance in survey implementation.
- o SSA leadership will address any other issues regarding FTDM Feedback Surveys with specific jurisdictions.

LDSS Self-Reports

- The LDSS Self-Report is completed monthly by FTDM Facilitators and provides a convenient, defined, user-friendly method of collecting FTDM practice data measures that are not yet available in CJAMS. The data measures were defined and examined the following FTDM elements: FTDMs conducted, FTDM types, FTDM participants, and FTDM outcomes.
    - o The LDSS Self-Report will continue to be updated based on FTDM Facilitator feedback. In accordance with the most recent family teaming policy, the LDSS Self-Report has been expanded to look at multiple types of facilitated meetings, including FTDMs, Youth Transition Planning Meetings, and Facilitated Family Meetings. This expanded survey was implemented starting in January 2022 and will be used in future iterations of this report.
    - o UMSSW will continue to provide technical assistance to local jurisdictions to ensure accurate data collection using the LDSS Self-Reports.
    - o Monthly data reports will continue to be shared with DHS and LDSSs to visually represent FTDM trends using a web-based infographic application.
- Once the data collected from these reports is consistent with data extracted from CJAMS, the use of the LDSS Self-Reports will be discontinued.

CJAMS FTDM Reports

- Beginning in SFY20, DHS implemented a new online data management system: CJAMS. CJAMS was fully implemented in all jurisdictions on July 20, 2020.
- Improving data quality in SFY22 includes supporting improvements to current data entry and providing consultation for the new online system.
    - o UMSSW will continue to provide consultation in building the new online platform to allow for accurate and effective data entry of FTDM data.
- DHS and the UMSSW will continue to work with local jurisdictions to match self-reported data with data in CJAMS until all data is able to be reliably retrieved.
    - o DHS would benefit from continuing to provide overall CJAMS training, technical assistance, and additional follow-up monitoring.

Desired Outcomes and Recommendations

- Increase the percentage of FTDMs held for each FTDM policy-identified intervention point.
    - o Increase understanding of the reasons FTDMs are not occurring in relation to policy-identified intervention points in order to create strategies to improve practice.
    - o Hold work groups with FTDM facilitators to complete a root analysis and develop strategies to increase percentages.

- o Outline FTDM reporting process to highlight the roles facilitators, caseworkers, and staff have in FTDM referrals and data entry.
- Improve the family participation rates in FTDMs to ensure families are receiving the appropriate services to meet their needs.
- Better teaming practices with youth and families during FTDMs through the conscious implementation of the IPM core principles in order to increase youth and families' satisfaction with FTDMs.
- Conduct focus groups with all staff members involved in the FTDM referral process to collect useful data, better understand the FTDM referral process, and make recommendations for improvements.

V. APPENDIX

A. FTDM Feedback Surveys – October 2021

FTDM Feedback Survey – Facilitator

Jurisdiction: _____   **Date:** _____

Form ID: ☐☐ - ☐☐ / ☐☐ / ☐☐ - ☐☐

1. Key Child Welfare Decision Point:

☐ Separation/Considered Separation   ☐ Placement Stability   ☐ VPA
☐ Permanency Planning   ☐ Youth Transition Planning

2. Please indicate the *NUMBER* of participants for each FTDM Role. If not applicable to the FTDM, mark N/A.

FTDM Role	# of People Invited	# of People Participated	# of Survey Links Emailed	# of Surveys Mailed
Child/Youth (focus of meeting)				
Sibling of child (not focus of meeting)				
Other child/youth				
Biological Mother				
Biological Father				
Adoptive Parent				
Foster Parent				
Other Family				
Non-Relative Support				
DSS Worker/Supervisor				
TFC Worker/Supervisor				
Attorney/Court Representative				
Education Representative				
Mental Health Provider				
Community Advocate				
Other Professional				

3. Child/Youth's Demographic Information: Please answer the following questions based on the child for whom the FTDM was held.

	Child 1	Child 2	Child 3	Child 4
A. Age (Check one)	☐ 0-2 ☐ 11-14 ☐ 3-6 ☐ 15-17 ☐ 7-10 ☐ 18+	☐ 0-2 ☐ 11-14 ☐ 3-6 ☐ 15-17 ☐ 7-10 ☐ 18+	☐ 0-2 ☐ 11-14 ☐ 3-6 ☐ 15-17 ☐ 7-10 ☐ 18+	☐ 0-2 ☐ 11-14 ☐ 3-6 ☐ 15-17 ☐ 7-10 ☐ 18+
B. Gender (Check one)	☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender

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	☐ Other gender identity ☐ Undisclosed	☐ Other gender identity ☐ Undisclosed	☐ Other gender identity ☐ Undisclosed	☐ Other gender identity ☐ Undisclosed
C. Child's Race/Ethnicity (Select all that apply)	☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish ☐ Native American ☐ White ☐ Other	☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish ☐ Native American ☐ White ☐ Other	☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish ☐ Native American ☐ White ☐ Other	☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish ☐ Native American ☐ White ☐ Other
D. Child's service pathway at the time of the FTDM	☐ Investigative Response ☐ Alternative Response ☐ Family Preservation ☐ Foster Care ☐ Aftercare ☐ VPA	☐ Investigative Response ☐ Alternative Response ☐ Family Preservation ☐ Foster Care ☐ Aftercare ☐ VPA	☐ Investigative Response ☐ Alternative Response ☐ Family Preservation ☐ Foster Care ☐ Aftercare ☐ VPA	☐ Investigative Response ☐ Alternative Response ☐ Family Preservation ☐ Foster Care ☐ Aftercare ☐ VPA
E. Child's outcome as a *result* of the FTDM	☐ Removal ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____	☐ Removal ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____	☐ Removal ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____	☐ Removal ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____

4. What continued *needs* for the CHILD/YOUTH were identified during the FTDM? (Please check all that apply):

Financial Services ☐ Education Services ☐ Employment Services/Training ☐

Mental Health Services ☐ Medical Services ☐ Transportation Services ☐

Meal Services ☐ Substance Use Services ☐ Housing Services ☐

Legal Services ☐ Other: _____ ☐

5. Did the CHILD/YOUTH need any *services* in order to meet their needs?   Yes   No

5a. If yes, what *services/supports* were offered/discussed during the FTDM to meet the CHILD/YOUTH'S needs? (Please check all that apply):

Financial Services ☐ Education Services ☐ Employment Services/Training ☐

Mental Health Services ☐ Medical Services ☐ Transportation Services ☐

Meal Services ☐ Substance Use Services ☐ Housing Services ☐

Legal Services ☐ Other: _____ ☐

6. What continued *needs* for the FAMILY were identified during the FTDM? (Please check all that apply):

Financial Services ☐	Education Services ☐	Employment Services/Training ☐
Mental Health Services ☐	Medical Services ☐	Transportation Services ☐
Meal Services ☐	Substance Use Services ☐	Housing Services ☐
Legal Services ☐	Other: _____ ☐	

7. Did the FAMILY need any *services* in order to meet their needs?   ☐ Yes ☐ No

    7a. If yes, what *services/supports* were offered/discussed during the FTDM to meet the FAMILY'S needs? (Please check all that apply):

Financial Services ☐	Education Services ☐	Employment Services/Training ☐
Mental Health Services ☐	Medical Services ☐	Transportation Services ☐
Meal Services ☐	Substance Use Services ☐	Housing Services ☐
Legal Services ☐	Other: _____ ☐	

8. Did the child, youth and/or family need additional *services/supports* as a result of the COVID-19 pandemic?

    ☐ Yes ☐ No

    8a. If yes, please indicate what services/supports were needed:

Financial Services ☐	Education Services ☐	Employment Services/Training ☐
Mental Health Services ☐	Medical Services ☐	Transportation Services ☐
Meal Services ☐	Substance Use Services ☐	Housing Services ☐
Legal Services ☐	Other: _____ ☐	

    8b. If yes, please indicate what services/supports were offered/discussed by the agency:

Financial Assistance ☐	Education Services ☐	Employment Services/Training ☐
Mental Health Services ☐	Relative Caregiver Services ☐	Substance Use Services ☐
Social/Recreational Activities ☐	Faith Based Services ☐	Medical Services ☐
Housing Services ☐	Other: _____ ☐	

9. What do you think about the Family Team Decision Meeting? Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I ensured that the purpose of the meeting was made clear to the participants.						
2. Everyone who needed to be at the meeting was there.						
3. Everyone was given an opportunity to share their input with the team.						
4. The family's strengths were identified during the meeting.						
5. The family's needs were identified during the meeting.						
6. The services or resources offered will meet the child and family's identified needs.						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
7. The child(ren)'s permanency was discussed during the meeting.						
8. The plan helps family members address the issue(s) that brought them here.						
9. The plan protects the children's safety.						
10. The plan addresses the child(ren)'s permanency.						
11. The plan addresses the participants' concerns.						
12. The plan will help the family achieve what they want for themselves.						
13. The plan considered the family's culture or religion.						
14. The decision made prevented the child(ren) from coming into the agency's care.						
15. The plan developed during the meeting was able to meet the needs of the family related to the COVID-19 pandemic.						
16. The COVID-19 pandemic did not affect the outcome of the meeting.						
17. Overall, I am satisfied with the outcome of the FTDM.						
Additional Comments on the FTDM Meeting:						

10. Impact of COVID-19 on practice

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Since COVID-19, youth/family attendance in FTDMs has improved.						
2. Since COVID-19, community providers' attendance in FTDMs has improved.						
3. The Department of Social Services has adequately adjusted its practice in working with families since the COVID-19 pandemic.						
4. Overall, the adaptations to FTDMs due to the COVID-19 pandemic have had a positive impact on FTDM practice.						
Additional Comments about the impact of COVID-19:						

11. Impact of virtual meetings on FTDMs

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I am able to engage participants in virtual meetings.						
2. Virtual FTDMs are an effective format.						
3. I have access to the appropriate technology to participate in virtual FTDMs.						
4. I have experienced technical issues which impacted my ability to participate in virtual FTDMs.						
5. The option of virtual FTDMs makes it easier for me to attend FTDMs.						
6. Virtual FTDMs should continue to be offered.						
7. I prefer virtual FTDMs over in-person FTDMs.						

Additional comments about the impact of virtual meetings:

12. Do you believe additional tech support is needed to help support FTDMs in a virtual environment?

☐ Yes   ☐ No

If yes, what additional supports are needed:

13. How long have you been a FTDM Facilitator?

☐ 0-6 months   ☐ 6-12 months   ☐ 1-3 years   ☐ 3+ years

14. Did you receive any type of training related to FTDMs: ☐ Yes   ☐ No

15. Did you ever attend a follow up 1-day FTDM training in the past? ☐ Yes   ☐ No

Thank you for your feedback!

If you need further assistance, please contact Elsa Moeller at emoeller@ssw.umaryland.edu

FTDM Feedback Survey – Professional

Jurisdiction: _____   **Date:** _____

Form ID: ☐☐ - ☐☐☐ / ☐☐☐ / ☐☐☐ - ☐☐

1. What is your relationship to the child(ren)/youth at the Family Team Decision Meeting (FTDM)? (Please check one):

☐ Family Support Worker/Advocate   ☐ Court Representative   ☐ Ready by 21 Staff
☐ Child Attorney   ☐ Community Advocate   ☐ Kinship Navigator
☐ Parent/Guardian Attorney   ☐ Agency Attorney   ☐ Resource Worker
☐ Independent Living Coordinator   ☐ DJS Representative   ☐ Treatment Foster Care Worker
☐ Intern   ☐ School Representative   ☐ Treatment Foster Care Supervisor
☐ Mental Health Provider   ☐ CASA Staff   ☐ Other Provider: _____

2. What do you think about the Family Team Decision Meeting? Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I understood the reason for the meeting.						
2. Everyone who needed to be at the meeting was there.						
3. I had a chance to share my thoughts and opinions.						
4. I helped make decisions at the meeting.						
5. The family's strengths were identified during the meeting.						
6. The family's needs were identified during the meeting.						
7. The family was offered services/resources to meet their needs.						
8. The plan protects the child(ren)'s safety.						
9. The plan addresses the child(ren)'s permanency.						
10. The plan addresses my concerns about the family.						
11. The plan will help the family achieve what they want for themselves.						
12. The plan considered the family's culture and/or religion.						
13. I understand what will happen next with the plan and the things that I need to do.						
14. Overall, I am satisfied with how the FTDM was conducted.						

3. What did you think of the facilitator? Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Knowledgeable.						
2. Respectful and courteous of all participants.						
3. Kept group focused on the purpose of the meeting.						
4. Made me feel comfortable.						
5. Overall, I am satisfied with the FTDM facilitator.						

Additional Comments about the FTDM Meeting or Facilitator:

4. Impact of COVID-19 on practice

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. COVID-19 negatively impacted my ability to communicate with my client(s).						
2. I think my agency has adequately adjusted its practice in working with families since the COVID-19 pandemic.						
3. I think the Department of Social Services has adequately adjusted its practice in working with families since the COVID-19 pandemic.						
4. The plan developed during the meeting was able to meet the needs of the family related to the COVID-19 pandemic.						
Additional comments about the impact of COVID-19:						

5. Impact of virtual meetings on FTDMs

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Virtual FTDMs are an effective format.						
2. I have access to the appropriate technology to participate in virtual FTDMs.						
3. I have experienced technical issues which impacted my ability to participate in virtual FTDMs.						
4. The option of virtual FTDMs makes it easier for me to attend FTDMs.						
5. Virtual FTDMs should continue to be offered.						
6. I prefer virtual FTDMs over in-person FTDMs.						
Additional comments about the impact of virtual meetings:						

6. How often have you been asked to team with this family and DSS Staff?

☐ Every day   ☐ At least once a week   ☐ Every other week   ☐ At least once a month   ☐ Less than once a month
☐ Never

7. Gender (Check one):   ☐ Male   ☐ Female   ☐ Transgender   ☐ Other Gender Identity   ☐ I do not want to respond

8. Race (Check all that apply):

African American/Black   Asian/Pacific Islander   Hispanic/Latinx/Spanish   Native American   White
Other   I do not want to respond

9. Professional Experience/Background: How many years have you been in your profession? (Check one)

0-2   3-5   6-8   9-12   13-15
16-18   19-21   22-25   Over 25   I do not want to respond

10. What is the highest degree/licensure you completed?

High School Diploma/GED   Some college   Associates Degree
Bachelor's Degree   Master's Degree   MSW
LMSW or LCSW-C   Juris Doctor (J.D.)   PhD/Post Graduate Degree
Other: _____   I do not want to respond

Thank you so much for your feedback!

FTDM Feedback Survey – DSS Caseworker/Supervisor

Jurisdiction: _____   **Date:** _____

Form ID: ☐☐ - ☐☐☐ / ☐☐☐ / ☐☐☐ - ☐☐

1. What is your relationship to the child(ren)/youth at the Family Team Decision Meeting (FTDM)? (Please check one):

☐ DSS Social Worker   ☐ DSS Supervisor

2. Of the participant groups listed below, please identify how many individuals in each group were invited to participate in the FTDM and whom they were invited by:

FTDM Participant	Invited by Worker/Supervisor	Invited by Family Member
Non-custodial biological parent		
Sibling of child/youth (not focus of meeting)		
Other child/youth		
Other Family		
Non-Relative Support		
Foster Parent		
Community Advocate		
Church Member		
Attorney/Court Representative		
Education Representative		
Mental Health Provider		
Other DSS staff		
Other Professional		

3. What do you think about the Family Team Decision Meeting? Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I ensured the family understood the reason for the meeting.						
2. I encouraged the family to invite participants to the meeting.						
3. Everyone who needed to be at the meeting was there.						
4. I had a chance to share my thoughts and opinions.						
5. I helped make decisions at the meeting.						
6. The family's strengths were identified during the meeting.						
7. The family's needs were identified during the meeting.						
8. The family was offered services/resources to meet their needs.						
9. The plan protects the child(ren)'s safety.						
10. The plan addresses the child(ren)'s permanency.						
11. The plan addresses my concerns about the family.						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
12. The plan will help the family achieve what they want for themselves.						
13. The plan considered the family's culture and/or religion.						
14. I understand what will happen next with the plan and the things that I need to do.						
15. Overall, I am satisfied with how the FTDM was conducted.						

4. What did you think of the facilitator? Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Knowledgeable.						
2. Respectful and courteous of all participants.						
3. Kept group focused on the purpose of the meeting.						
4. Made me feel comfortable.						
5. Overall, I am satisfied with the FTDM facilitator.						

Additional Comments about the FTDM Meeting or Facilitator:

5. Impact of COVID-19 on practice

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. COVID-19 negatively impacted my ability to communicate with my client(s).						
2. Since COVID-19, youth/family attendance in FTDMs has improved.						
3. Since COVID-19, community providers' attendance in FTDMs has improved.						
4. I think community providers have adequately adjusted their practice in working with families since the COVID-19 pandemic.						
5. I think the Department of Social Services has adequately adjusted its practice in working with families since the COVID-19 pandemic.						
6. I was able to connect families to the services that they needed during the COVID-19 pandemic.						
7. The plan developed during the meeting was able to meet the needs of the family related to the COVID-19 pandemic.						

Additional Comments about the impact of COVID-19:

6. Impact of virtual meetings on FTDMs

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Virtual FTDMs are an effective format.						
2. I have access to the appropriate technology to participate in virtual FTDMs.						
3. I have experienced technical issues which impacted my ability to participate in virtual FTDMs.						
4. The option of virtual FTDMs makes it easier for me to attend FTDMs.						
5. Virtual FTDMs should continue to be offered.						
6. I prefer virtual FTDMs over in-person FTDMs.						

Additional comments about the impact of virtual meetings:

7. How often do you encourage the family to engage in teaming?

☐ Every day   ☐ At least once a week   ☐ Every other week   ☐ At least once a month   ☐ Less than once a month
☐ Never

8. Gender (Check one):   ☐ Male   ☐ Female   ☐ Transgender   ☐ Other Gender Identity   ☐ I do not want to respond

9. Race (Check all that apply):

☐ African American/Black   ☐ Asian/Pacific Islander   ☐ Hispanic/Latinx/Spanish   ☐ Native American   ☐ White
☐ Other   ☐ I do not want to respond

10. Professional Experience/Background: How many years have you been in your profession? (Check one)

☐ 0-2   ☐ 3-5   ☐ 6-8   ☐ 9-12   ☐ 13-15
☐ 16-18   ☐ 19-21   ☐ 22-25   ☐ Over 25   ☐ I do not want to respond

11. What is the highest degree/licensure you completed?

☐ Bachelor's Degree   ☐ Master's Degree   ☐ MSW
☐ LMSW or LCSW-C   ☐ Juris Doctor (J.D.)   ☐ PhD/Post Graduate Degree
☐ Other: _____   ☐ I do not want to respond

Thank you so much for your feedback!

FTDM Feedback Survey – Child/Family

County: _____   Date: _____

Form ID: ☐☐ - ☐☐ / ☐☐ / ☐☐ - ☐☐

1. What is your relationship to the child(ren)/youth at the Family Team Decision Meeting (FTDM)? (Please check one):

☐ I am the Child/Youth	☐ Foster Parent	☐ Family Friend
☐ Child/Youth's Sister	☐ Therapeutic Foster Parent	☐ Other Maternal Relative:
☐ Child/Youth's Brother	☐ Adoptive Parent	_____
☐ Biological Mother	☐ Maternal Grandparent	☐ Other Paternal Relative:
☐ Biological Father	☐ Maternal Aunt/Uncle	_____
☐ Step-Parent	☐ Paternal Grandparent	☐ Other:
☐ Parent's Significant Other	☐ Paternal Aunt/Uncle	_____

2. I was encouraged to invite people to attend this meeting.

☐ Yes   ☐ No

2A. If yes, which of the individuals below did you invite to today's meeting? (Check all that apply):

☐ Other Biological Parent	☐ Sibling of Child/Youth	☐ Other Child/Youth
☐ Other Family Member	☐ Non-Relative Support	☐ Foster Parent
☐ Community Member	☐ Church Member	☐ Attorney
☐ Education Representative	☐ Mental Health Provider	☐ Other DSS Staff
☐ Other: _____		

2B. If no, who would you have invited? (Check all that apply):

☐ Other Biological Parent	☐ Sibling of Child/Youth	☐ Other Child/Youth
☐ Other Family Member	☐ Non-Relative Support	☐ Foster Parent
☐ Community Member	☐ Church Member	☐ Attorney
☐ Education Representative	☐ Mental Health Provider	☐ Other DSS Staff
☐ Other: _____		

3. Planning for the FTDM. Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I was involved in the decision to have this meeting.						
2. I was asked what date, time and/or location worked best for me to have this meeting.						
3. I have been a part of other family meetings that included DSS.						
4. Overall, I am satisfied with how the agency helped me plan for this meeting.						
Additional Comments about preparing for the FTDM.						

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4. What do you think about the Family Team Decision Meeting? Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I understood the reason for the meeting.						
2. Everyone who needed to be at the meeting was there.						
3. I felt heard at this meeting.						
4. I actively contributed to the decisions at the meeting.						
5. My family's strengths were identified during the meeting.						
6. My family's needs were identified during the meeting.						
7. My family was offered services/resources to meet our needs.						
8. The plan protects my/the child(ren)'s safety.						
9. The plan addresses my concerns about my family.						
10. The plan will help us achieve what we want as a family.						
11. The plan considered my family's culture or religion.						
12. I understand what will happen next with the plan and the things that I need to do.						
13. Overall, I am satisfied with the FTDM meeting.						

5. What did you think of the facilitator? Please check *one* box per statement that best describes your opinion. If it does not apply, choose Not Applicable (N/A).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Knowledgeable.						
2. Respectful and courteous of all participants.						
3. Kept group focused on the purpose of the meeting.						
4. Made me feel comfortable.						
5. Overall, I am satisfied with the FTDM facilitator.						
Additional Comments about the FTDM Meeting or Facilitator:						

6. Have you received or been asked if you wanted to receive any of the following services? (Check all that apply.)

Financial Assistance ☐	Education Services ☐	Employment Services/Training ☐
Mental Health Services ☐	Relative Caregiver Services ☐	Substance Use Services ☐
Social/Recreational Activities ☐	Faith Based Services ☐	Medical Services ☐
Housing Services ☐	Other: _____ ☐	

7. Did the COVID-19 pandemic negatively impact the plan developed during and/or the outcome of this meeting?

☐ Yes ☐ No

If yes, explain:

8. Did your family need any services as a result of the COVID-19 pandemic? ☐ Yes ☐No

    8a. If yes, please indicate which services your family needed (Check all that apply):

Financial Assistance ☐	Education Services ☐	Employment Services/Training ☐
Mental Health Services ☐	Relative Caregiver Services ☐	Substance Use Services ☐
Social/Recreational Activities ☐	Faith Based Services ☐	Medical Services ☐
Housing Services ☐	Other: _____ ☐	

9. If you answered "yes" to Question 8, did the agency offer services/supports to meet your family's needs as result of the COVID-19 pandemic?

    ☐ Yes ☐ No

    9a. If yes, please indicate what services/supports (Check all that apply):

Financial Assistance ☐	Education Services ☐	Employment Services/Training ☐
Mental Health Services ☐	Relative Caregiver Services ☐	Substance Use Services ☐
Social/Recreational Activities ☐	Faith Based Services ☐	Medical Services ☐
Housing Services ☐	Other: _____ ☐	

10. Impact of COVID-19 on practice

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I believe the COVID-19 pandemic made it hard for me to contact my DSS worker.						
2. My worker helped me with my needs related to the COVID-19 pandemic.						
3. I think the agency has done a good job working with my family during the COVID-19 pandemic.						
Additional Comments about the impact of COVID-19:						

11. Did you attend this FTDM virtually? ☐ Yes   ☐ No

11a. Impact of virtual meetings on FTDMs – If Yes to Question 11

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The option of a virtual meeting made it easier for me to participate.						
2. I felt that I could share my needs and strengths in the virtual meeting.						
3. I had access to a computer or phone to attend the virtual meeting.						
4. I had a space where I felt comfortable participating in the virtual meeting.						
5. I experienced technical issues which impacted my ability to participate in the virtual meeting.						
6. Virtual meetings should continue to be offered.						

7. I prefer virtual meetings over in-person meetings.						

Additional comments about the impact of virtual meetings:

11b. Impact of virtual meetings on FTDMs – If No to Question 11

	Yes			No		
1. I was offered the option to participate virtually.						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
2. I have access to a computer or phone to attend virtual meetings.						
3. I have a space where I would feel comfortable participating in a virtual meeting.						
4. Virtual meetings should be offered.						
5. I prefer virtual meetings over in-person meetings.						

Additional comments about the impact of virtual meetings:

12. How often do you communicate with your DSS Social Worker/DSS Staff?

☐ Every day   ☐ At least once a week   ☐ Every other week   ☐ At least once a month   ☐ Less than once a month
☐ Never

13. Age: _____   ☐ I do not want to respond

14. Gender (Check one):   ☐ Male   ☐ Female   ☐ Transgender   ☐ Other Gender Identity   ☐ I do not want to respond

15. Race (Check all that apply):

☐ African American/Black   ☐ Asian/Pacific Islander   ☐ Hispanic/Latinx/Spanish   ☐ Native American   ☐ White
☐ Other   ☐ I do not want to respond

16. Marital Status: What is your current marital status? (Please answer this question if you are 15 years or older.)

☐ Never married   ☐ Separated   ☐ Widowed   ☐ I do not want to respond
☐ Married   ☐ Divorced   ☐ Domestic Partnership

17. What is your highest level of education?

☐ Elementary School   ☐ Middle School   ☐ High School Diploma/GED
☐ Trade School   ☐ Some College   ☐ Associates Degree
☐ Bachelor's Degree   ☐ Master's Degree   ☐ Other: _____
☐ Doctorate Degree   ☐ I do not want to respond

Thank You for Your Feedback!

B. LDSS Self-Report Data

The following table contains the LDSS Self-Report data that was submitted by each jurisdiction during the first half of SFY22 (July 1, 2021 – December 31, 2021). Please note that data is missing from Allegany County, Baltimore City, Howard County, and Worcester County. Baltimore City did not submit any data for the entirety of the reporting timeframe. Howard County and Worcester County did not submit data for July 2021. Allegany County did not submit data for August 2021 – October 2021.

Table 33: *Maryland Total LDSS Self-Report Data*

FTDM Information	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
FTDMs Completed	211	239	228	207	204	197
FTDMs Scheduled but Not Completed	22	33	33	26	22	18
a. Separation/Considered Separation FTDMs Scheduled but Not Completed	6	11	10	10	6	10
b. Placement Stability FTDMs Scheduled but Not Completed	5	3	0	3	5	1
c. Permanency Planning FTDMs Scheduled but Not Completed	4	3	5	2	3	1
d. Youth Transition Planning Meetings Scheduled but Not Completed	8	15	17	10	6	6
e. Voluntary Placement Agreement FTDMs Scheduled but Not Completed	0	1	0	0	2	0
FTDM Participants	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Parent/Legal Guardian Participants	210	245	247	218	207	217
Child/Youth Participants	106	102	105	95	113	94
Relative Participants	161	178	173	151	161	137
Service Provider/Community Participants	334	459	359	355	324	346
Resource Parent Participants	73	82	52	84	54	50
Private Provider Participants	98	125	88	82	108	81
Other Support Role Participants	56	40	81	42	31	48
LDSS Staff Participants	676	723	749	694	660	622
School System Participants	14	39	31	33	44	41
Total	1,728	1,993	1,885	1,754	1,702	1,636
FTDMs by Policy-Identified Intervention Points	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Separation/Considered Separation FTDM	89	88	94	84	78	77
a. FTDMs Prior to Separation	76	73	74	67	66	63
b. FTDMs After Separation	13	15	20	17	12	14
Placement Stability FTDM	36	62	48	45	51	43
a. Emergency Placement Change FTDM	15	23	20	16	25	18
b. Planned Placement Change FTDM	21	39	28	29	26	25
Permanency Planning FTDM	18	30	23	30	21	20
Youth Transition Planning Meeting	65	55	60	43	53	52
Voluntary Placement Agreement FTDM	3	4	3	6	1	5
Total	211	239	228	208	204	197
Child Information	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Children Discussed in FTDMs	281	320	295	300	278	256

FTDMs by Program Type	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Investigative Response Cases	34	34	47	38	39	28
Family Preservation/In-Home Services	35	31	27	31	16	23
Out-of-Home Services	118	149	133	118	128	122
Alternative Response Cases	15	13	12	8	14	13
Non-CPS Cases	6	8	10	8	5	4
Auxiliary Services/VPA Cases	2	4	5	4	2	7
Total	210	239	234	207	204	197
Continuing Services	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Families Referred to Services	66	74	69	65	57	58
a. Families Referred to In-Home Services	29	30	31	31	26	19
a-1. Children Referred to In-Home Services	44	53	45	45	47	23
b. Families Referred to Community Services	37	44	38	34	31	39
FTDM Outcomes	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Out-of-Home Placements Diverted after FTDMs	72	94	98	90	94	63
Children Remaining or Placed with Parents after FTDM	56	94	70	56	58	55
a. Children Remaining with Parents	47	73	52	39	46	45
b. Children Placed with Parents	9	21	18	17	12	10
Children Diverted or Placed with Relatives after FTDM	55	44	52	82	69	40
a. Children Diverted with a Relative	33	30	34	46	40	13
b. Children Placed with a Relative	22	14	18	36	29	27