



Iowa Department of Human Services

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December 13, 2013

GENERAL LETTER NO. 17-AP-27

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 17, **CHILD WELFARE APPENDIX**, pages 210c, 210d, 210f, and 211, revised; and the following forms:

470-5176	<i>Youth Transition Decision-Making (YTDM) Youth's Dream Path</i> , revised
Comm. 439	<i>Family Team and Youth Transition Decision-Making (FTDM/YTDM) Facilitator Approval</i> , revised
Comm. 440	<i>Family Team and Youth Transition Decision-Making (FTDM/YTDM) Coaching and Mentoring Guidelines</i> , revised

Summary

Chapter 17-Appendix is revised to:

- ◆ Update the instructions to form 470-5161, *Youth Transition Decision-Making (YTDM) Meeting Notes*, to connect to the Dream Path.
- ◆ Change form 470-5176, *Youth Transition Decision-Making (YTDM) Youth's Dream Path*, to allow the form to expand to accommodate entries.
- ◆ Change Comm. 439, *Family Team and Youth Transition Decision-Making (FTDM/YTDM) Facilitator Approval*, to renumber the pages within the document and to add numbers before the questions identified on the survey.
- ◆ Change Comm. 440, *Family Team and Youth Transition Decision-Making (FTDM/YTDM) Coaching and Mentoring Guidelines*, to renumber the pages within the document.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 17, Appendix:

<u>Page</u>	<u>Date</u>
210c, 210d	October 4, 2013
470-5176	9/13
210f, 211	October 4, 2013
Comm. 439	9/13
Comm. 440	9/13

Additional Information

Refer questions about this general letter to your area service administrator.

The five fostering connections areas consist of the following broad areas of functioning (each area has related subcategories):

- ◆ **Education.** Academic performance, graduation date, GED or high school diploma, extracurricular activities, job training options, IEP, financial aid, ACT/SAT/COMPASS tests.
- ◆ **Employment.** Transportation needs, dressing for success, vocational rehabilitation, application and interview skills, maintaining employment, resume, informal support.
- ◆ **Health.** Insurance cards (medical, dental, vision), access to a physician, medication management, SSI, physical health, hygiene, mental health, reproductive health.
- ◆ **Housing.** Safe, affordable and stable, after 18, SAL, PAL, current housing.
- ◆ **Supportive Relationships.** Aftercare, healthy family connections, peers, AMP, adult services, permanency pact, community connections, mentors, church.
- ◆ **Other.** Discuss financial management, life skills, vital documents (birth certificate, Social Security card, driver's license or state picture identification, Selective Service, healthcare proxy, etc.).

NOTE: Discuss concurrent planning and permanency goals, any interstate compact issues, child and family cultural factors, language barriers, or if the Indian Child Welfare Act applies.

Complete the stabilization section of the YTDM youth plan by working through each of the five fostering connections categories from left to right. The far left column is available to write the current or 'Now' situation for the youth. Under the column, "What will happen," establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

Establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

After reviewing the strengths, needs, and goals for each area, identify the strategies, services, and informal supports that may be helpful to achieving the goals.

- ◆ In each area where goals are identified, list the steps necessary to bring about the changes needed to accomplish the goal for that domain. The steps should clearly identify:
 - Who is responsible,
 - What do they agree to do, and
 - By when.
- ◆ Document the date for when the goal was completed or modified.

Crisis Plan. Identify and discuss what will be done if some part of the plan breaks down and a crisis happens.

Identify the risks and necessary steps needed to address the risk. The steps should clearly identify when and dated when completed or if ongoing.

Signatures and Notifications. Enter the name of invited team members, including their role, contact information, and whether or not they attended the YTDM meeting.



Youth Transition Decision-Making (YTDM) Youth's Dream Path

Case Information

Youth Name

Parent/Caregiver Name

Parent/Caregiver/Noncustodial Names

Date of YTDM

Next YTDM Meeting

Facilitator Name

Facilitator Approval Number

Next Court Hearing Date and Time

Type of Hearing

Desired Outcomes of this Meeting

The Dream Path



Date:

Now	What will happen	Who will help me	0 – 3 months	4 – 9 months
Education				
Employment				
Health				
Housing				
Supportive Relationships				
Plan B				

The five Fostering Connections areas are:

- ◆ Education
- ◆ Employment
- ◆ Health
- ◆ Housing
- ◆ Supportive Relationships

Complete the stabilization section of the YTDM youth plan by working through each of the five fostering connections categories from left to right. The far left column is available to write the current or 'Now' situation for the youth. Under the column, "What will happen," establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

After reviewing the strengths, needs, and goals for each area, identify the "Who will help me" (services or supports that may be helpful) to achieving the goals.

In each category list the action steps needed to achieve the goal. The steps should clearly identify:

- ◆ If youth is in agreement;
- ◆ Who is responsible;
- ◆ What do they agree to do; and
- ◆ By when, which is documented under either the 0 to 3 months column or the 4 to 9 months column.

Crisis Plan (Plan B). Identify and discuss what will be done if some part of the plan breaks down and a crisis happens.

Identify the risks and necessary steps needed to address the risk. The steps should clearly identify when and dated when completed or if ongoing.

To move into the Dream Path phase. Each YTDM meeting begins with a review of the five Fostering Connections areas to determine if changes or adaptations need to be made. Once the youth has achieved stability, the longer range planning can begin. The 'Dream' written in the 'cloud' on the far right of the document is reviewed and steps are determined to head in that direction. Action plans are developed with a six to nine months' time frame.

Each additional meeting of the team can look ahead further. The youth will be fully listened to and have input every step of the way. If there is disagreement, take the time to discuss the issue and resolve it before moving forward.

Each meeting covers strengths of the youth and a review of the previous assignments. A new Plan B will be established each meeting as well. Completion of the YTDM process is determined by the youth and the team. It can continue informally after the youth ages out of the system, if desired.



Family Team and Youth Transition Decision-Making (FTDM/YTDM)

Facilitator Approval

Protocol for Approving FTDM Facilitators

The competency of a facilitator is determined by demonstrated knowledge and skills. At a minimum, facilitators are approved by DHS when they have:

- Completed DHS-approved Facilitator Training;
- Completed a family team decision-making meeting as co-facilitator with an approved coach and mentor who has provided coaching and written feedback; and
- Completed a family team decision-making meeting as lead-facilitator with an approved coach and mentor who has provided coaching and written feedback.

Protocol for Approving YTDM Facilitators

You must meet all of the requirements above for FTDM, in addition to the following:

- Completed DHS-approved YTDM Facilitator Training;
- Completed a youth transition decision-making team meeting as co-facilitator with an approved coach and mentor who has provided coaching and written feedback; and
- Completed a youth transition decision-making team meeting as lead-facilitator with an approved coach and mentor who has provided coaching and written feedback.

Request for Approval

- For FTDM/YTDM facilitator approval, send the application to:
[YOUR SERVICE AREA CONTACT]
- A statewide approval list will be maintained by the service areas at that will include:
 - Facilitator number, name, and contact information;
 - Agency name, number, and phone (if applicable);
 - DHS or private designation; and
 - Date of approval and name of the person approving.
- DHS local office will receive and process applications within 20 business days. If approval is not given, reasons will be provided with an opportunity to resubmit the application for approval when the reasons are ameliorated.

Transition Process

- All current FTDM facilitators must complete the refresher course by June 30, 2013.
- The ongoing approval process will begin July 1, 2013, and conclude June 30, 2015, to allow a two year period of six continuing education program hours.
- Facilitators who completed the three day FTDM course or the one day YTDM course before September 1, 2012, must take the refresher course.

If a facilitator completed the training after September 1, 2012, they do not have to attend the refresher course.

During this transition process, any experienced approved facilitator may serve as a coach and mentor in the above requirements.

Request for Re-approval

All individuals wishing to be reapproved as a FTDM/YTDM facilitator will need to submit the following documentation:

- Training certificate or CEUs from required training (six hours of continuing education required every two years); and
- Three satisfactory surveys completed by the parent or caregivers and youth from three separate FTDMs. (For YTDM re-approval, at least one of the three must be YTDM.)

Application for Approval

FTDM Facilitator: Initial Re-approval

YTDM Facilitator: Initial Re-approval

Application

Last Name	First Name
Mailing Address	
Phone	Email
Name of Agency (if applicable)	<input type="checkbox"/> DHS <input type="checkbox"/> Private
Signature	Date

Attach

Initial Approval

- Training certificate or CEUs from required training.
- Verification of being coached by an approved facilitator and copies of written feedback provided by the coach (Required two Family Team Decision-Making Meetings).

Re-approval (two year approval)

- Training certificate or CEUs from required training.
- Completed satisfaction surveys for three separate FTDM completed by parent or caregivers and youth (for YTDM re-approval, at least one of the three must be YTDM).

Approval

Facilitator Number	
Date Approved	Approved By

FTDM/YTDM Facilitator Evaluation Checklist

Role (check one): <input type="checkbox"/> Facilitator <input type="checkbox"/> Co-Facilitator	Date
Name	Family/Youth Name

AREA AND COMPETENCIES	Yes	No	NA	Comments
Preparation				
1. The family and youth understand the purpose and philosophy of the family team or youth transition decision-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Family members and youth are ready, able, safe, and eligible candidates for team participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The right people are invited to the meeting: <ul style="list-style-type: none"> • People necessary for the major decisions to be made. • People invited by the family or youth for their own support. • People invited by the agency for service provision. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Participants know the purpose of the meeting and how to contribute in a positive way by: <ul style="list-style-type: none"> • Coming prepared and ready for decision making. • Speaking to their concerns in constructive ways. • Listening with respect to others' concerns. • Recognizing and building on family and youth strengths and needs. • Sharing information, ideas, and resources. • Keeping personal and confidential information private. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Participants know what to bring to be prepared, as well as, when and where to meet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Logistic arrangements are made, including: <ul style="list-style-type: none"> • Meeting place and time that is mutually convenient for the family and youth and other participants. • Meeting place that is conducive for private and confidential conversations. • The agenda includes any family or youth rituals to begin or end meeting and address all relevant areas of the family's plan. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Facilitator is prepared to accomplish the primary purpose of the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Facilitator and DHS staff is prepared to follow-up on decisions made and on next step plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitation				
9. Convenes the meeting, defines the goals and ground rules of the meeting, introduces participants and their roles, and defines decisions to be made and the possible range of actions to follow decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AREA AND COMPETENCIES	Yes	No	NA	Comments
<p>10. Uses consensus-building decision-making techniques, handles any conflict as it surfaces, selects appropriate idea-building processes, solicits all viewpoints, clarifies options, refocuses as necessary to stay on task and on time, monitors and manages the flow of the discussion to ensure that all are heard and no one dominates, brings discussion to closure with decisions made, and moves on to next steps, assignments and commitments. This is done by:</p> <ul style="list-style-type: none"> • Focusing on results, processes, and relationships. • Designing pathways to action for realizing opportunities, building capacities, and solving problems. • Seeking maximum, appropriate involvement in decisions. • Facilitating the group to build agreements and meet challenges. (What could go wrong with this plan?) • Coaching others to do their best. • Confronting problems honestly and respectfully. • Managing power and control issues that arise. • Balancing family-centered proactive with protective authority to keep children safe and help parents succeed. • Celebrating successes and accomplishments. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Builds an understanding of the family and youth and requirements for safe case closure from assessment information, court requirements, and family and youth team discussions, by using:</p> <ul style="list-style-type: none"> • The family and youth's story, strengths and needs, risks, barriers to family and youth change, and family and youth desires to improve. • Requirements for safe case closure (behavioral changes). • Changes the family and youth must make plus their potential, motivation, and progress as it is being made (prognosis). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Makes decisions, sets goals, secures commitments to:</p> <ul style="list-style-type: none"> • Set goals for change, selects change strategies, plans interventions and support with family and youth and supporters. • Secures commitments from participants for plans made. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service Planning and Follow-up				
<p>13. The family team and youth transition decision-making meeting provides a basis for service planning, coordination, communication, and accountability.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AREA AND COMPETENCIES	Yes	No	NA	Comments
<p>14. The family and youth team develops, monitors, and evaluates an individualized, strengths-based, needs driven service plan that fills safety and permanency requirements while meeting the unique needs of the youth and family identified in the assessment. Via the planning process, the service team assists the family and youth to develop and use a network of informal supports that can help sustain the family and youth over time. The family and youth service plan:</p> <ul style="list-style-type: none"> • Defines agreed upon goals for the family and youth that include a measure of caregiver behavior changes that are consistent with safe case closure requirements. • Focuses on achieving safety, permanency, and well-being. • Addresses the child's needs for attachment, safety, and security. • Plans for family preservation or reunification, as indicated. • Identifies alternative permanency plans, safety plans, crisis plans, and any transition plans that may be necessary. • Uses supports and services that are most likely to work for the family and youth and be a good fit for the family and youth and situation. • Specifies services and supports provided that are culturally competent and community based. • Defines how goals are to be measured via behavior changes. • States consequences of not making behavior changes. • Sets time limits, clear expectations, and alternatives. • Defines accountability for actions of the family and youth and service providers and way that accountability will be ensured. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AREA AND COMPETENCIES	Yes	No	NA	Comments
15. The family and youth team develops, monitors, and evaluates any individualized child service plans for a youth with special needs. The youth service plan (family's plan): <ul style="list-style-type: none"> • Addresses the special needs of the child or youth. • Defines treatment goals and strategies (including an IEP). • Builds resiliency and improves the youth's functioning in daily settings, including home and school. • Uses collaboration as appropriate, between health care, mental health, special education, developmental disabilities, or juvenile justice services. • Provides integration and coordination of services across settings, providers, levels of care, and funding sources. • Provides for age-appropriate transitions. • Prevents unnecessary disruption of the youth's education. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. The effectiveness of each family team and youth transition decision-making meeting is assessed by the team and with adjustments made to improve the ongoing process and results for the family and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. The effectiveness of planned services is evaluated and results are achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments Section

Strengths
Needs and Areas for Improvement
Strategies to Address Needs

This review of my skills has been shared with me.

Facilitator	Date
<input type="checkbox"/> It is my recommendation that this facilitator not be approved as a <input type="checkbox"/> FTDM <input type="checkbox"/> YTDM (check one) facilitator by DHS at this time.	
<input type="checkbox"/> It is my recommendation that this facilitator completes the strategies to address needs and be observed and evaluated before approval as a facilitator.	
<input type="checkbox"/> It is my recommendation that DHS approve this facilitator to conduct FTDM meetings. The facilitator has the skills and has demonstrated competency in FTDM facilitation.	
<input type="checkbox"/> It is my recommendation that DHS approve this facilitator to conduct YTDM meetings. The facilitator has the skills and has demonstrated competency in YTDM facilitation.	
Evaluator	Date
<input type="checkbox"/> Additional comments pages have been attached.	

Family Team and Youth Transition Decision-Making (FTDM/YTDM) Meeting Satisfaction Survey

*We are interested in your opinion. There is no right or wrong answer. By filling out this survey, you can help us learn what parts of our process are most helpful to you, and what we can do to better help families. **Thank you!***

Date of Meeting	Facilitator Name	Facilitator Number
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About You (Please check the box regarding your relationship to the child, children, youth or family.)

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Provider	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Youth	<input type="checkbox"/> Parent partner	<input type="checkbox"/> Attorney/GAL/CASA	<input type="checkbox"/> Family member/friend
<input type="checkbox"/> Social worker	<input type="checkbox"/> Substitute caregiver	<input type="checkbox"/> Other: _____	

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did the time and location of the FTDM/YTDM work for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Before attending, did someone explain the purpose of the FTDM/YTDM? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Before attending, did someone explain the reason for your participation at the FTDM/YTDM? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Were you involved in deciding who would attend your meeting? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did the facilitator make an effort to get the people you wanted at the FTDM/YTDM? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you believe you had an equal chance to offer your ideas? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did the facilitator discuss the need to keep private the personal details of the family and youth? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Overall, I believe the facilitator had the skills, knowledge, and ability to facilitate an effective FTDM/YTDM. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. I am satisfied with the plan that was made.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. I believe the family and youth's strengths were clearly identified.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. I believe the family and youth's needs were clearly identified.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. I feel the plan addressed the immediate safety needs of the family and youth.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. I believe the cultural dynamics of the family and youth were identified and accommodated.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. I believe I played a part in developing the plan.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. I believe that the plan that was developed addressed the family and youth's needs.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. I felt I was treated with respect at the FTDM/YTDM meeting.
If not, why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. If needed, was a Family Interaction Plan developed or reassessed? If yes: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the <i>Family Interaction Plan</i> clearly outline when and how interactions will occur? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the <i>Family Interaction Plan</i> clearly outline and identify what needs to happen to move safely to less supervision or reunification? |



Family Team and Youth Transition Decision-Making (FTDM/YTDM)

Coaching and Mentoring Guidelines

Roles and Responsibilities of Coaches

Family Team/Youth Transition Decision-Making (FTDM/YTDM) Coaching is teaching advanced facilitation skills through modeling quality practice, providing one-on-one instruction, and providing respectful, strength-based evaluation and feedback. It offers opportunities for the learner to:

- Partner with a skilled practitioner in preparing for and facilitating a family team or youth transition decision-making meeting, using the skills practiced in the classroom;
- Be evaluated by a skilled practitioner;
- Receive individualized coaching and strength-based feedback;
- Analyze their own practice;
- Develop a plan for continued learning; and
- Observe the coaching and mentoring process as a participant.

FTDM/YTDM Coaching is required to be an approved facilitator in Iowa and written feedback is completed on the approved form. FTDM/YTDM Coaching is the beginning of continuous personal practice improvement, not the end of learning.

A coach must know and understand their practice skills and abilities. They must know behaviors they demonstrate that contribute to positive outcomes for families, convey their intent to demonstrate, and once demonstrated, be able to point out those skills to a learner. A coach's prerequisite skills and abilities should include:

- Advanced FTDM preparation and facilitation skills;
- Ability to instruct a learner in basic skills and processes;
- Ability to assess a learner's strengths and needs;
- Ability to modify and individualize training to meet the needs of the learner; and
- Ability to provide strength-based feedback.

During the FTDM/YTDM Coaching process the coach is required to:

- Demonstrate the preparation phase, the facilitation phase, and the planning and follow-up phase of a quality family team or youth transition decision-making meeting completing a family's or youth's plan during the meeting;
- Provide individualized instruction of basic skills;

- Support and evaluate the learner’s demonstration of skills and plan for further learning; and
- Provide respectful, strength-based feedback.

Grandfathering Clause

Experienced facilitators may request to be “grandfathered in” as a coach and mentor. Facilitators may request to be “grandfathered in” no later than January 1, 2014.

There are two different ways in which one may request to be “grandfathered in.” The first way to be “grandfathered in” requires the following to be submitted:

- Current FTDM approval number;
- Certificate of attendance for the refresher course before July 1, 2013;
- Evidence of at least six facilitated FTDMs in the past twelve months (For YTDM “grandfathered in” process, at least two of the six must be YTDM.); and
- Completed satisfaction surveys for three separate FTDMs completed by the parent or caregiver and youth. (For YTDM “grandfathered in” process, at least two of the three surveys must be YTDM.)

The second way to be “grandfathered in” requires the following to be submitted:

- Demonstrated completion of an approved coaching and mentoring class; and
- Completed satisfaction surveys for three separate FTDMs completed by the parent or caregiver and youth. (For YTDM “grandfathered in” process, at least two of the three surveys must be YTDM.)

Facilitators requesting to become coach and mentors after January 1, 2014, must comply with the following protocol.

Protocol for Approving FTDM/YTDM Coaches and Mentors

The competency of a coach and mentor is determined by demonstrated knowledge and skills. At a minimum, coaches and mentors are approved by DHS when they have:

- Completed all of the requirements to be a DHS-approved facilitator;
- Completed the required training for coaches and mentors of FTDM/YTDM facilitators;
- Completed an application to be a coach and mentor for family team or youth transition decision-making meeting facilitators; and
- Submitted two recommendations from those who have participated in at least two FTDMs or YTDMs facilitated by the applicant.

Request for Approval

- For FTDM/YTDM coach and mentor approval, send the application to:
[YOUR SERVICE AREA CONTACT]
- A statewide approval list will be maintained by the service areas that will include:
 - Coach and mentor number, name, and contact information;
 - Agency name, number, and phone (if applicable);
 - DHS or private designation;
 - Date of approval and name of the person approving; and
 - Geographic availability to coach and mentor.
- DHS local office will receive and process applications within 20 working days. If approval is not given, reasons will be provided with an opportunity to resubmit the application for approval when the reasons are ameliorated.

Application for Approval – FTDM/YTDM Coach and Mentor

Application

Last Name	First Name
Mailing Address	
Phone	Email
Name of Agency (if applicable)	<input type="checkbox"/> DHS <input type="checkbox"/> Private
Geographic Availability to Coach and Mentor [county names]	
Signature	Date

Attach

- Training certificate or CEUs from required training.
- Two recommendation letters from someone who has participated in at least two FTDMs facilitated by the applicant.
- Evaluation form to meet the grandfathering clause.

Approval

Coach/Mentor Number	
Date Approved	Approved By

FTDM/YTDM Coaching and Mentoring

The Coach and Trainee together will:

- Visit with the family to describe and explain the process and to identify ways the family team meeting could benefit the family;
- Help the family identify their desired outcomes;
- Help the family identify their strengths and needs;
- Identify additional team members;
- Prepare the family to tell their story at the team meeting;
- Help the family identify what supports they need and what barriers they might have (transportation, day care, etc.);
- Identify the best time and location convenient to the family to hold the meeting; and
- Check with the family to determine their willingness to have other learners and trainees present during the FTDM for their development as facilitators.

Next, the Coach and Trainee together will:

- Conduct preparation interviews with identified team members;
- Gain agreement with team members regarding their role and participation as team members;
- Help the team members identify family and child strengths and needs; and
- Determine their availability for a family team decision-making meeting at the family's preferred time, date, and place.

Before the Family Team or Youth Transition Decision-Making Meeting, the Trainee will:

- Follow-up with the family and team members to remind them of the date, time, and place;
- Invite appropriate trainees to the meeting (for observation);
- Make arrangements for child care and transportation or other special needs;
- Arrange for a speaker phone, if one is needed;
- Arrange for having a flip chart, markers, tape, and tissues at the meeting; and
- Arrange for appropriate refreshments.

The Family Team Decision-Making Meeting:

- On average will last 90 minutes to 2 hours but the length of time may vary depending on individualized family needs; and
- Use the *Family Team Decision-Making Meeting Outline*.

Follow-up

- If the trainee is not the caseworker, they will have the responsibility to work with the group member who writes the plan developed in the FTDM;
- The trainee will follow-up on commitments made at the team meeting; and
- The trainee will arrange and invite members to the next meeting.

Evaluation

- The coach and mentor will initially have the trainee take on the role of co-facilitator during the family team decision-making meeting;
- The coach will provide feedback for the trainee regarding this FTDM;
- The trainee will then facilitate a FTDM with the coach taking on the role of co-facilitator;
- The coach will provide feedback to the trainee regarding their facilitation; and
- The coach will complete an evaluation form for each FTDM and make a recommendation for approval as a facilitator.