Evaluation of the Integrated Practice Model in Maryland

SFY23 Annual Report
JULY 1, 2022 – JUNE 30, 2023

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I. MARYLAND CHILD WELFARE & INTEGRATED PRATICE MODEL 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 Integrated Practice Model (IPM) at the Maryland Department of Human Services, Social Services Administration (DHS/SSA). The *Evaluation of the Integrated Practice Model in Maryland: SFY23 Annual Report* captures the timeframe of July 1, 2022 – June 30, 2023.

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). Through these data sources, the utilization and effectiveness of FTDMs, and how successfully this fundamental strategy aligns with the IPM core principles during the reporting timeframe, is evaluated.

II. INTEGRATED PRACTICE MODEL

A. Background and Purpose

Maryland's Integrated Practice Model (IPM), which was rolled out in May 2019, serves as a framework for partnering with youth, families, community partners, and other stakeholders through family-centered and trauma responsive practices. Figure 1 illustrates the core values (i.e., collaboration, advocacy, respect, empowerment), principles (i.e., family-centered; trauma-responsive; individualized and strengths-based; culturally and linguistically responsive; outcomes-driven; community-focused; safe, engaged, and well-prepared workforce), and practices (i.e., engage, team, assess, plan, intervene, monitor and adapt, transition) that are fundamental to the IPM.

As per an agreement between DHS/SSA and the UMSSW, researchers at the Ruth Young Center for Maryland at the Institute for Innovation and Implementation have been evaluating the utilization and effectiveness of FTDMs as a fundamental strategy of the IPM. The previous Family-Center Practice evaluation focused on 1) the process of implementing the Family-Centered 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, which focuses on 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.

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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 while using modified measures to ensure that information vital to meeting the goals of the second part of the evaluation is collected.
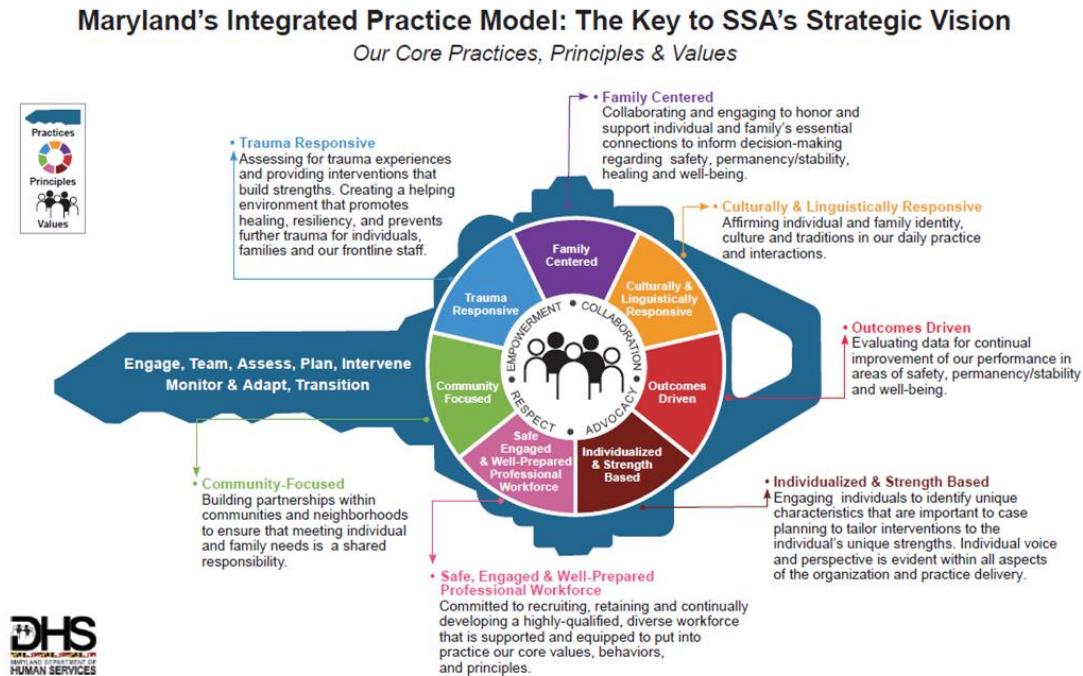
Figure 1: Maryland's Integrated Practice Model: The Key

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. As a result, starting in SFY20, FTDM Feedback Surveys have been collected from all jurisdictions during two calendar months (October and March) each year. In SFY23, FTDM Feedback Surveys were available to be completed online or as a paper survey to accommodate for varying FTDM formats (i.e., virtual, in-person, hybrid) and participant's accessibility needs. Due to low youth/family response rates in the past couple of state fiscal years, incentives were provided to youth/family respondents in the form of a $10 electronic gift card during SFY23. The incentives were first trialed in the October 2022 implementation, and due to their success in improving response rates, incentives were also utilized in March 2023.

This annual report will look at a total of 861 FTDM Feedback Surveys collected from approximately 239 FTDMs that took place in October 2022 and March 2023. These surveys were confidential and did not ask for identifying information to promote honesty among participants.

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Limitations

Please note that not all 24 jurisdictions submitted data during the two implementations held in SFY23. The information in this report was collected from 22 jurisdictions. Additionally, a total of 1,754 surveys were distributed to youth/family, DSS caseworkers/supervisors, and other professionals, but only 35.2% were completed. Although the response rate has improved from past implementations, the low response rate may still impact the generalizability of the FTDM Feedback Survey results to statewide FTDM practice. Another area of consideration is that facilitators needed to provide the correct Form ID in order to link the completed surveys to a given FTDM. Not all Form IDs were correctly filled out, so these surveys could only be organized by jurisdiction.

ii. Local Department of Social Services (LDSS) Self-Report

The LDSS Self-Reports collect programmatic and outcome data on the FTDMs held across the state to connect specific types of FTDMs that are held in a local jurisdiction to the direct outcomes of the meeting for children and families. A designated FTDM facilitator or an alternate staff member from each local jurisdiction completes the LDSS Self-Report form monthly. The UMSSW generates monthly summary reports of the data submitted by each jurisdiction as well as monthly reports of the statewide totals, which are shared with DHS/SSA and the LDSSs. These reports were designed initially to collect more accurate data on the FTDM process given the limitations of the state's administrative data system. The data collected from the LDSS Self-Report has been and will continue to be monitored for consistency with the FTDM data entered in Maryland's State Automated Child Welfare Information System (SACWIS).

Each LDSS is requested to provide self-reported data that captures the total number and types of facilitated meetings completed, the number of FTDMs completed by policy-identified intervention point, and the number of facilitated meetings completed by program assignment type. The types of facilitated meetings captured in the self-reported data are FTDMs, Youth Transition Planning (YTP) Meetings, and Facilitated Family Meetings. During the reporting timeframe, four jurisdictions began piloting Qualified Residential Treatment Program (QRTP) Planning Meetings, a fourth type of facilitated meeting. Thus, the self-reporting form was revised to include QRTP Planning Meetings and implemented in these four jurisdictions starting in December 2022. The FTDM types by policy-identified intervention point are as follows: Separation/Considered Separation FTDMs, Placement Stability FTDMs, Permanency Planning FTDMs, and Voluntary Placement Agreement FTDMs. The program assignment types include Investigative Response cases, Alternative Response cases, Non-CPS cases, Family Preservation/In-Home Services, Out-of-Home Services, and Auxiliary Services/Voluntary Placement Agreement cases.

The LDSS Self-Report data also captures information on facilitated meeting participants and outcomes. Facilitated meeting 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 facilitated meeting outcomes captured include the total number of diversions from an out-of-home placement following a Separation/Considered Separation FTDM, the number of children remaining or placed with parents after a facilitated meeting, the number of children diverted or placed with relatives after a facilitated meeting, the number of children

diverted or placed with fictive kin after a facilitated meeting, and the number of families referred to In-Home Services and community services as a result of a Separation/Considered Separation FTDM.

In SFY23, LDSSs reported that a total of 2,362 facilitated meetings were conducted and 3,111 children were discussed.

Limitations

Please note that not all 24 jurisdictions submitted data for all twelve months of the reporting timeframe. One jurisdiction did not submit data for the entirety of the reporting timeframe. Another jurisdiction experienced staffing challenges during SFY23 that impacted their ability to submit complete data for eight months of the reporting timeframe. As a result, this data was excluded from this report. Even though some data is missing, the data received still 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 data from Maryland's State Automated Child Welfare Information System (SACWIS) to capture quantitative data related to FTDMs and other facilitated meeting types, including the total number of facilitated meetings recorded and the types of facilitated meetings 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 and Contact: Meetings. In SFY23, a total of 1,621 facilitated meetings were marked as completed in Contact: Notes, while 3,004 facilitated meetings 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 each FTDM type being counted separately.

III. EVALUATION COMPONENTS AND RESULTS

A. FTDM Feedback Survey

The FTDM Feedback Survey evaluation was developed to measure the impact of FTDMs on 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 the agency's 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 volunteer-based workgroup, a meeting with the IPM implementation team, and an internal meeting of researchers at the UMSSW. Based on the feedback from these meetings and stakeholders, the FTDM Feedback Surveys and the protocol for conducting the FTDM feedback evaluation was modified for SFY23. 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. There were four survey types tailored to the participants' roles in the meeting: Facilitator, Professional, DSS Caseworker/Supervisor, and Youth/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 Youth/Family Survey inquired about the respondent's impressions of the FTDM facilitator along with their impressions of the meeting. The Youth/Family Survey and DSS Caseworker/Supervisor Survey also included questions to elicit feedback on teaming and planning prior to the meeting. All four participant surveys asked about the use of virtual FTDMs.

i. FTDM Feedback Survey Types and FTDM Participants

There were 367 surveys submitted in October 2022 and 494 in March 2023, for a total of 861 surveys. The FTDM Feedback Survey type most often submitted was the DSS Caseworker/ Supervisor Survey (n=270, 31.4%), followed by the Facilitator Survey (n=239, 27.8%), the Youth/Family Survey (n=184, 21.4%), and, finally, the Professional Survey (n=168, 19.5%) (Figure 2).

Facilitator   DSS Caseworker/Supervisor
Professional   Child/Family
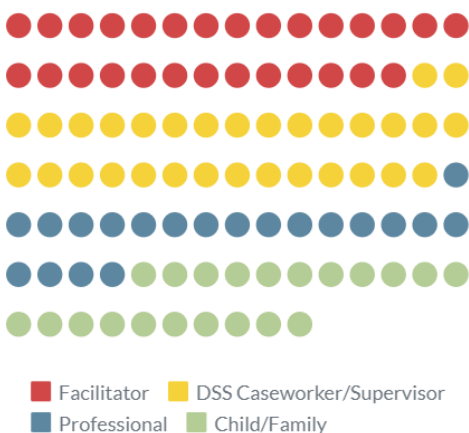
Figure 2: FTDM Feedback Survey Types

Table 1 further breaks down the types of participants who attended an FTDM in October 2022 or March 2023 and subsequently completed an FTDM Feedback Survey. Please note that not all respondents completed the survey type that best represents their role in the FTDM. One Youth/Family Survey was completed by a professional. Four Professional Surveys were completed by participants who described their role as "co-facilitator," "I attended to shadow the FTDM facilitator," and "transcribed plan." Thus, these participants were counted as facilitators in Table 1, as this was the

participant role that best matched the description provided. Lastly, 12 participants did not specify their relationship to the youth, which resulted in their participant type being marked as missing in Table 1.

Youth/family participants, including caregivers and family supports, represented 21.0% of responses across both implementations (Table 1). Youth accounted for only 3.1% of the responses, and biological parents accounted for 5.4%, with biological mothers comprising 4.5% of responses and biological fathers comprising 0.9% (Table 1). The disparity between the percentage of biological mother respondents and biological father respondents increased from the October 2022 implementation to the March 2023 implementation (Table 1). Foster parents and therapeutic foster parents accounted for 2.9% of responses across implementations, while maternal relatives and paternal relatives accounted for 2.6% and 2.3% of responses, respectively (Table 1). LDSS staff represented 30.5% of responses, and all other professionals represented 18.8% of responses (Table 1 & Figure 2). Examples of these other professionals included CASA staff (3.8%), child attorneys (2.4%), and mental health providers (2.0%) (Table 1).

Table 1: *FTDM Feedback Survey Participants*

Participant	October 2022 (n=367)		March 2023 (n=494)		Combined Total (n=861)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Youth – Focus of the Meeting	9	2.5%	18	3.6%	27	3.1%
Youth's Sibling	1	0.3%	1	0.2%	2	0.2%
Biological Mother	13	3.5%	26	5.3%	39	4.5%
Biological Father	6	1.6%	2	0.4%	8	0.9%
Step-Parent	1	0.3%	1	0.2%	2	0.2%
Parent's Significant Other	1	0.3%	3	0.6%	4	0.5%
Foster Parent	9	2.5%	13	2.6%	22	2.6%
Therapeutic Foster Parent	1	0.3%	2	0.4%	3	0.3%
Adoptive Parent	8	2.2%	3	0.6%	11	1.3%
Maternal Relative	7	1.9%	15	3.0%	22	2.6%
Paternal Relative	3	0.8%	17	3.4%	20	2.3%
Family Friend	6	1.6%	2	0.4%	8	0.9%
Other Family	7	1.9%	6	1.2%	13	1.5%
DSS Caseworker	50	13.6%	88	17.8%	138	16.0%
DSS Supervisor	52	14.2%	73	14.8%	125	14.5%
Agency Attorney	2	0.5%	0	0.0%	2	0.2%
Child Attorney	12	3.3%	9	1.8%	21	2.4%
Parent/Guardian Attorney	4	1.1%	5	1.0%	9	1.0%
Court Representative	2	0.5%	6	1.2%	8	0.9%
CASA Staff	14	3.8%	19	3.8%	33	3.8%
Mental Health Provider	8	2.2%	9	1.8%	17	2.0%
Ready by 21 Staff	3	0.8%	0	0.0%	3	0.3%
Independent Living Coordinator	9	2.5%	3	0.6%	12	1.4%
Kinship Navigator	0	0.0%	0	0.0%	0	0.0%
Educational Representative	3	0.8%	12	2.4%	15	1.7%
DJS Representative	3	0.8%	0	0.0%	3	0.3%
Family Support Worker	0	0.0%	4	0.8%	4	0.5%
TFC Worker/Supervisor	4	1.1%	2	0.4%	6	0.7%
Resource Worker	1	0.3%	2	0.4%	3	0.3%
Intern	1	0.3%	1	0.2%	2	0.2%
Other Professional	12	3.3%	12	2.4%	24	2.8%
Facilitator	114	31.1%	129	26.1%	243	28.2%

Participant	October 2022 (n=367)		March 2023 (n=494)		Combined Total (n=861)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Missing	1	0.3%	11	2.2%	12	1.4%
Total	367	100.2%*	494	99.6%*	861	99.5%*

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

ii. FTDM Participation Rates

In SFY23, there was a participation rate of 89.7% among all participants who were invited to attend an FTDM in October 2022 and March 2023 (Table 2). The participant types with the highest participation rates were DSS caseworkers/supervisors (97.4%), other professionals (95.0%), and non-relative supports (94.6%) (Table 2). Youth who were the focus of the meeting had a participation rate of 85.5% (Table 2). Biological mothers (84.5%) had a higher participation rate than biological fathers (68.0%), who had the second lowest participation rate following adoptive parents (63.2%) (Table 2). In this implementation and the past several implementations, biological fathers have consistently had low participation rates. Thus, it may be worth exploring the barriers that prevent biological fathers from participating in FTDMs and developing strategies to ensure that all key members of the family are able to attend.

In examining who was invited to the FTDMs, DSS caseworkers/supervisors were the most likely to be invited to the FTDM, followed by attorneys/court representatives (Table 2). Biological mothers were invited more frequently than biological fathers (Table 2). LDSSs may want to consider inviting both biological parents to attend FTDMs when their identities and whereabouts are known in order to increase opportunities for teaming around case planning. It is important to note that the information presented in Table 2 is collected by the FTDM facilitator. The process of inviting participants to meetings varies across jurisdictions, so facilitators may not be aware of all individuals invited to the meeting.

Table 2: *FTDM Participation Rate*

Participant Role	Number Invited	Number Participated	Participation Rate
Youth – Focus of the Meeting	131	112	85.5%
Youth's Sibling	7	5	71.4%
Biological Mother	148	125	84.5%
Biological Father	103	70	68.0%
Adoptive Parent	19	12	63.2%
Foster Parent	95	88	92.6%
Other Family	186	168	90.3%
Non-Relative Support	56	53	94.6%
DSS Worker/Supervisor	661	644	97.4%
TFC Worker/Supervisor	64	58	90.6%
Attorney/Court Representative	315	263	83.5%
Educational Representative	53	50	94.3%
Mental Health Provider	63	47	74.6%
Other Professional	179	170	95.0%
Total	2,080	1,865	89.7%

iii. Reasons for Meeting

In the Facilitator Survey, facilitators were asked to capture the reason for the meeting by selecting one of following reasons: separation/considered separation, placement stability, permanency planning, youth transition planning, and voluntary placement agreement. The most frequently cited reason for holding a facilitated meeting across the two implementations held in SFY23 was separation/considered separation (31.0%), followed by youth transition planning (27.2%), placement stability (19.7%), permanency planning (18.0%), and a voluntary placement agreement (2.9%) (Table 3 & Figure 3). 1.3% of Facilitator Surveys were submitted without specifying the reason for the meeting being held (Table 3 & Figure 3). Jurisdictions that did not submit any Facilitator Surveys were excluded from Table 3.
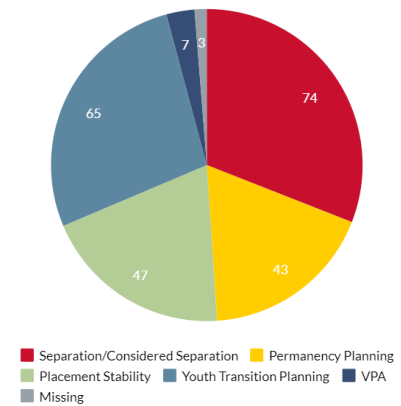
Figure 3: Reasons for Meeting

Table 3: *Reasons for Meeting by Jurisdiction*

Jurisdiction	Separation/ Considered Separation	Permanency Planning	Placement Stability	Youth Transition Planning	Voluntary Placement Agreement	Missing	Total
Allegany	3	2	3	0	1	0	9
Anne Arundel	10	8	12	12	4	0	46
Baltimore County	21	8	9	18	0	1	56
Calvert	2	2	2	5	0	0	11
Carroll	10	0	0	3	0	0	13
Cecil	0	4	5	1	0	0	10
Charles	3	2	1	2	0	0	8
Dorchester	0	0	2	0	0	0	2
Frederick	0	4	3	1	0	0	8
Garrett	0	0	1	1	0	0	2
Harford	5	6	2	2	0	0	15
Howard	5	0	2	0	0	0	7
Montgomery	4	3	2	11	2	1	22
Prince George's	2	1	0	3	0	0	6
Somerset	0	0	0	1	0	0	1
Talbot	0	1	1	0	0	0	2
Washington	4	2	1	2	0	0	9
Wicomico	3	0	1	3	0	1	7
Worcester	2	0	0	0	0	0	2
Total	74 (31.0%)	43 (18.0%)	47 (19.7%)	65 (27.2%)	7 (2.9%)	3 (1.3%)	239 (100.1%)

iv. FTDM Youth Demographics and Outcomes

Facilitators were also asked to provide the demographics and outcomes for each youth discussed in the meeting. Facilitators identified that 50.3% of youth were women, 44.0% were men, and 1.2% were another gender identity (Table 4). Youth discussed in the FTDMs were most often between the ages of

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11-14 years old (21.1%) and 15-17 years old (20.2%) (Table 4). The most common racial/ethnic identity of the youth was African American/Black (39.5%), very closely followed by white (39.2%) (Table 4).

Table 4: *FTDM Youth Demographics*

Youth's Gender	Frequency	Percentage
Man	146	44.0%
Woman	167	50.3%
Other Gender Identity	4	1.2%
Missing	15	4.5%
Total	332	100.0%
Youth's Age	Frequency	Percentage
0-2 years old	52	15.7%
3-6 years old	50	15.1%
7-10 years old	44	13.3%
11-14 years old	70	21.1%
15-17 years old	67	20.2%
18+ years old	40	12.0%
Missing	9	2.7%
Total	332	100.1%
Youth's Race/Ethnicity	Frequency	Percentage
African American/Black	131	39.5%
Asian/Pacific Islander	3	0.9%
Hispanic/Latinx/Spanish	21	6.3%
Native American	0	0.0%
White	130	39.2%
Multi-Racial	16	4.8%
Other	22	6.6%
Missing	9	2.7%
Total	332	100.0%

Table 5 shows the outcomes for youth discussed specifically in Separation/Considered Separation FTDMs. Of the 112 children discussed for this FTDM type, facilitators reported that 34.8% were diverted from entering foster care as a result of the FTDM, while 42.0% were removed (Table 5). Further exploration is needed to understand the mechanisms and circumstances that lead to youth being separated versus diverted from care following a Separation/Considered Separation FTDM. Some circumstances to consider are: how long the local department has been working with the family prior to the FTDM, the reason for agency involvement, if the FTDM was held prior to or after a separation, and who was able to participate in the FTDM.

Table 5: *Outcomes Per Youth for Separation/Considered Separation FTDMs*

FTDM Outcome	Frequency	Percentage*
Separation	47	42.0%
Diversion	39	34.8%
Permanency Plan Change	0	0.0%
Reunification	2	1.8%
Placement Change	0	0.0%
Placement Stabilization	8	7.1%
Youth Transition Plan	0	0.0%
VPA	0	0.0%

FTDM Outcome	Frequency	Percentage*
Other	17	15.2%

*Note. Since more than one outcome can be selected, the percentages are calculated out of the total number of youth discussed in Separation/Considered Separation FTDMs (n=112). Please note that upon further analysis of the October 2022 data, two youth were not captured in the *SFY23 Semi-Annual Report* due to missing information. This report accounts for the missing information, resulting in a slight discrepancy from the results reported in the *SFY23 Semi-Annual Report*.

v. Feedback on FTDM Practice

Question Structure for FTDM Feedback Survey

The Facilitator, Professional, DSS Caseworker/Supervisor, and Youth/Family FTDM Feedback Surveys each evaluated participants' FTDM experiences. Participants were asked to rate their opinion about statements that reflect basic FTDM ideals and tenants of family-centered practice using a Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) (Figure 4). Participants were also provided an option to select that a statement was not applicable, but these responses were excluded from the data analysis. The statements provided were tailored to the type of participant, and the results are displayed in Tables 6 – 9. Additionally, DSS caseworkers/supervisors and youth/family participants were asked to rate statements pertaining to the FTDM planning process, which are displayed in Tables 10 and 11. Tables 12 – 14 show professionals', DSS caseworkers/supervisors', and youth/family participants' opinions on the FTDM facilitators. Lastly, due to the increased use of virtual FTDMs as a result of the COVID-19 pandemic, all participants were asked to rate their opinions on statements that inquired about the use of virtual FTDMs. Their responses are displayed in Tables 15 – 18.

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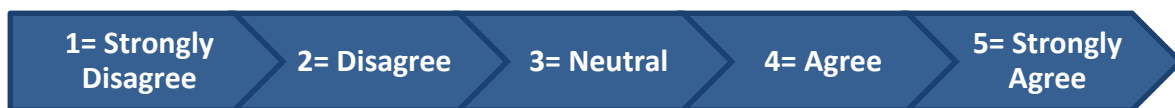
Figure 4: Likert Scale

Evaluation of FTDMs

Facilitators gave positive feedback on the FTDMs that were held, with a majority agreeing or strongly agreeing with all the statements provided. Overall, most facilitators were satisfied with the FTDM (n=216, 93.5%) (Table 6). Facilitators' responses showed that they supported collaborative decision making by ensuring that the purpose of the meeting was made clear to the participants (n=229, 97.9%) and that everyone was given an opportunity to share their input with the team (n=229, 97.4%) (Table 6). Additionally, 92.6% of facilitators reported that the FTDM participants worked together as a team during the meeting. A majority of facilitators reported that the plan developed protected the child(ren)'s safety (n=208, 95.9%), addressed the reason for the meeting (n=220, 95.7%), and would help the family/youth achieve their goals (n=199, 90.0%) (Table 6). Additionally, facilitators' responses showed evidence of strengths-based practice, with 93.3% of facilitators agreeing or strongly agreeing that the family's strengths were discussed and

92.5% of all participants were satisfied with the FTDM

2.1% of all participants were dissatisfied with the FTDM

Figure 5: Overall Satisfaction & Dissatisfaction with the FTDM

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90.1% of facilitators agreeing or strongly agreeing that the family's strengths were considered when developing the plan (Table 6). Out of all the statements, facilitators were the most likely to disagree with the statement, "Everyone who needed to be at the meeting was there" (n=22, 9.4%) (Table 6) and were most likely to be neutral towards the statement, "The team was considerate of the family's cultural background" (n=30, 17%) (Table 6). Additionally, 26.4% of respondents did not use the Likert scale to respond to whether the team was considerate of the family's cultural background, meaning that these facilitators either selected that this statement was not applicable or skipped the question (Table 6). It is important to consider the reasons why facilitators may have felt that this statement was not applicable and whether further training on culturally responsive practice in FTDMs is needed.

Table 6: *Facilitator Survey – What do you think about the FTDM? (n=239)*

Questions	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 (2.1%)	52 (22.2%)	177 (75.6%)	234 (99.9%)
2. Everyone who needed to be at the meeting was there.	0 (0.0%)	22 (9.4%)	27 (11.5%)	83 (35.3%)	103 (43.8%)	235 (100.0%)
3. Everyone was given an opportunity to share their input with the team.	0 (0.0%)	0 (0.0%)	6 (2.6%)	57 (24.3%)	172 (73.2%)	235 (100.1%)
4. The family was given the opportunity to share their goals.	0 (0.0%)	1 (0.5%)	9 (4.1%)	67 (30.6%)	142 (64.8%)	219 (100.0%)
5. The family's strengths were discussed at the meeting.	0 (0.0%)	1 (0.4%)	14 (6.2%)	70 (31.1%)	140 (62.2%)	225 (99.9%)
6. The family's needs were discussed at the meeting.	0 (0.0%)	3 (1.3%)	10 (4.5%)	72 (32.1%)	139 (62.1%)	224 (100.0%)
7. The team discussed services that could help meet the family's needs.	1 (0.5%)	2 (0.9%)	11 (5.1%)	70 (32.3%)	133 (61.3%)	217 (100.1%)
8. The team was considerate of the family's cultural background.	0 (0.0%)	1 (0.6%)	30 (17.0%)	43 (24.4%)	102 (58.0%)	176 (100.0%)
9. We worked as a team during the meeting.	1 (0.4%)	3 (1.3%)	13 (5.6%)	69 (29.9%)	145 (62.8%)	231 (100.0%)
10. The plan protects the youth's safety.	0 (0.0%)	0 (0.0%)	9 (4.1%)	67 (30.9%)	141 (65.0%)	217 (100.0%)
11. The plan addresses the reason why the meeting was held.	0 (0.0%)	1 (0.4%)	9 (3.9%)	67 (29.1%)	153 (66.5%)	230 (99.9%)
12. I believe that the plan created will help the family/youth achieve their goals.	0 (0.0%)	2 (0.9%)	20 (9.0%)	67 (30.3%)	132 (59.7%)	221 (99.9%)
13. The family's strengths were considered when developing the plan.	1 (0.5%)	4 (1.8%)	17 (7.7%)	70 (31.5%)	130 (58.6%)	222 (100.1%)
14. The plan addresses the family's identified needs.	1 (0.4%)	5 (2.2%)	14 (6.3%)	76 (34.1%)	127 (57.0%)	223 (100.0%)
15. Overall, I am satisfied with the FTDM.	1 (0.4%)	3 (1.3%)	11 (4.8%)	79 (34.2%)	137 (59.3%)	231 (100.0%)

The professional participants also tended to give positive feedback about their FTDM experience, with 98.1% of professionals reporting that they were satisfied with the FTDM overall (Table 7). A majority of professional respondents indicated that they were given the opportunity to share their input with the team (n=150, 96.2%), but only 77.8% felt that they helped make decisions at the meeting (Table 7). Still,

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91.8% of professionals felt that the participants in the FTDM worked as a team during the meeting (Table 7). While a majority of professionals agreed or strongly agreed that the plan addressed the reason why the meeting was held (n=152, 95.6%), a slightly smaller majority agreed or strongly agreed that the plan would help the family/youth achieve their goals (n=139, 88.5%) and would address the family's identified needs (n=130, 87.8%) (Table 7). The statement professionals disagreed or strongly disagreed with the most was, "Everyone who needed to be at the meeting was there," with 10.1% of professionals dissenting (Table 7).

Table 7: *Professional Survey – What do you think about the FTDM? (n=168)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I understood the reason for the meeting.	1 (0.6%)	3 (1.9%)	1 (0.6%)	24 (14.9%)	132 (82.0%)	161 (100.0%)
2. Everyone who needed to be at the meeting was there.	3 (1.9%)	13 (8.2%)	6 (3.8%)	46 (28.9%)	91 (57.2%)	159 (100.0%)
3. I was given the opportunity to share my input with the team.	0 (0.0%)	2 (1.3%)	4 (2.6%)	27 (17.3%)	123 (78.8%)	156 (100.0%)
4. The family was given the opportunity to share their goals.	0 (0.0%)	2 (1.3%)	3 (2.0%)	29 (19.3%)	116 (77.3%)	150 (99.9%)
5. I helped make decisions at the meeting.	2 (1.4%)	3 (2.1%)	27 (18.8%)	48 (33.3%)	64 (44.4%)	144 (100.0%)
6. The family's strengths were discussed at the meeting.	2 (1.4%)	5 (3.4%)	12 (8.2%)	32 (21.8%)	96 (65.3%)	147 (100.1%)
7. The family's needs were discussed at the meeting.	0 (0.0%)	2 (1.3%)	8 (5.3%)	41 (27.2%)	100 (66.2%)	151 (100.0%)
8. The team discussed services that could help meet the family's needs.	0 (0.0%)	3 (2.0%)	7 (4.6%)	37 (24.3%)	105 (69.1%)	152 (100.0%)
9. The team was considerate of the family's cultural background.	1 (0.7%)	0 (0.0%)	19 (13.6%)	43 (30.7%)	77 (55.0%)	140 (100.0%)
10. We worked as a team during the meeting.	3 (1.9%)	1 (0.6%)	9 (5.7%)	49 (31.0%)	96 (60.8%)	158 (100.0%)
11. The plan protects the youth's safety.	1 (0.6%)	3 (1.9%)	9 (5.7%)	38 (24.1%)	107 (67.7%)	158 (100.0%)
12. The plan addresses the reason why the meeting was held.	0 (0.0%)	1 (0.6%)	6 (3.8%)	34 (21.4%)	118 (74.2%)	159 (100.0%)
13. I believe that the plan created will help the family/youth achieve their goals.	1 (0.6%)	3 (1.9%)	14 (8.9%)	46 (29.3%)	93 (59.2%)	157 (99.9%)
14. The family's strengths were considered when developing the plan.	1 (0.7%)	4 (2.7%)	12 (8.2%)	45 (30.6%)	85 (57.8%)	147 (100.0%)
15. The plan addresses the family's identified needs.	1 (0.7%)	2 (1.4%)	15 (10.1%)	43 (29.1%)	87 (58.8%)	148 (100.1%)
16. I understand what the next steps are.	0 (0.0%)	1 (0.6%)	8 (5.0%)	48 (30.2%)	102 (64.2%)	159 (100.0%)
17. Overall, I am satisfied with the FTDM.	0 (0.0%)	1 (0.6%)	2 (1.3%)	15 (9.5%)	140 (88.6%)	158 (100.0%)

DSS caseworkers/supervisors tended to respond more positively than other participant groups. For instance, DSS caseworkers/supervisors were more likely to report that they helped make decisions at the meeting (n=210, 89.0%) when compared to professionals (n=112, 77.8%) and youth/family participants (n=116, 71.2%) (Table 8, 7, & 9). Additionally, a greater percentage of DSS caseworkers/supervisors

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believed that the team was considerate of the family's cultural background compared to other participant groups (n=220, 92.8%) (Table 8). A majority of DSS caseworkers/supervisors agreed or strongly agreed that the family's needs were discussed at the meeting (n=239, 96.8%) along with services that could help meet their needs (n=236, 96.3%) (Table 8). Regarding the plan developed in the FTDM, 98.8% of DSS caseworkers/supervisors reported that the plan addressed the reason why the meeting was held. (Table 8). Overall, a vast majority of DSS caseworkers/supervisors were satisfied with the FTDM (n=240, 97.6%) (Table 8). Like facilitators, DSS caseworkers/supervisors expressed that not everyone who needed to be present at the meeting was in attendance (n=33, 13.2%) (Table 8). Since attendance of key participants has been a consistent area of concern across multiple participant types, it may be worth isolating which factors are driving this data point in order to develop strategies to improve the attendance of key participants.

Table 8: *DSS Caseworker/Supervisor Survey – What do you think about the FTDM? (n=270)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. Everyone who needed to be at the meeting was there.	5 (2.0%)	28 (11.2%)	19 (7.6%)	103 (41.2%)	95 (38.0%)	250 (100.0%)
2. I was given the opportunity to share my input with the team.	0 (0.0%)	1 (0.4%)	1 (0.4%)	69 (28.0%)	175 (71.1%)	246 (99.9%)
3. The family was given the opportunity to share their goals.	0 (0.0%)	1 (0.4%)	4 (1.6%)	74 (30.0%)	168 (68.0%)	247 (100.0%)
4. I helped make decisions at the meeting.	1 (0.4%)	3 (1.3%)	22 (9.3%)	77 (32.6%)	133 (56.4%)	236 (100.0%)
5. The family's strengths were discussed at the meeting.	0 (0.0%)	2 (0.8%)	9 (3.7%)	80 (32.5%)	155 (63.0%)	246 (100.0%)
6. The family's needs were discussed at the meeting.	0 (0.0%)	1 (0.4%)	7 (2.8%)	79 (32.0%)	160 (64.8%)	247 (100.0%)
7. The team discussed services that could help meet the family's needs.	0 (0.0%)	1 (0.4%)	8 (3.3%)	82 (33.5%)	154 (62.9%)	245 (100.1%)
8. The team was considerate of the family's cultural background.	0 (0.0%)	0 (0.0%)	17 (7.2%)	81 (34.2%)	139 (58.6%)	237 (100.0%)
9. We worked as a team during the meeting.	0 (0.0%)	3 (1.2%)	6 (2.4%)	85 (34.3%)	154 (62.1%)	248 (100.0%)
10. The plan protects the youth's safety.	0 (0.0%)	0 (0.0%)	8 (3.3%)	70 (28.5%)	168 (68.3%)	246 (100.1%)
11. The plan addresses the reason why the meeting was held.	0 (0.0%)	0 (0.0%)	3 (1.2%)	70 (28.5%)	173 (70.3%)	246 (100.0%)
12. I believe that the plan created will help the family/youth achieve their goals.	0 (0.0%)	3 (1.2%)	10 (4.1%)	80 (32.7%)	152 (62.0%)	245 (100.0%)
13. The family's strengths were considered when developing the plan.	1 (0.4%)	1 (0.4%)	13 (5.3%)	75 (30.9%)	153 (63.0%)	243 (100.0%)
14. The plan addresses the family's identified needs.	1 (0.4%)	1 (0.4%)	11 (4.5%)	81 (33.5%)	148 (61.2%)	242 (100.0%)
15. I understand what the next steps are.	1 (0.4%)	0 (0.0%)	3 (1.2%)	78 (31.7%)	164 (66.7%)	246 (100.0%)
16. Overall, I am satisfied with the FTDM.	1 (0.4%)	0 (0.0%)	5 (2.0%)	83 (33.7%)	157 (63.8%)	246 (99.9%)

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Youth/family participants surveyed responded less favorably than other participant groups. On average, the percentage of youth/family respondents who agreed or strongly agreed with an item was 80.5%, compared to a 92.1% average for facilitators, 91.7% average for professionals, and 94.9% average for DSS caseworkers/supervisors. The discrepancy between youth/family responses and the other participant groups' responses is clearly exemplified by the ratings for overall satisfaction with the FTDM. Only 78.0% of youth/family respondents indicated satisfaction with the FTDM (Table 9), while other participant groups' responses were clustered between 93.5% and 98.1% (Tables 6, 7, & 8).

In terms of involving the family in shared decision making during the meeting, 84.2% of youth/family respondents felt comfortable sharing their thoughts at the meeting and 83.1% felt that they were given the opportunity to share their goals (Table 9). However, a smaller majority of youth/family respondents agreed or strongly agreed that they helped make decisions at the meeting (n=116, 71.2%) (Table 9). Additionally, only 74.8% of youth/family participants believed that the plan would help them achieve their goals (Table 9).

Local departments may want to consider why some youth/family respondents feel that the plan is not supportive of their goals. The current data suggests that only 73.8% of youth/family respondents feel that their goals align with what the agency wants for their family (Table 9). If youth/family participants feel that the plan only accounts for the agency's goals, they may also feel unsupported in identifying and achieving their own, self-identified goals. Additionally, even though a vast majority of facilitators (94.2%), professionals (93.4%), and DSS caseworkers/supervisors (96.8%) reported that the family's needs were discussed (Tables 6, 7, & 8), only 78.2% of youth/family respondents agreed or strongly agreed with this statement (Table 9). This difference in perspective suggests that needs assessments during FTDMs may not fully center family voice, and, subsequently, the plan may not be comprehensive enough to support sufficient progress towards the family's goals. While this analysis cannot support a definitive link between responses for two or more items, local departments may want to consider how themes across items can inform improvements to FTDM practice.

Table 9: *Youth/Family Survey – What do you think about the FTDM? (n=184)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I understood the reason for the meeting.	4 (2.3%)	2 (1.1%)	6 (3.4%)	45 (25.9%)	117 (67.2%)	174 (99.9%)
2. Everyone who needed to be at the meeting was there.	3 (1.7%)	6 (3.5%)	18 (10.5%)	51 (29.7%)	94 (54.7%)	172 (100.1%)
3. I felt comfortable sharing my thoughts at the meeting.	6 (3.5%)	3 (1.8%)	18 (10.5%)	40 (23.4%)	104 (60.8%)	171 (100.0%)
4. My family and I were given the opportunity to share our goals.	4 (2.4%)	4 (2.4%)	20 (12.0%)	41 (24.7%)	97 (58.4%)	166 (99.9%)
5. What the agency wants for me and my family is the same as what I want.	8 (4.8%)	8 (4.8%)	28 (16.7%)	42 (25.0%)	82 (48.8%)	168 (100.1%)
6. My family and I helped make decisions at the meeting.	8 (4.9%)	6 (3.7%)	33 (20.2%)	35 (21.5%)	81 (49.7%)	163 (100.0%)
7. My family's strengths were discussed at the meeting.	6 (3.6%)	5 (3.0%)	17 (10.3%)	50 (30.3%)	87 (52.7%)	165 (99.9%)
8. My family's needs were discussed at the meeting.	6 (3.6%)	8 (4.8%)	22 (13.3%)	44 (26.7%)	85 (51.5%)	165 (99.9%)

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
9. The team discussed services that could help meet my family's needs.	5 (3.1%)	5 (3.1%)	23 (14.2%)	48 (29.6%)	81 (50.0%)	162 (100.0%)
10. The team was considerate of my family's cultural background.	3 (2.0%)	7 (4.6%)	23 (15.2%)	41 (27.2%)	77 (51.0%)	151 (100.0%)
11. We worked as a team during the meeting.	5 (3.0%)	8 (4.8%)	19 (11.5%)	49 (29.7%)	84 (50.9%)	165 (99.9%)
12. The plan addresses what is important to my family.	4 (2.5%)	9 (5.5%)	18 (11.0%)	45 (27.6%)	87 (53.4%)	163 (100.0%)
13. I believe that the plan created will help us achieve our goals as a family.	5 (3.1%)	8 (4.9%)	28 (17.2%)	44 (27.0%)	78 (47.9%)	163 (100.1%)
14. My family's strengths were considered when developing the plan.	8 (5.0%)	5 (3.1%)	19 (11.8%)	51 (31.7%)	78 (48.4%)	161 (100.0%)
15. I understand what the next steps are.	5 (3.0%)	5 (3.0%)	15 (9.0%)	57 (34.3%)	84 (50.6%)	166 (99.9%)
16. Overall, I am satisfied with the FTDM.	6 (3.7%)	5 (3.0%)	25 (15.2%)	41 (25.0%)	87 (53.0%)	164 (99.9%)

In addition to evaluating the FTDM itself, DSS caseworkers/supervisors and youth/family participants were asked about the FTDM planning process. While a majority of DSS caseworkers/supervisors reported that they asked the family if there was anyone they wanted at the meeting (n=143, 92.3%), 23.3% of youth/family respondents reported that they were not asked (Tables 10 & 11). Considering that multiple participant groups also stated that not all key participants who needed to be at the meeting were there, the local departments may want to consider the importance of teaming with the family to ensure all key participants are invited to attend.

A majority of youth/family respondents reported that they were included in the decision to have the meeting (n=146, 86.9%) and were told in a timely manner when the meeting would be held (n=158, 90.8%) (Table 11). Additionally, 96.3% of DSS caseworkers/supervisors reported explaining the purpose of the meeting to the family, and 93.2% of youth/family respondents agreed or strongly agreed with this statement (Tables 10 & 11). Overall, a majority of youth/family respondents were satisfied with how the agency worked with them to plan for the meeting (n=142, 83.5%) (Table 11).

Table 10: *DSS Caseworker/Supervisor Survey – Planning for the FTDM (n=270)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I included the family in the decision to have this meeting.	2 (1.2%)	5 (3.0%)	2 (1.2%)	40 (24.2%)	116 (70.3%)	165 (99.9%)
2. I told the family when the meeting would be held in a timely manner.	1 (0.6%)	3 (1.9%)	1 (0.6%)	34 (21.4%)	120 (75.5%)	159 (100.0%)
3. I explained the purpose of the meeting to the family.	1 (0.6%)	3 (1.9%)	2 (1.3%)	31 (19.4%)	123 (76.9%)	160 (100.1%)
4. I told the family who would be at the meeting.	2 (1.3%)	3 (1.9%)	6 (3.9%)	34 (21.9%)	110 (71.0%)	155 (100.0%)
5. I asked if there was anyone the family wanted at the meeting.	1 (0.6%)	7 (4.5%)	4 (2.6%)	29 (18.7%)	114 (73.5%)	155 (99.9%)

Table 11: *Youth/Family Survey – Planning for the FTDM (n=184)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. I was included in the decision to have this meeting.	4 (2.4%)	2 (1.2%)	16 (9.5%)	51 (30.4%)	95 (56.5%)	168 (100.0%)
2. I was told in a timely manner when the meeting would be held.	5 (2.9%)	1 (0.6%)	10 (5.7%)	60 (34.5%)	98 (56.3%)	174 (100.0%)
3. The purpose of the meeting was explained to me.	1 (0.6%)	7 (4.0%)	4 (2.3%)	58 (33.0%)	106 (60.2%)	176 (100.1%)
4. I was told who would be at the meeting.	4 (2.4%)	13 (7.6%)	14 (8.2%)	57 (33.5%)	82 (48.2%)	170 (99.9%)
5. I was asked if there was anyone I wanted at the meeting.	12 (8.0%)	23 (15.3%)	22 (14.7%)	26 (17.3%)	67 (44.7%)	150 (100.0%)
6. Overall, I am satisfied with how the agency worked with me to plan for this meeting.	5 (2.9%)	4 (2.4%)	19 (11.2%)	51 (30.0%)	91 (53.5%)	170 (100.0%)

Qualitative Feedback on FTDMs

Facilitators, professionals, DSS caseworkers/supervisors, and youth/family participants had the opportunity to provide supplemental feedback about the FTDM process through a written narrative. Specifically, all participant groups were asked about how the FTDM process could be improved for youth and families. Although not every participant elected to provide additional feedback, the participants who did often praised the FTDM process and shared that no improvements are needed. However, some participants did express their concerns about the FTDM process as well as provide recommendations for addressing these concerns.

The first concern discussed was the use of the consent form and confidentiality agreement. DSS caseworkers/supervisors shared that obtaining written consent can serve as a barrier to holding timely meetings, with one DSS caseworker/supervisor stating, "The consent form process adds another hurdle of information to meetings that are often urgent and not always scheduled timely." Participants proposed obtaining electronic signatures or verbal consent in lieu of written consent. Additionally, facilitators advocated for making the confidentiality statement shorter and clearer. One facilitator shared, "The confidentiality statement at the beginning is way too long. It needs to be cut back. You lose people's attention."

Another area of concern was scheduling, which includes ensuring that everyone is aware of when the FTDM will be held and that everyone can attend the time selected. One youth/family participant shared, "Scheduling the FTDM was a struggle because of everyone's schedules. It was not able to be scheduled in a timely manner." Across the participant types, the following recommendations for improving scheduling were provided: holding meetings on the weekends, holding meetings earlier in the day to accommodate community providers' schedules, getting more family input, hiring more facilitators, and hiring "more frontline social workers to provide case management so that they are not so overwhelmed and can make time for FTDMs." Participants also shared concerns around the length of the facilitated meeting. These concerns are detailed below.

> I think when setting the meeting, the Department should realistically assess what needs to be covered to ensure that we are provided enough time. – *Professional*

> The meeting took longer than expected because of some conflicts between the parties. I also think individuals unfamiliar with the child should not be given a lot of time to speak. – *Youth/Family*

A third concern discussed across participant types was that FTDM attendees were not aware of the purpose of the meeting. One youth/family member shared, "I just did not understand the purpose right off and needed to ask." Similarly, a professional stated, "Make sure that the participants as well as facilitators understand the purpose and goals for the meeting even if there is not a plan finalized at the meeting." One DSS caseworker/supervisor suggested providing a short video for families to watch so they could understand the FTDM process, and one facilitator suggested providing more trainings to LDSS staff about the purpose of FTDMs and how to prepare for the meeting. Similarly, some youth/family participants shared that they did not always understand the content discussed in the meeting. For instance, one youth/family member shared, "A better explanation of how our child can access some school supports would have been helpful. The liaison did a good job of introducing the programs, but we didn't understand how to access some of the supports but were too overwhelmed to realize that at the time." Another youth/family member recommended, "Maybe make sure to state all options clearly in order/list after discussing them, so it's easy to understand."

The final concern most often discussed was the lack of teaming occurring between the local department and the family. Thoughts on how greater collaboration could improve the FTDM process are detailed below.

> The way things were already decided on and my thoughts and feelings definitely didn't matter to any of them. Cold, harsh way of explaining their actions to come. I told the lady who set this thing up that I did not want my mom or dad to be called, invited, involved, etc. Well introductions led to my mother and father both being there and able to hear my personal sensitive information. – *Youth*

> More "ideas" before jumping to "plan." – *DSS Caseworker/Supervisor*

> This facilitator does all the speaking, allowing very few times for others to weigh in. She seems to primarily care about filling out her form. – *Professional*

> Listen to the parent's opinion and not allow the youth to be disrespectful when adults are talking. Come up with plans that suite each child's individual needs because all children are different. – *Family*

> Providing the participants an opportunity to share they're background and suggested solutions ahead of time so the facilitator can have more context ahead of time. – *Professional*

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Evaluation of FTDM Facilitators

The professional participants, DSS caseworkers/supervisors, and youth/family participants gave positive feedback on the facilitation of FTDMs (Figure 6). Using the same Likert scale, participants rated the extent to which they agreed or disagreed that the facilitator treated them with respect, kept the group focused, and made sure their voice was heard. Professionals and DSS caseworkers/ supervisors gave facilitators slightly more favorable ratings than families did, possibly due to the external circumstances that bring families into meetings. However, families still had a strong positive response to the FTDM facilitators. 92.9% of youth/family respondents felt that the facilitator treated them with respect, 91.2% felt that the facilitator kept the group focused, and 88.8% felt that the facilitator made sure their voice was heard (Table 14).

97.0%
Respectful

96.0%   **95.2%**
**Kept Meeting   Ensured Voice
Focused   Was Heard**
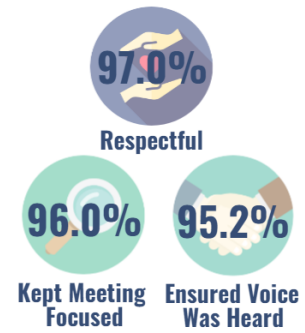
Figure 6: Overall Evaluation of FTDM Facilitators

Table 12: *Professional Survey – What did you think of the facilitator? (n=168)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The facilitator treated me with respect.	0 (0.0%)	1 (0.6%)	2 (1.3%)	15 (9.5%)	140 (88.6%)	158 (100.0%)
2. The facilitator kept the group focused.	3 (1.9%)	0 (0.0%)	3 (1.9%)	20 (12.6%)	133 (83.6%)	159 (100.0%)
3. The facilitator made sure my voice was heard.	0 (0.0%)	2 (1.3%)	2 (1.3%)	19 (12.5%)	129 (84.9%)	152 (100.0%)

Table 13: *DSS Caseworker/Supervisor Survey – What did you think of the facilitator? (n=270)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The facilitator treated me with respect.	0 (0.0%)	0 (0.0%)	2 (0.8%)	43 (17.6%)	200 (81.6%)	245 (100.0%)
2. The facilitator kept the group focused.	0 (0.0%)	1 (0.4%)	1 (0.4%)	50 (20.2%)	196 (79.0%)	248 (100.0%)
3. The facilitator made sure my voice was heard.	0 (0.0%)	1 (0.4%)	3 (1.2%)	48 (19.8%)	191 (78.6%)	243 (100.0%)

Table 14: *Youth/Family Survey – What did you think of the facilitator? (n=184)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The facilitator treated me with respect.	2 (1.2%)	1 (0.6%)	9 (5.3%)	29 (17.1%)	129 (75.9%)	170 (100.1%)
2. The facilitator kept the group focused.	4 (2.3%)	4 (2.3%)	7 (4.1%)	39 (22.8%)	117 (68.4%)	171 (99.9%)
3. The facilitator made sure my voice was heard.	4 (2.4%)	2 (1.2%)	13 (7.6%)	30 (17.6%)	121 (71.2%)	170 (100.0%)

Evaluation of Virtual Meetings

Since March 2021, the FTDM Feedback Surveys have contained questions related to the impact of COVID-19 on practice. One shift in FTDM practice that occurred as a result of the pandemic is the use of

virtual meetings. As the state has re-opened, virtual meetings have persisted; thus, for the SFY23 implementations, the survey was amended to solely focus on the use of virtual meetings instead of the impact of COVID-19 on FTDM practice overall. Each participant group (i.e., facilitators, professionals, DSS caseworkers/supervisors, and youth/families) was 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 elicit feedback on the benefits of virtual FTDMs, the impact of virtual meetings on teaming, and whether or not virtual FTDMs should continue to be offered. Tables 15 – 18 display the participants' feedback on the virtual meeting format.
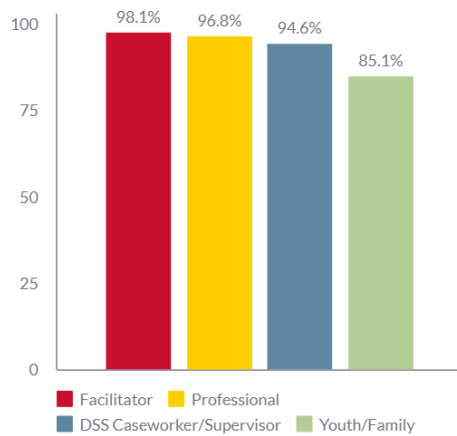
Figure 7: Agree/Strongly Agree that Virtual FTDMs Should Continue to be Offered

Overall, facilitators held a positive attitude towards virtual meetings and felt that virtual FTDMs should continue to be offered (n=53, 98.1%) (Table 15 & Figure 7). Furthermore, facilitators believed that the option to participate virtually makes it easier for participants to attend FTDMs (n=52, 96.3%) (Table 15). Approximately three quarters (77.8%) of facilitators disagreed or strongly disagreed that virtual FTDMs make it *difficult* to work as a team (Table 15). Lastly, 44.9% of facilitators felt that additional tech support is needed to support virtual FTDMs (Table 15). Please note that the virtual meeting statements were only answered by facilitators the first time they completed the survey during a given implementation as these statements were about FTDM practice overall and were not specific to any one FTDM held during the implementation periods. Therefore, the total number of respondents for Table 15 is smaller than the total number of Facilitator Surveys completed in SFY23.

Table 15: *Facilitator Survey – Virtual Meetings (n=54)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The option to participate virtually makes it easier for participants to attend the FTDM.	0 (0.0%)	0 (0.0%)	2 (3.7%)	7 (13.0%)	45 (83.3%)	54 (100.0%)
2. Virtual FTDMs make it difficult to work as a team.	27 (50.0%)	15 (27.8%)	5 (9.3%)	3 (5.6%)	4 (7.4%)	54 (100.1%)
3. Virtual FTDMs should continue to be offered.	0 (0.0%)	0 (0.0%)	1 (1.9%)	5 (9.3%)	48 (88.9%)	54 (100.1%)
4. Additional tech support is needed to help support FTDMs in a virtual environment.	3 (6.1%)	12 (24.5%)	12 (24.5%)	11 (22.4%)	11 (22.4%)	49 (99.9%)

The feedback on virtual meetings from professional participants, DSS caseworkers/supervisors, and youth/family participants was overall consistent and aligned with the facilitators' perspective. A majority of all groups believed that virtual FTDMs should continue to be offered, with 96.8% of professionals, 94.6% of DSS caseworkers/supervisors, and 85.1% of youth/family participants agreeing or strongly agreeing with this statement (Table 16, 17, & 18) (Figure 7). Respondents from each of these participant groups also agreed that the option to participate virtually made it easier to attend FTDMs (Table 16, 17, &

24

18). This was especially true for professionals (n=146, 96.1%) (Table 16). Lastly, a smaller majority (ranging from 61.5% to 81.0%) of respondents from each participant type felt that virtual FTDMs did not make it difficult to work as a team (Table 16, 17, & 18). While this could indicate that it may be easier to team in-person, responses may also be skewed by the fact that this is the only statement written in the negative. If respondents are acquiescing and not critically reading the statements provided, they may choose "strongly agree" or "agree" for this statement, even though that would indicate an undesirable response. Additionally, it should be noted that for each statement related to virtual meetings, participants were provided the option to indicate that that they did not attend the FTDM virtually, so their responses could be excluded.

Table 16: *Professional Survey – Virtual Meetings (n=168)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The option to participate virtually made it easier for me to attend the FTDM.	0 (0.0%)	0 (0.0%)	6 (3.9%)	20 (13.2%)	126 (82.9%)	152 (100.0%)
2. The virtual FTDM made it difficult to work as a team.	78 (51.0%)	46 (30.1%)	5 (3.3%)	4 (2.6%)	20 (13.1%)	153 (100.1%)
3. Virtual FTDMs should continue to be offered.	0 (0.0%)	0 (0.0%)	5 (3.2%)	25 (16.2%)	124 (80.5%)	154 (99.9%)

Table 17: *DSS Caseworker/Supervisor Survey – Virtual Meetings (n=270)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The option to participate virtually made it easier for me to attend the FTDM.	0 (0.0%)	3 (1.4%)	13 (6.1%)	37 (17.5%)	159 (75.0%)	212 (100.0%)
2. The virtual FTDM made it difficult to work as a team.	107 (49.8%)	51 (23.7%)	12 (5.6%)	17 (7.9%)	28 (13.0%)	215 (100.0%)
3. Virtual FTDMs should continue to be offered.	2 (0.9%)	1 (0.4%)	9 (4.0%)	43 (19.3%)	168 (75.3%)	223 (99.9%)

Table 18: *Youth/Family Survey – Virtual Meetings (n=184)*

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1. The option to participate virtually made it easier for me to attend the FTDM.	1 (0.7%)	0 (0.0%)	19 (13.1%)	25 (17.2%)	100 (69.0%)	145 (100.0%)
2. The virtual FTDM made it difficult to work as a team.	44 (29.7%)	47 (31.8%)	17 (11.5%)	9 (6.1%)	31 (20.9%)	148 (100.0%)
3. Virtual FTDMs should continue to be offered.	1 (0.7%)	0 (0.0%)	21 (14.2%)	32 (21.6%)	94 (63.5%)	148 (100.0%)

Qualitative Feedback on Virtual Meetings
In addition to providing written feedback on how the FTDM process could be improved, facilitators were also given the opportunity to provide qualitative feedback on the use of virtual meetings. Although other

participant groups were not specifically asked to provide feedback on virtual meetings, virtual meetings were still discussed in their written feedback.

According to facilitators, some of the pros of offering virtual meetings are that virtual meetings are "very effective and convenient; plus, lessens the power differential and contention." Another facilitator shared:

> Virtual meetings enable family members to participate while missing little or no work. It is a family-friendly option that eliminates the need for family members to deal with transportation and the emotions they may have about entering a DSS building. It is also a safer option when there is concern about possible angry acting out.

A youth/family member agreed that "it's set up well and it helps out a lot of families that just can't get there to the facility," and a professional felt that "that the virtual platform for FTDMs provides a safe space to effectively case plan."

However, connectivity issues and the need for better technology serve as a barrier to holding virtual meetings. One professional shared, "I couldn't hear or communicate so I had to call in. Even then, no one could hear me so I was limited to typing comments," while a facilitator reflected, "Virtual meetings are good option but difficult when clients have issues with stable technology and keep getting kicked out of the meeting and continuously having to log back in."

Participants also provided some suggestions for improving the virtual FTDM process. Several participants across the two implementations recommended emailing a reminder with the link for the meeting prior to or the same day as the meeting. Additionally, a DSS caseworker/supervisor felt that "the facilitator should be the first one to be on the call to ensure that others are not having to provide insight to families as they are coming into the virtual platform."

Participants also discussed the challenges with hybrid meetings, where some attendees are in-person and others are virtual, and asked for technological support to conduct hybrid meetings effectively.

> Virtual participants could not see people in the room. When conversations started going on in the room where a lot of people were conversing it was difficult to understand or participate. No one was watching the chat and a family member was typing in it and no one was talking to her or considering what she was saying so she left. – *DSS Caseworker/ Supervisor*

> Our agency does not the equipment to do a "hybrid" meeting. If we have half in person and people calling in (providers, out of town family) we have no way for those in person to be seen and heard. Facilitators should also have iPads, headsets or laptop with camera for the best possible presentation of the meeting. – *Facilitator*

> Consideration should be given to ask others attending in person to speak more clearly and slower. And any device should be placed near the person who is speaking. I feel like I missed some of the conversation. – *Youth/Family*

Lastly, a few participants reiterated their appreciation and preference for in-person meetings. One DSS caseworker/supervisor advocated for discontinuing the use of virtual FTDMs, stating:

> I believe having all FTDMs in-person would benefit everyone involved. It makes it easier to share ideas versus being virtually. In-person FTDM's are more personal. Having the FTDMs virtually can have a lot of technical difficulties which makes the meetings start late and at times you cannot see who is in the background.

B. LDSS Self-Reports

The LDSS Self-Report data provides information on the types of facilitated meetings held, the purpose of these meetings, the participants who were directly involved in these meetings, the continuing services provided, and the outcomes concluded from these meetings. This data source allows LDSS staff to provide descriptive information of the reasons a facilitated meeting may not have been held, which currently cannot be captured through any other data source. In SFY23, there were 311 facilitated meetings scheduled but not completed. The most common reasons for a meeting not being completed were key participants not showing up to the FTDM, key participants being unavailable to attend, and the agency cancelling.

Tables 19 – 22 show the data collected from the LDSSs for the 2,362 facilitated meetings held from July 1, 2022 – June 30, 2023. A monthly breakdown of the LDSS Self-Report data is included in Appendix B.

i. Facilitated Meeting Types

Of the total number of facilitated meetings, 63.8% were FTDMs, 29.2% were YTP Meetings, 6.8% were Facilitated Family Meetings, and 0.3% were QRTP Planning Meetings (Table 19). Please note that QRTP Planning Meeting data was only collected from the four jurisdictions piloting this meeting type and was not collected for the entirety of the reporting timeframe. The percentage of Facilitated Family Meetings is notably smaller than that of other facilitated meeting types because Facilitated Family Meetings, unlike FTDMs and YTP Meetings, are not required to be held at certain intervals or key points within the case but at the discretion of the local department. In the LDSS Self-Report, jurisdictions were asked to provide the purpose of the Facilitated Family Meetings being held. The most common purposes for holding a Facilitated Family Meeting were to engage in case/safety planning, discuss visitation, support transitions, explore placement options, and coordinate service provision.

FTDMs are categorized based on the policy-identified intervention point for which they are held. There are four types of FTDMs: Separations/Considered Separations FTDMs, Placement Stability FTDMs, Permanency Planning FTDMs, and Voluntary Placement Agreement FTDMs. The most common FTDM type held was Separation/Considered Separation FTDMs, constituting approximately half (50.4%) of the FTDMs held during the reporting timeframe (Table 19). The second most common type of FTDM was Placement Stability FTDMs (26.7%), followed closely by Permanency Planning FTDMs (20.5%) (Table 19). Only 2.5% of FTDMs held were Voluntary Placement Agreement FTDMs, likely due to the limited

number of children that are coming into foster care as a result of a voluntary placement agreement (VPA) (Table 19).

As expected, Out-of-Home Services was the most common type of program assignment, constituting 63.5% of reported facilitated meetings (Table 19). Facilitated meetings were the least likely to be associated with Auxiliary Services/Voluntary Placement Agreement cases (1.8%), Non-CPS cases (2.4%), and Alternative Response cases (4.2%) (Table 19). This suggests that the policy-identified intervention points and other catalysts for facilitated meetings occur less frequently in these case types.

Table 19: *Facilitated Meeting Types*

Facilitated Meetings	Frequency	Percent
Family Team Decision Meetings	1,507*	63.8%
Youth Transition Planning Meetings	689	29.2%
Facilitated Family Meetings	160	6.8%
QRTP Planning Meetings**	6	0.3%
Total	2,362***	100.1%
FTDMs by Policy-Identified Intervention Point	Frequency	Percent
Separation/Considered Separation FTDM	760	50.4%
Placement Stability FTDM	402	26.7%
Permanency Planning FTDM	309	20.5%
Voluntary Placement Agreement FTDM	37	2.5%
Total	1,508*	100.1%
Facilitated Meetings by Program Type	Frequency	Percent
Investigative Response Cases	337	14.3%
Alternative Response Cases	98	4.2%
Non-CPS Cases	57	2.4%
Family Preservation/In-Home Services	327	13.9%
Out-of-Home Services	1,496	63.5%
Auxiliary Services/Voluntary Placement Agreement Cases	42	1.8%
Total	2,357***	100.1%

*Note 1. Total number of FTDMs do not match due to variation in LDSS data submission.

**Note 2. Data collected from December 2022 – June 2023.

**Note 3. Total number of facilitated meetings do not match due to variation in LDSS data submission.

ii. Facilitated Meeting Types Quarterly Data Comparison

Table 20 looks at quarterly trends in the number of facilitated meetings held throughout the entirety of SFY23. The quarters cover the following time frames: July 1, 2022 – September 30, 2022 (Quarter 1), October 1, 2022 – December 31, 2022 (Quarter 2), January 1, 2023 – March 31, 2023 (Quarter 3), and April 1, 2023 – June 30, 2023 (Quarter 4). The overall number of facilitated meetings increased slightly between Quarters 1 & 2 and Quarters 3 & 4 by 3.1% (Table 20). This change was informed by a slight increase in FTDMs between the two halves, a decrease in the number of YTP Meetings, and a sharp increase in the number of Facilitated Family Meetings (Table 20). In looking at the quarterly differences for the four FTDM types, Placement Stability FTDMs had the greatest increase, with a difference in percent of 13.8% between Quarters 1 & 2 and Quarters 3 & 4 (Table 20). Despite a decrease in the number of Permanency Planning FTDMs between Quarter 1 (n=98) and Quarter 2 (n=56), the number of

Permanency Planning FTDMs between halves was fairly consistent (Table 20). Separation/Considered Separation FTDMs and Voluntary Placement Agreement FTDMs both experienced a slight decrease between Quarters 1 & 2 and Quarters 3 & 4 (Table 20). Interestingly, all facilitated meeting types and all FTDM types experienced a decrease between Quarter 1 and Quarter 2 and then increased in Quarter 3. No such clear pattern is evident between Quarter 3 and Quarter 4. This finding warrants further exploration as to what factors led to fewer facilitated meetings being held between October 1, 2022 and December 31, 2022.

Regarding the trends for facilitated meetings by program type, all program types except Alternative Response and Auxiliary Services/Voluntary Placement Agreement cases increased between Quarters 1 & 2 and Quarters 3 & 4 (Table 20). Facilitated meetings associated with Non-CPS cases had the greatest increase of 28.0% (Table 20). Family Preservation/In-Home Services had the smallest increase of 1.9%, indicating that the number of facilitated meetings for Family Preservation/In-Home Services was fairly consistent between halves in SFY23 (Table 20). The decrease in the number of facilitated meetings for Auxiliary Services/Voluntary Placement Agreement cases is consistent with the decrease in Voluntary Placement Agreement FTDMs (Table 20). However, since the Auxiliary Services/Voluntary Placement Agreement cases experienced a greater decrease than Voluntary Placement Agreement FTDMs (17.4% compared to 5.3%) (Table 20), it can be inferred that Voluntary Placement Agreement FTDMs are not the only facilitated meeting type being held for this program type.

Table 20: *Facilitated Meeting Types Quarterly Data Comparison*

Facilitated Meeting Types	SFY23 Q1	SFY23 Q2	SFY23 Q3	SFY23 Q4	Difference In Percent*
Family Team Decision Meetings	431	312	389	375	↑2.8%
Youth Transition Planning Meetings	194	165	173	157	↓8.1%
Facilitated Family Meetings	35	26	48	51	↑62.3%
QRTP Planning Meetings**	--	0	3	3	--
Total	660	503	613	586	↑3.1%
FTDMs by Policy-Identified Intervention Point	SFY23 Q1	SFY23 Q2	SFY23 Q3	SFY23 Q4	Difference In Percent*
Separation/Considered Separation FTDM	225	157	184	194	↓1.0%
Placement Stability FTDM	96	92	115	99	↑13.8%
Permanency Planning FTDM	98	56	82	73	↑0.6%
Voluntary Placement Agreement FTDM	12	7	9	9	↓5.3%
Facilitated Meetings by Program Type	SFY23 Q1	SFY23 Q2	SFY23 Q3	SFY23 Q4	Difference In Percent*
Investigative Response Cases	84	76	86	91	↑10.6%
Alternative Response Cases	29	23	20	26	↓11.5%
Non-CPS Cases	12	13	24	8	↑28.0%
Family Preservation/In-Home Services	103	59	83	82	↑1.9%
Out-of-Home Services	417	323	385	371	↑2.2%
Auxiliary Services/Voluntary Placement Agreement Cases	14	9	11	8	↓17.4%
Total	659	503	609	586	↑2.8%

*Note 1. The difference in percent is calculated by finding the difference between the sum of Q1 & Q2 and the sum of Q3 & Q4 and then dividing that difference by the sum of Q1 & Q2.

**Note 2. Data collected from December 2022 – June 2023.

iii. Facilitated Meeting Outcomes and Participants

Table 21 presents data on the outcomes of the facilitated meetings and the participants who attended. During the reporting timeframe, 28.3% of the 3,111 children discussed across all reported facilitated meetings were diverted from an out-of-home placement as a result of the facilitated meeting (Table 21). 19.3% of children remained or were placed with their biological parents/legal guardians, while 13.8% of children were diverted or placed with relatives following a facilitated meeting (Table 21). Only 2.9% of children were diverted or placed with fictive kin (Table 21). This suggests that local departments are more likely to utilize relatives as alternate caregivers or placement resources than fictive kin. Additionally, 29.1% of families who had a Separation/Considered Separation FTDM were provided referrals to In-Home Services, and 44.9% were referred to community services (Table 21). These numbers are encouraging as the percentage of families referred to In-Home Services is fairly consistent with the percentage of children diverted. Since an In-Home Services case must be opened for all children diverted from an out-of-home placement following a meeting, these two numbers should be roughly similar.

Parent/Legal Guardian (11.98%) Child/Youth (6.09%)
Relative (8.56%) Resource Parent (20.38%)
Service/Community Provider (3.79%)
Private Provider (5.12%) Other Support Role (2.79%)
LDSS Staff (39.48%) School System (1.82%)

Figure 8: Facilitated Meeting Participants Based on LDSS Self-Reports

As expected, the most represented participant type was staff from the local department (39.5%) (Table 21 & Figure 8). The second most common type of participant was service provider/community participants, who constituted 20.4% of all facilitated meeting attendees (Table 21 & Figure 8). Of all the family participant types, parents/legal guardians attended facilitated meetings most frequently (Table 21 & Figure 8). School system participants (1.8%), other support role participants (2.8%), and resource parents (3.8%) made up the smallest portion of facilitated meeting participants (Table 21 & Figure 8). Local departments may want to consider developing strategies to increase youth/family participation in order to support ongoing teaming between the local department and families in the case planning process.

Table 21: *Facilitated Meeting Outcomes and Participants*

Facilitated Meeting Outcomes	Total	Percent
Out-of-Home Placements Diverted	881	28.3%*
Children Remaining or Placed with Parents	600	19.3%*
Children Diverted or Placed with Relatives	429	13.8%*
Children Diverted or Placed with Fictive Kin	90	2.9%*
Families Referred to In-Home Services	221	29.1%**
Families Referred to Community Services	341	44.9%**
Participant Types	Total	Percent
Parent/Legal Guardian Participants	2,250	12.0%
Child/Youth Participants	1,144	6.1%
Relative Participants	1,609	8.6%
Service Provider/Community Participants	3,828	20.4%
Resource Parent Participants	712	3.8%

Private Provider Participants	961	5.1%
Other Support Role Participants (e.g., Significant Other, Neighbors, Godparents, etc.)	524	2.8%
LDSS Staff Participants	7,418	39.5%
School System Participants	341	1.8%
Total	18,787	100.1%

*Note 1. Percentage is frequency out of the total number of children discussed (N=3,111).

**Note 2. Percentage is frequency out of the total number of Separation/Considered Separation FTDMs (N=760).

iv. Facilitated Meeting Outcomes and Participants Quarterly Data Comparison

Table 22 shows the quarterly trends in the frequency of desirable facilitated meeting outcomes and facilitated meeting participants throughout SFY23. In comparing the first half of SFY23 with the second, all outcomes increased except for families referred to In-Home Services. The number of children diverted from foster care increased by 25.3% and was the highest in Quarter 4 (n=264) (Table 22). This change could be reflective of improved practice efforts that would benefit from further exploration. While diversions are not an appropriate or viable outcome for all youth and families, local departments should aim to prevent children from entering foster care and keep families together whenever possible. As such, the increase in diversions throughout SFY23 is promising.

The number of participants also tended to increase from the first half of SFY23 to the second half. Only the number of child/youth parents decreased, albeit slightly (4.8%) (Table 22). Among the facilitated meeting participant types that increased, school system participants had the largest increase (27.3%) due to a large spike of school system participants in Quarter 3 (Table 22). Most participant types increased by less than 10%, which is reflected in the total number of participants increasing by a mere 4.5% (Table 22). This increase is fairly consistent with the increase in facilitated meetings between the two halves (3.1%), meaning that the increase could just be a byproduct of a greater number of facilitated meetings being held in Quarters 3 & 4 (Table 20).

Table 22: *Facilitated Meeting Outcomes and Participants Quarterly Data Comparison*

Facilitated Meeting Outcomes	SFY23 Q1	SFY23 Q2	SFY23 Q3	SFY23 Q4	Difference In Percent*
Out-of-Home Placements Diverted	197	194	226	264	↑25.3%
Children Remaining or Placed with Parents	139	134	148	179	↑19.8%
Children Diverted or Placed with Relatives	104	85	115	125	↑27.0%
Children Diverted or Placed with Fictive Kin	26	15	36	13	↑19.5%
Families Referred to In-Home Services	53	66	47	55	↓14.3%
Families Referred to Community Services	84	74	88	95	↑15.8%
Participant Types	SFY23 Q1	SFY23 Q2	SFY23 Q3	SFY23 Q4	Difference In Percent*
Parent/Legal Guardian Participants	624	478	574	574	↑4.2%
Child/Youth Participants	328	258	287	271	↓4.8%
Relative Participants	450	324	417	418	↑7.9%

Service Provider/Community Participants	1,106	803	1,004	915	↑0.5%
Resource Parent Participants	169	172	191	180	↑8.8%
Private Provider Participants	281	167	254	259	↑14.5%
Other Support Role Participants (e.g., Significant Other, Neighbors, Godparents, etc.)	127	116	159	122	↑15.6%
LDSS Staff Participants	2,006	1,629	2,000	1,783	↑4.1%
School System Participants	85	65	123	68	↑27.3%
Total	5,176	4,012	5,009	4,590	↑4.5%

*Note. The difference in percent is calculated by finding the difference between the sum of Q1 & Q2 and the sum of Q3 & Q4 and then dividing that difference by the sum of Q1 & Q2.

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 facilitated meetings entered into Contact: Notes and Contact: Meetings as well as how often different types of facilitated meetings were held for various policy-identified intervention points. The five policy-identified intervention points that will be examined are: separations, placement changes, permanency plan changes, youth transition plans, 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.

In SFY23, a total of 1,621 facilitated meetings were marked as completed in Contact: Notes, while 3,004 facilitated meetings were marked as completed in Contact: Meetings. Additionally, 117 facilitated meetings were recorded as attempted in Contact: Notes and 135 facilitated meetings were recorded as attempted in Contact: Meetings.

i. Policy-Identified Intervention Point Events

Tables 23 – 28 describe the types of facilitated meetings held during the first half of SFY23 for the five 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, 2022 – June 30, 2023. The subsequent rows represent the types of facilitated meetings that were held in response to the specified policy-identified intervention point.

Separation/Considered Separation FTDM (55.28%)
Voluntary Placement Agreement FTDM (0.15%)
Non-Separation/Considered Separation FTDM (2.04%)
No FTDM (42.53%)
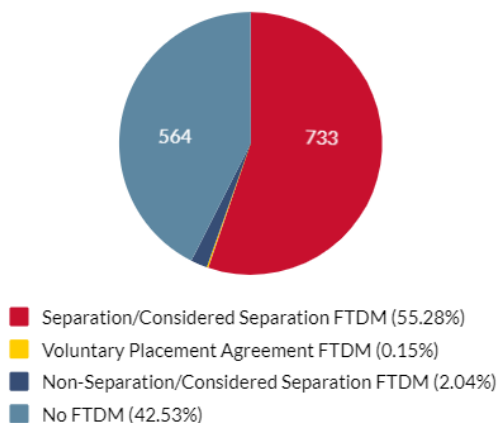
Figure 9: Separations

Table 23 depicts separations from July 1, 2022 – June 30, 2023 and the types of FTDMs held in response to this policy-identified intervention point. This includes Voluntary Placement Agreement FTDMs that occurred up to one year prior to the separation and Separation/Considered Separation FTDMs that occurred 30 days before or 30 days after the separation.

A total of 1,362 children entered foster care during SFY23. 55.3% of these separations had a Separation/Considered Separation FTDM held according to the timeframes outlined above (Table 23). Voluntary Placement Agreement FTDMs took place for 0.2% of the separation events, and non-Separation/Considered Separation FTDMs occurred for 2.0%

32

of separation events (Table 23). Overall, 57.5% of separations had any type of FTDM occur, leaving 564 separation events where no FTDM occurred within the timeframes (Table 23 & Figure 9). FTDMs held at this stage are critical to diverting children from entering foster care and can lay the foundation for an ongoing, collaborative working relationship with the family. Given that 42.5% of the separations were not predicated or followed by an FTDM in accordance with state policy (Figure 9), local departments may want to consider the barriers to ensuring FTDMs are occurring timely for children who are at risk for entering foster care and develop strategies to overcome these barriers.

Table 23: *Separations*

Separations	Frequency	Percent*
Children entering foster care	1,326	--
Separations where a Separation/Considered Separation FTDM Took place	733	55.3%
Separations where a Voluntary Placement Agreement FTDM took place	2	0.2%
Separations where a non-Separation/Considered Separation FTDM took place	27	2.0%
Separations where any FTDM type took place	762**	57.5%

*Note 1. Percentage is the frequency of children with an FTDM type out of the total number of children entering foster care (N=1,362).

**Note 2. Frequency is the sum of Separation/Considered Separation FTDMs, Voluntary Placement Agreement FTDMs, and non-Separation/Considered Separation FTDMs.

Placement Stability FTDM (7.54%)
Non-Placement Stability FTDM (9.5%)
No FTDM (82.95%)
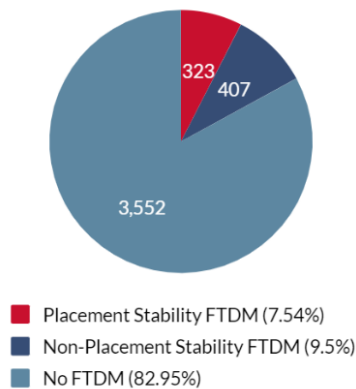
Figure 10: Placement Changes

Table 24 depicts the number of placement changes from July 1, 2022 – June 30, 2023 (N=4,282) and the percent of placement changes for which an FTDM occurred. This includes any FTDM that occurred one week before and one week after the placement change or a Planned Placement Change FTDM that occurred up to 6 months prior to the placement change.

Only 17.0% of the total number of placement changes had an associated FTDM within the specified timeframes (Table 24). 7.5% of placement changes had an associated Placement Stability FTDM (e.g., Change in Placement FTDM, Disruption, Emergency Placement Change, and Planned Placement Change), and 9.5% of placement changes had an associated non-Placement Stability FTDM (Table 24). There were 3,552 (83.0%) placement changes that occurred without an FTDM of any kind during the specified timeframes (Figure 10). These findings are concerning as placement stability, when possible, is not only important for the well-being of the child but also for their ability to achieve permanency. Local departments may want explore barriers to holding FTDMs to address placement stability within these timeframes. Additionally, local departments should consider the value of holding FTDMs over other forms of informal teaming in order to prevent unnecessary placement changes, assess the appropriateness of changing placements, and adequately plan for emergent placement changes.

Table 24: *Placement Changes*

Placement Changes	Frequency	Percent*
Children with a placement change	4,282	--

Placement changes where a Placement Stability FTDM took place	323	7.5%
Placement changes where a non-Placement Stability FTDM took place	407	9.5%
Placement changes where any FTDM type took place	730**	17.0%

*Note 1. Percentage is the frequency of FTDM type out of the total number of children with a placement change (N=4,282).

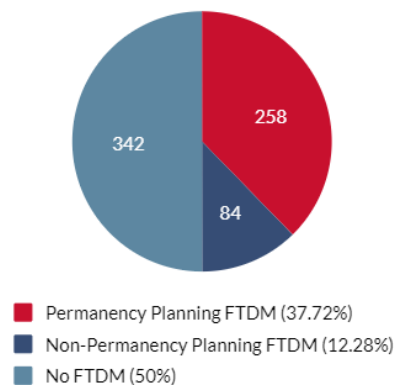**Note 2. Frequency is the sum of Placement Stability FTDMs and non-Placement Stability FTDMs.

Permanency Planning FTDM (37.72%)
Non-Permanency Planning FTDM (12.28%)
No FTDM (50%)
Figure 11: Permanency Plan Changes

Table 25 includes permanency plan changes from July 1, 2022 – June 30, 2023 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. There were 684 permanency plan changes during SFY23 (Table 25). Of the total number of permanency plan changes, just over a third (37.7%) were associated with a Permanency Planning FTDM (Table 25). Another 12.3% of permanency plan changes were associated with a non-Permanency Planning FTDM (Table 25). Half of the children with a change in permanency plan 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 11).

Table 25: *Permanency Plan Changes*

Permanency Plan Changes	Frequency	Percent*
Children with a change in permanency plan	684	--
Permanency plan changes where a Permanency Planning FTDM took place	258	37.7%
Permanency plan changes where a non-Permanency Planning FTDM took place	84	12.3%
Permanency plan changes where any FTDM type took place	342**	50.0%

*Note 1. Percentage is the frequency of FTDM type out of the total number of children with a change in permanency plan (N=684).

**Note 2. Frequency is the sum of Permanency Planning FTDMs and non-Permanency Planning FTDMs.
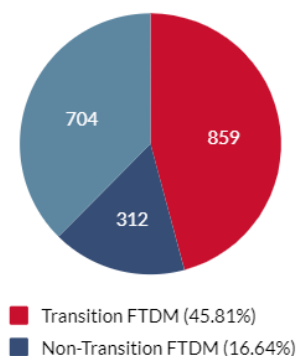
Transition FTDM (45.81%)
Non-Transition FTDM (16.64%)
Figure 12: Youth Transition Plans

Table 26 shows FTDMs held for children who have been in foster care for at least one year and who are at least 14 years old. Children meeting these criteria are referred to as youth transitionals. There were a total of 1,875 youth transitionals across the state in SFY23 (Table 26). Of the total number of youth transitionals, 45.8% had a Transition FTDM (i.e., YTP Meeting) occur in the past year, and 16.6% had a different FTDM type held (Table 26). Thus, 62.5% of the youth who were classified as youth transitionals from July 1, 2022 – June 30, 2023 had an FTDM of any type in the past year (Table 26). According to the most recent version of the family teaming policy (SSA/CW 21-02), Youth Transition Planning Meetings should be held every 6 months for youth transitionals. With 37.5% (n=704) of youth transitionals not having any

FTDM documented in CJAMS during the reporting timeframe (Figure 12), the data suggests that YTP Meetings are not occurring every six months for each youth transitional. Local departments may want to explore pratices that support engaging youth in collaborative goal-setting with the intention of holding YTP Meetings more frequently to meet mandated requirements.

Table 26: *Youth Transition Plans*

Youth Transitionals	Frequency	Percent*
Youth transitionals	1,875	--
Youth transitionals who had a Transition FTDM	859	45.8%
Youth transitionals who had a non-Transition FTDM	312	16.6%
Youth transitions who had any FTDM type	1,171**	62.5%

*Note 1. Percentage is the frequency of FTDM type out of the total number of children in foster care for at least one year who are at least 14 years old (N=1,875).

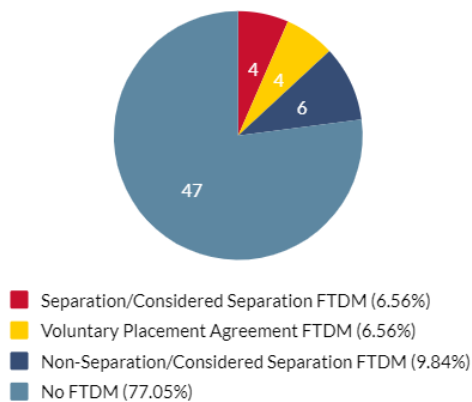**Note 2. Frequency is the sum of Transition FTDMs and non-Transition FTDMs.

Separation/Considered Separation FTDM (6.56%)
Voluntary Placement Agreement FTDM (6.56%)
Non-Separation/Considered Separation FTDM (9.84%)
No FTDM (77.05%)

Figure 13: Voluntary Placement Agreements

Table 27 looks at FTDM types associated with children entering foster care via a VPA, using the same timelines specified for separations. In SFY23, the total number of children entering foster care via a VPA across the state was 61 (Table 27). Only 6.6% of children entering foster care via a VPA had a Voluntary Placement Agreement FTDM occur up to one year before separation (Table 27). The same percentage of children experienced a Separation/Considered Separation FTDM 30 days before or after the separation (Table 27). Overall, only 23.0% of all children entering foster care via a VPA had any type of FTDM take place, meaning that over three quarters (77.0%) of all VPAs were conducted without an associated FTDM (Table 27 & Figure 13). 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.

Table 27: *Voluntary Placement Agreements*

Voluntary Placement Agreements (VPAs)	Frequency	Percent*
Children entering foster care via a VPA	61	--
Separations where a Separation/Considered Separation FTDM Took place	4	6.6%
Separations where a Voluntary Placement Agreement FTDM took place	4	6.6%
Separations where a non-Separation/Considered Separation FTDM took place	6	9.8%
Separations where any FTDM type took place	14**	23.0%

*Note 1. Percentage is the frequency of children with an FTDM type out of the total number of children entering foster care via a VPA (N=61).

**Note 2. Frequency is the sum of Separation/Considered Separation FTDMs, Voluntary Placement Agreement FTDMs, and non-Separation/Considered Separation FTDMs.

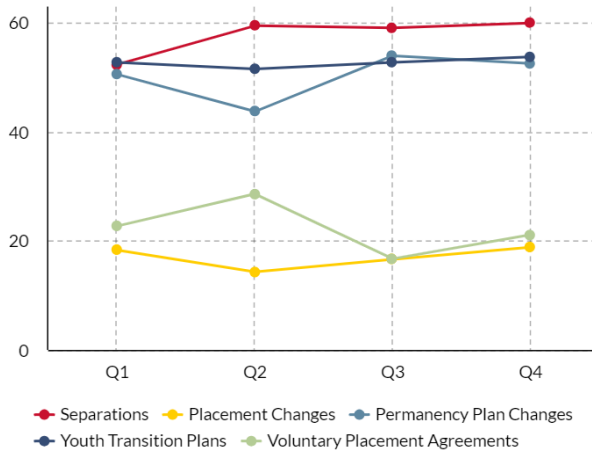## ii. Policy-Identified Intervention Point Events Quarterly Data Comparison

Figure 14: Percent of Policy-Identified Intervention Points Where Any FTDM Type Took Place

Table 28 and Figure 14 look at trends in policy-identified intervention points and their associated FTDMs across the four quarters of SFY23. For separations, the number of children entering the agency's care was highest for Quarter 1 (n=365) (Table 28). The number of children entering foster care decreased in Quarter 2 by 21.1% and subsequently increased throughout Quarters 3 & 4 (Table 28). Conversely, there was an increase in the percent of separations where a Separation/Considered Separation FTDM took place from Quarter 1 (49.6%) to Quarter 2 (57.6%), and this percent stayed relatively consistent for the last two quarters (Table 28). Additionally, there was a similar trend for the percent of separations where any FTDM type took place, with the greatest percentage of FTDMs of any type occurring in SFY23 Quarter 4 (59.9%) (Table 28 & Figure 14).

The number of children who had a placement change decreased from Quarter 1 (n=1,205) to Quarter 2 (n=1,030) and remained relatively stable in the last two quarters (Table 28). The quarterly trends for this policy-identified intervention point varied based on FTDM type. The percent of children with placement changes who had a Placement Stability FTDM dipped in Quarter 2 and Quarter 4, while the percent of children with placement changes who had a non-Placement Stability FTDM decreased for the first three quarters and increased in Quarter 4 (Table 28). The percentage of children with placement changes who had an associated FTDM of any type decreased from Quarter 1 (18.3%) to Quarter 2 (14.3%) and then increased for the reaming two quarters (Table 28 & Figure 14). Of all the policy-identified intervention points, placement changes were the least likely to have an associated FTDM each quarter (Table 28 & Figure 14).

Regarding permanency plan changes, Quarter 3 had the highest number of children with a change in permanency plan (n=191) and the highest percent of permanency plan changes with an associated Permanency Planning FTDM (45.0%) and any FTDM type (53.9%) (Table 28). There was a significant dip in the number of permanency plan changes between Quarter 3 and Quarter 4, decreasing by 36.1% (Table 28). However, this decrease did not result in a significant change in the number of permanency plan changes where any FTDM type took place between these two quarters (Table 28).

The number of youth transitionals decreased initially between Quarter 1 (n=1,484) and Quarter 2 (n=1,457), then remained stable throughout the remaining quarters, suggesting that the number of youth transitionals exiting foster care was greater than the number of youth becoming youth transitionals only for the first two quarters (Table 28). The percentage of youth transitionals who experienced any FTDM type remained relatively stable across all four quarters (Table 28 & Figure 14). This consistency may be related to the considerable overlap between youth transtionals since youth transitionals can be counted in

multiple quarters. For instance, if a youth transitional from Quarter 1 did not leave foster care by the start of Quarter 2 (October 1, 2022), they would be counted in both quarters.

Lastly, the number of children entering foster care via a VPA trended downwards over the first three quarters of SFY23 before increasing in Quarter 4 (Table 28). The percent of VPA separations with an associated Voluntary Placement Agreement FTDM decreased across all four quarters, with Quarter 3 and Quarter 4 having no Voluntary Placement Agreement FTDMs occur at all (Table 28 & Figure 14). Interestingly, in Quarter 4, only non-Separation/Considered Separation FTDMs took place in response to a child entering care via a VPA (Table 28). This raises the question of whether the FTDM types being used for this policy-identified intervention point are the most appropriate given the circumstances.

Table 28: *Policy-Identified Intervention Point Events Quarterly Data Comparison*

Separations	SFY23 Q1*	SFY23 Q2*	SFY23 Q3	SFY23 Q4
Children entering foster care	365	288	329	344
Separations where a Separation/Considered Separation FTDM Took place	49.6%	57.6%	57.1%	57.6%
Separations where a Voluntary Placement Agreement FTDM took place	0.0%	0.0%	0.0%	0.6%
Separations where a non-Separation/Considered Separation FTDM took place	2.7%	1.7%	1.8%	1.7%
Separations where any FTDM type took place	52.3%	59.4%	59.0%	59.9%
Placement Changes	SFY23 Q1*	SFY23 Q2*	SFY23 Q3	SFY23 Q4
Children with a placement change	1,205	1,030	1,026	1,021
Placement changes where a Placement Stability FTDM took place	7.6%	5.3%	9.4%	7.8%
Placement changes where a non-Placement Stability FTDM took place	10.7%	8.9%	7.2%	11.0%
Placement changes where any FTDM type took place	18.3%	14.3%	16.6%	18.8%
Permanency Plan Changes	SFY23 Q1*	SFY23 Q2*	SFY23 Q3	SFY23 Q4
Children with a change in permanency plan	188	183	191	122
Permanency plan changes where a Permanency Planning FTDM took place	34.0%	30.6%	45.0%	42.6%
Permanency plan changes where a non-Permanency Planning FTDM took place	16.5%	13.1%	8.9%	9.8%
Permanency plan changes where any FTDM type took place	50.5%	43.7%	53.9%	52.5%
Youth Transitionals	SFY23 Q1*	SFY23 Q2*	SFY23 Q3	SFY23 Q4
Youth transitionals	1,484	1,457	1,456	1,457
Youth transitionals who had a Transition FTDM	43.5%	42.3%	41.8%	39.7%
Youth transitionals who had a non-Transition FTDM	9.2%	9.1%	10.9%	14.0%
Youth transitions who had any FTDM type	52.7%	51.5%	52.7%	53.7%
Voluntary Placement Agreements (VPAs)	SFY23 Q1*	SFY23 Q2*	SFY23 Q3	SFY23 Q4
Children entering foster care via a VPA	22	14	6	19
Separations where a Separation/Considered Separation FTDM Took place	13.6%	7.1%	0.0%	0.0%
Separations where a Voluntary Placement Agreement FTDM took place	9.1%	7.1%	16.7%	0.0%

Separations where a non-Separation/Considered Separation FTDM took place	0.0%	14.3%	0.0%	21.1%
Separations where any FTDM type took place	22.7%	28.6%	16.7%	21.1%

*Note. There are slight discrepancies between the data presented in this report and the *SFY23 Semi-Annual Report* for Quarter 1 and Quarter 2 that may be caused by late date entry, changes to the administrative data system, and/or revisions to the process for identifying placement changes.

IV. FUTURE STEPS AND RECOMMENDATIONS

FTDM Feedback Survey
- Continued use of the survey statewide will provide valuable feedback on the FTDM process in order to improve the quality of the practice.
  - The FTDM Feedback Survey will continue to be assessed and reevaluated. Relevant changes will continue to be made as needed through collaboration with FTDM facilitators and SSA leadership.
  - Technical assistance will continue to be provided to jurisdictions that require assistance in survey implementation.
  - SSA leadership will address any other issues regarding FTDM Feedback Surveys with specific jurisdictions.
- Quantitative and qualitative feedback from the survey has been used to identify actionable changes and supports that can be implemented to improve the FTDM process.
  - The UMSSW and SSA leadership has created a brochure that explains the FTDM process and is projected to be shared with families in SFY24.
  - The UMSSW and SSA leadership has revised the consent form and will improve the confidentiality agreement by shortening the length of the agreement and revising the language used to make it more accessible to youth and families.

LDSS Self-Reports
- The LDSS Self-Report is completed monthly by FTDM facilitators or an alternate staff member and provides a convenient, defined, user-friendly method of collecting FTDM practice data measures that are not yet available in CJAMS. The self-report will continue to capture the following facilitated meeting elements: facilitated meetings conducted, facilitated meeting types and program types, facilitated meeting participants, and facilitated meeting outcomes.
  - The LDSS Self-Report has been revised for SFY24 based on FTDM facilitator feedback. These revisions are expected to enhance data accuracy by supporting the consistent interpretation and completion of the LDSS Self-Report across the state and improve the relevancy of data report-outs by aligning the facilitated meeting outcomes with practice improvement efforts. The LDSS Self-Report will continue to be revised as needed on an ongoing basis based on continual feedback streams from FTDM facilitators and SSA leadership as well as further amendments to the family teaming policy.
  - The UMSSW will continue to provide technical assistance to local jurisdictions to ensure accurate data collection using the LDSS Self-Reports.
  - 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
- Improving data quality in SFY23 includes supporting improvements to current data entry and data extraction, as well as providing consultation for the administrative data system.
  - The UMSSW will continue to provide consultation for the administrative data system to allow for accurate and effective data entry of FTDM data.

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 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.
- Improve family participation in FTDMs and other facilitated meetings to ensure families are receiving the appropriate services and support to meet their needs.
- Better teaming practices with youth and families during FTDMs through the conscious implementation of the IPM core principles with the goal of increasing youth and families' satisfaction with FTDMs.

V. APPENDIX

A. FTDM Feedback Surveys

FTDM Feedback Survey – Facilitator

Form ID:

☐☐ - ☐☐ / ☐☐ / ☐☐ - ☐☐

Jurisdiction: _____

1. **What was the reason for the meeting?** (Please check one)

☐ Separation/Considered Separation   ☐ Placement Stability   ☐ Permanency Planning
☐ Youth Transition Planning   ☐ Voluntary Placement Agreement

2. Please indicate the number of participants for each role.

Role	# of People Invited	# of People Participated	# of Surveys Distributed
Youth – Focus of the Meeting			
Youth's Sibling			
Biological Mother			
Biological Father			
Adoptive Parent			
Foster Parent			
Other Family			
Non-Relative Support			
DSS Worker/Supervisor			
TFC Worker/Supervisor			
Attorney/Court Representative			
Educational Representative			
Mental Health Provider			
Other Professional			

3. Youth Demographic Information: Please answer the following questions based on the youth for whom the FTDM was held. You may enter up to four youth.

	Youth 1	Youth 2	Youth 3	Youth 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 ☐ Other Gender Identity ☐ Undisclosed	☐ Male ☐ Female ☐ Transgender ☐ Other Gender Identity ☐ Undisclosed	☐ Male ☐ Female ☐ Transgender ☐ Other Gender Identity ☐ Undisclosed	☐ Male ☐ Female ☐ Transgender ☐ Other Gender Identity ☐ Undisclosed
C. Race/ Ethnicity (Select all that apply)	☐ African American/ Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish	☐ African American/ Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish	☐ African American/ Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish	☐ African American/ Black ☐ Asian/Pacific Islander ☐ Hispanic/Latinx/ Spanish

	☐ Native American ☐ White ☐ Other	☐ Native American ☐ White ☐ Other	☐ Native American ☐ White ☐ Other	☐ Native American ☐ White ☐ Other
D. Outcome as a result of the FTDM (Select <u>all</u> that apply)	☐ Separation ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____	☐ Separation ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____	☐ Separation ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____	☐ Separation ☐ Diversion ☐ Permanency Plan Change ☐ Reunification ☐ Placement Change ☐ Placement Stabilization ☐ Youth Transition Plan ☐ VPA ☐ Other _____

4. What did you think about the FTDM? Please check one box per statement that best describes your opinion. If it does not apply, choose 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 was given the opportunity to share their goals.						
5. The family's strengths were discussed at the meeting.						
6. The family's needs were discussed at the meeting.						
7. The team discussed services that could help meet the family's needs.						
8. The team was considerate of the family's cultural background.						
9. We worked as a team during the meeting.						
10. The plan protects the youth's safety.						
11. The plan addresses the reason why the meeting was held.						
12. I believe that the plan created will help the family/youth achieve their goals.						
13. The family's strengths were considered when developing the plan.						
14. The plan addresses the family's identified needs.						
15. Overall, I am satisfied with the FTDM.						

The following questions are about FTDM practice overall and your demographics. If this is your first time completing an FTDM Feedback Survey this month, please continue on to the remaining questions. If you have completed this survey in its entirety once already this month, you may stop here.

5. How could the FTDM process be improved? Please write your response in the box below.

6. Virtual meetings. Please check one box per statement that best describes your opinion. If it does not apply, choose N/A.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The option to participate virtually makes it easier for participants to attend the FTDM.						
2. Virtual FTDMs make it difficult to work as a team.						
3. Virtual FTDMs should continue to be offered.						
4. Additional tech support is needed to help support FTDMs in a virtual environment.						
Additional feedback on virtual meetings:						

7. How long have you been an FTDM Facilitator?

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

8. Gender: (Please check one)

☐ Male   ☐ Female   ☐ Transgender
☐ Other Gender Identity   ☐ I do not want to respond

9. Race: (Please check <u>all</u> that apply)

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

Thank you for your feedback!

FTDM Feedback Survey – Professional

Thank you for attending today's Family Team Decision Meeting (FTDM). This survey asks about your experience in today's FTDM and will take between five and ten minutes to complete. The feedback you provide below will help to improve FTDM practice across the state.

Facilitators only – Please complete this section prior to distributing the survey.

Form ID: ☐☐ - ☐☐ / ☐☐ / ☐☐ - ☐☐

Jurisdiction: _____

1. **What is your relationship to the youth at the FTDM?** (Please check one)

☐ Agency Attorney
☐ Child Attorney
☐ Parent/Guardian Attorney
☐ Court Representative
☐ CASA Staff
☐ Mental Health Provider

☐ Ready by 21 Staff
☐ Independent Living Coordinator
☐ Kinship Navigator
☐ Educational Representative
☐ DJS Representative
☐ Family Support Worker

☐ TFC Worker/Supervisor
☐ Resource Worker
☐ Intern
☐ Other:
_____

2. What did you think about the FTDM? Please check one box per statement that best describes your opinion. If it does not apply, choose 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 was given the opportunity to share my input with the team.						
4. The family was given the opportunity to share their goals.						
5. I helped make decisions at the meeting.						
6. The family's strengths were discussed at the meeting.						
7. The family's needs were discussed at the meeting.						
8. The team discussed services that could help meet the family's needs.						
9. The team was considerate of the family's cultural background.						
10. We worked as a team during the meeting.						
11. The plan protects the youth's safety.						
12. The plan addresses the reason why the meeting was held.						
13. I believe that the plan created will help the family/youth achieve their goals.						
14. The family's strengths were considered when developing the plan.						
15. The plan addresses the family's identified needs.						
16. I understand what the next steps are.						
17. Overall, I am satisfied with the FTDM.						

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 N/A.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The facilitator treated me with respect.						
2. The facilitator kept the group focused.						
3. The facilitator made sure my voice was heard.						

5. Virtual meetings. Please check one box per statement that best describes your opinion. If you did not attend the FTDM virtually, please choose "I did not attend the FTDM virtually."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I did not attend the FTDM virtually.
1. The option to participate virtually made it easier for me to attend the FTDM.						
2. The virtual FTDM made it difficult to work as a team.						
3. Virtual FTDMs should continue to be offered.						

6. How could the FTDM process be improved? Please write your response in the box below.

8. Gender: (Please check one)

☐ Male   ☐ Female   ☐ Transgender
☐ Other Gender Identity   ☐ I do not want to respond

9. Race: (Please check all that apply)

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

10. How long have you been in your profession? _____ years _____ months

11. What is the highest degree you have completed? (Please check one)

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

12. What is the highest licensure you have completed? (Please check one)

☐ LMSW   ☐ LCSW-C   ☐ LCPC
☐ Juris Doctor (J.D.)   ☐ I do not have a license ☐ I do not want to respond
☐ Other: _____

Thank you for your feedback!

FTDM Feedback Survey – DSS Caseworker/Supervisor

Facilitators only – Please complete this section prior to distributing the survey.

Form ID: ☐☐ - ☐☐ / ☐ / ☐☐ - ☐☐

Jurisdiction: _____

1. **What is your relationship to the youth at the FTDM?** (Please check one)

☐ DSS Caseworker   ☐ DSS Supervisor

2. Planning for the FTDM. Please check one box per statement that best describes your opinion. If it does not apply to you and your work with the family, choose N/A.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I included the family in the decision to have this meeting.						
2. I told the family when the meeting would be held in a timely manner.						
3. I explained the purpose of the meeting to the family.						
4. I told the family who would be at the meeting.						
5. I asked if there was anyone the family wanted at the meeting.						

3. What did you think about the FTDM? Please check one box per statement that best describes your opinion. If it does not apply, choose N/A.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Everyone who needed to be at the meeting was there.						
2. I was given the opportunity to share my input with the team.						
3. The family was given the opportunity to share their goals.						
4. I helped make decisions at the meeting.						
5. The family's strengths were discussed at the meeting.						
6. The family's needs were discussed at the meeting.						
7. The team discussed services that could help meet the family's needs.						
8. The team was considerate of the family's cultural background.						
9. We worked as a team during the meeting.						
10. The plan protects the youth's safety.						
11. The plan addresses the reason why the meeting was held.						
12. I believe that the plan created will help the family/youth achieve their goals.						
13. The family's strengths were considered when developing the plan.						

14. The plan addresses the family's identified needs.					
15. I understand what the next steps are.					
16. Overall, I am satisfied with the FTDM.					

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 N/A.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The facilitator treated me with respect.						
2. The facilitator kept the group focused.						
3. The facilitator made sure my voice was heard.						

5. Virtual meetings. Please check one box per statement that best describes your opinion. If you did not attend the FTDM virtually, please choose "I did not attend the FTDM virtually."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I did not attend the FTDM virtually.
1. The option to participate virtually made it easier for me to attend the FTDM.						
2. The virtual FTDM made it difficult to work as a team.						
3. Virtual FTDMs should continue to be offered.						

6. How could the FTDM process be improved? Please write your response in the box below.

8. Gender: (Please check one)

☐ Male   ☐ Female   ☐ Transgender
☐ Other Gender Identity   ☐ I do not want to respond

9. Race: (Please check all that apply)

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

10. How long have you been working in public child welfare? _____ years _____ months

11. How long have you been in your current role at this DSS? _____ years _____ months

12. What is the highest degree you have completed? (Please check one)

☐ High School Diploma/GED   ☐ Some College   ☐ BSW   ☐ Other Bachelor's Degree
☐ Doctorate's Degree   ☐ Associate's Degree   ☐ MSW   ☐ Other Master's Degree
☐ I do not want to respond   ☐ Other: _____

13. What is the highest licensure you have completed? (Please check one)

☐ LMSW   ☐ LCSW-C   ☐ Juris Doctor (J.D.)   ☐ LCPC
☐ I do not have a license   ☐ I do not want to respond   ☐ Other: _____

Thank you for your feedback!

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FTDM Feedback Survey – Youth/Family

Thank you for attending today's Family Team Decision Meeting (FTDM). This survey asks about your experience in today's FTDM and will take between five and ten minutes to complete. The feedback you provide below will help to improve FTDM practice across the state.

Facilitators only – Please complete this section prior to distributing the survey.

Form ID: ☐☐ - ☐☐ / ☐☐ / ☐☐ - ☐☐

Jurisdiction: _____

1. **What is your relationship to the youth at the FTDM?** (Please check one)

☐ Youth – Focus of the Meeting
☐ Youth's Sibling
☐ Biological Mother
☐ Biological Father
☐ Step-Parent

☐ Parent's Significant Other
☐ Foster Parent
☐ Therapeutic Foster Parent
☐ Adoptive Parent
☐ Maternal Relative

☐ Paternal Relative
☐ Family Friend
☐ Other:
_____

2. Planning for the FTDM. Please check one box per statement that best describes your opinion. If it does not apply, choose N/A.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I was included in the decision to have this meeting.						
2. I was told in a timely manner when the meeting would be held.						
3. The purpose of the meeting was explained to me.						
4. I was told who would be at the meeting.						
5. I was asked if there was anyone I wanted at the meeting.						
6. Overall, I am satisfied with how the agency worked with me to plan for this meeting.						

3. What did you think about the FTDM? Please check one box per statement that best describes your opinion. If it does not apply, choose 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 comfortable sharing my thoughts at the meeting.						
4. My family and I were given the opportunity to share our goals.						
5. What the agency wants for me and my family is the same as what I want.						
6. My family and I helped make decisions at the meeting.						

7. My family's strengths were discussed at the meeting.					
8. My family's needs were discussed at the meeting.					
9. The team discussed services that could help meet my family's needs.					
10. The team was considerate of my family's cultural background.					
11. We worked as a team during the meeting.					
12. The plan addresses what is important to my family.					
13. I believe that the plan created will help us achieve our goals as a family.					
14. My family's strengths were considered when developing the plan.					
15. I understand what the next steps are.					
16. Overall, I am satisfied with the FTDM.					

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 N/A.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The facilitator treated me with respect.						
2. The facilitator kept the group focused.						
3. The facilitator made sure my voice was heard.						

5. Virtual meetings. Please check one box per statement that best describes your opinion. If you did not attend the FTDM virtually, please choose "I did not attend the FTDM virtually."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I did not attend the FTDM virtually.
1. The option to participate virtually made it easier for me to attend the FTDM.						
2. The virtual FTDM made it difficult to work as a team.						
3. Virtual FTDMs should continue to be offered.						

6. How could the FTDM process be improved for youth/families? Please write your response in the box below.

The following questions ask about your demographics. Your answers in this section have no impact on the previous feedback provided about your experience. Your responses are anonymous. If you do not feel comfortable responding, please choose "I do not want to respond."

7. What is your age? Age: _____   or   ☐ I do not want to respond

8. Gender: (Please check one)

☐ Male   ☐ Female   ☐ Transgender
☐ Other Gender Identity   ☐ I do not want to respond

9. Race: (Please check <u>all</u> that apply)

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

10. Marital Status: Please check your <u>current</u> marital status if you are 15 years old or older.

☐ Never married   ☐ Married   ☐ Separated
☐ Divorced   ☐ Widowed   ☐ Domestic Partnership
☐ I don't want to respond

11. Education: Please select your highest level of education.

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

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Thank you for completing the survey. In order to receive your $10 electronic gift card, please clearly write your email below. Due to the time it takes to mail surveys, you will receive your electronic gift card no later than [insert date]. Please note that your email will be kept confidential and only used to distribute your electronic gift card.

Email: _____

Thank you for your feedback!

B. LDSS Self-Report Data

Tables 29 and 30 contain the LDSS Self-Report data that was submitted by each jurisdiction during SFY23 (July 1, 2022 – June 30, 2023). Please note that data is missing from Baltimore City and Cecil County. Baltimore City did not submit any data for the entirety of the reporting timeframe. Cecil County was unable to submit complete data for eight months of the reporting timeframe (November 2022 – June 2023); thus, this data was excluded.

Table 29: *Maryland Total LDSS Self-Report Data: SFY23 Q1 & Q2*

FTDM Information	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Facilitated Meetings Completed	185	238	237	187	179	137
a. FTDMs Completed	123	144	164	114	116	82
b. Youth Transition Planning Meetings Completed	55	75	64	64	56	45
c. Facilitated Family Meetings Completed	7	19	9	9	7	10
d. QRTP Planning Meetings	--	--	--	--	--	0
Facilitated Meetings Scheduled but Not Completed	17	30	33	34	23	26
a. Separation/Considered Separation FTDMs Scheduled but Not Completed	6	4	11	4	6	8
b. Placement Stability FTDMs Scheduled but Not Completed	2	5	1	6	3	3
c. Permanency Planning FTDMs Scheduled but Not Completed	3	5	5	1	3	3
d. Voluntary Placement Agreement FTDMs Scheduled but Not Completed	0	0	1	0	0	1
e. Youth Transition Planning Meetings Scheduled but Not Completed	4	16	14	22	11	10
f. Facilitated Family Meetings Scheduled but Not Completed	2	0	1	1	0	1
g. QRTP Planning Meetings Scheduled but Not Completed	--	--	--	--	--	0
Facilitated Meeting Participants	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Parent/Legal Guardian Participants	164	227	233	182	173	123
Child/Youth Participants	100	115	113	99	90	69
Relative Participants	114	178	158	114	120	90
Service Provider/Community Participants	321	426	359	313	283	207
Resource Parent Participants	49	62	58	71	50	51
Private Provider Participants	85	99	97	62	51	54
Other Support Role Participants	31	60	36	51	42	23
LDSS Staff Participants	572	695	739	629	588	412
School System Participants	24	24	37	28	22	15
Total	1,460	1,886	1,830	1,549	1,419	1,044
FTDMs by Policy-Identified Intervention Points	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Separation/Considered Separation FTDM	69	72	84	60	59	38
a. FTDMs Prior to Separation	54	63	68	49	49	34

b. FTDMs After Separation	15	8	16	11	10	4
Placement Stability FTDM	29	32	35	27	38	27
a. Emergency Placement Change FTDM	12	9	15	13	20	10
b. Planned Placement Change FTDM	17	23	20	14	18	17
Permanency Planning FTDM	22	37	39	25	17	14
Voluntary Placement Agreement FTDM	3	3	6	2	2	3
Total	123	144	164	114	116	82
Child Information	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Children Discussed in Facilitated Meetings	236	309	288	255	232	174
Facilitated Meetings by Program Type	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Investigative Response Cases	29	25	30	29	31	16
Family Preservation/In-Home Services	8	9	12	6	7	10
Out-of-Home Services	1	5	6	3	5	5
Alternative Response Cases	28	39	36	29	15	15
Non-CPS Cases	113	157	147	118	118	87
Auxiliary Services/VPA Cases	5	3	6	2	3	4
Total	184	238	237	187	179	137
Continuing Services	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Families Referred to Services	35	52	50	51	50	39
a. Families Referred to In-Home Services	11	24	18	21	26	19
a-1. Children Referred to In-Home Services	24	31	32	31	51	29
b. Families Referred to Community Services	24	28	32	30	24	20
Facilitated Meeting Outcomes	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Out-of-Home Placements Diverted	49	71	77	74	67	53
Children Remaining or Placed with Parents	33	50	56	54	50	30
a. Children Remaining with Parents	26	32	49	46	38	24
b. Children Placed with Parents	7	18	7	8	12	6
Children Diverted or Placed with Relatives	28	39	37	19	37	29
a. Children Diverted with a Relative	15	26	21	15	26	25
b. Children Placed with a Relative	13	13	16	4	11	4
Children Diverted or Placed with Fictive Kin	8	12	6	11	2	2
a. Children Diverted with a Fictive Kin	6	8	3	6	0	0
b. Children Placed with a Fictive Kin	2	4	3	5	2	2

Table 30: *Maryland Total LDSS Self-Report Data: SFY23 Q3 & Q4*

FTDM Information	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Facilitated Meetings Completed	196	182	235	202	199	185
a. FTDMs Completed	131	109	149	134	124	117
b. Youth Transition Planning Meetings Completed	46	59	68	55	54	48
c. Facilitated Family Meetings Completed	19	12	17	11	20	20
d. QRTP Planning Meetings	0	2	1	2	1	0
Facilitated Meetings Scheduled but Not Completed	25	22	24	30	22	25
a. Separation/Considered Separation FTDMs Scheduled but Not Completed	5	4	5	7	3	6

b. Placement Stability FTDMs Scheduled but Not Completed	5	1	1	5	3	3
c. Permanency Planning FTDMs Scheduled but Not Completed	0	1	4	2	3	4
d. Voluntary Placement Agreement FTDMs Scheduled but Not Completed	1	0	0	0	0	1
e. Youth Transition Planning Meetings Scheduled but Not Completed	13	12	13	13	12	7
f. Facilitated Family Meetings Scheduled but Not Completed	1	4	1	3	1	4
g. QRTP Planning Meetings Scheduled but Not Completed	0	0	0	0	0	0
Facilitated Meeting Participants	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Parent/Legal Guardian Participants	192	171	211	202	197	175
Child/Youth Participants	84	84	119	96	86	89
Relative Participants	138	102	177	147	171	100
Service Provider/Community Participants	314	299	391	315	286	314
Resource Parent Participants	57	59	75	49	62	69
Private Provider Participants	78	68	108	94	78	87
Other Support Role Participants	55	43	61	33	37	52
LDSS Staff Participants	635	589	776	662	571	550
School System Participants	45	26	52	25	18	25
Total	1,598	1,441	1,970	1,623	1,506	1,461
FTDMs by Policy-Identified Intervention Points	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Separation/Considered Separation FTDM	68	50	66	76	64	54
a. FTDMs Prior to Separation	51	40	56	54	50	42
b. FTDMs After Separation	17	10	10	22	14	12
Placement Stability FTDM	32	36	47	31	31	37
a. Emergency Placement Change FTDM	14	16	22	13	5	9
b. Planned Placement Change FTDM	18	20	25	18	26	28
Permanency Planning FTDM	28	22	32	25	27	21
Voluntary Placement Agreement FTDM	3	2	4	2	2	5
Total	131	110	149	134	124	117
Child Information	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Children Discussed in Facilitated Meetings	274	225	316	284	275	243
Facilitated Meetings by Program Type	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Investigative Response Cases	38	22	26	36	27	28
Family Preservation/In-Home Services	7	6	7	11	10	5
Out-of-Home Services	10	6	8	2	2	4
Alternative Response Cases	24	26	33	30	29	23
Non-CPS Cases	111	120	154	121	128	122
Auxiliary Services/VPA Cases	5	0	6	2	3	3
Total	195	180	234	202	199	185
Continuing Services	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Families Referred to Services	55	32	47	54	57	39
a. Families Referred to In-Home Services	18	12	17	23	19	13
a-1. Children Referred to In-Home Services	42	25	34	41	30	24

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
b. Families Referred to Community Services	37	20	31	31	38	26
Facilitated Meeting Outcomes	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Out-of-Home Placements Diverted	73	58	95	102	82	80
Children Remaining or Placed with Parents	60	39	49	55	53	71
a. Children Remaining with Parents	53	32	42	49	51	58
b. Children Placed with Parents	7	7	7	6	2	13
Children Diverted or Placed with Relatives	21	35	59	54	42	29
a. Children Diverted with a Relative	13	21	35	44	26	17
b. Children Placed with a Relative	8	14	24	10	16	12
Children Diverted or Placed with Fictive Kin	15	5	16	7	3	3
a. Children Diverted with a Fictive Kin	7	3	11	5	2	2
b. Children Placed with a Fictive Kin	8	2	5	2	1	1