

**ACF-OGM SF-PPR**

**Final Report**  
Appendix

Funding Recipient: The Village Family Service Center  
Grant#: 90CF003301

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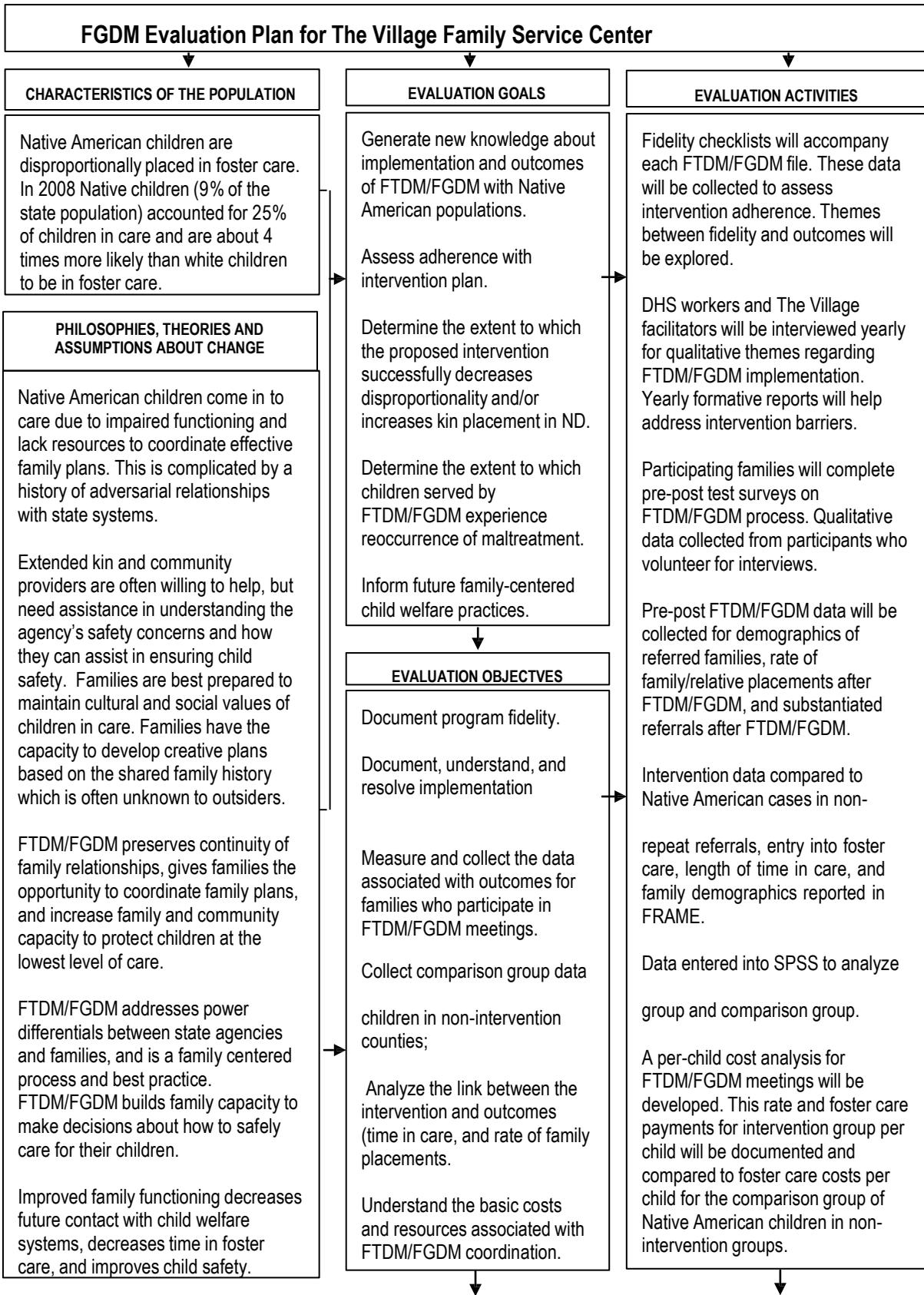
Program Name: Family Engagement for Native American Youth  
City and State: Fargo, ND

Reporting Period: September 30, 2011 – September 29, 2014

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**Attachment A – Logic Model**



## Logic Model: FTDM/FGDM Evaluation Plan for The Village Family Service Center

(cont)



### SHORT TERM OUTCOMES

- Understand how FTDM/FGDM coordination affects out of home placement and length of time in foster care in Native American families.
- Understand how FTDM/FGDM coordination affects family and kin participation in safety planning in Native American families.
- Understand how FTDM/FGDM coordination affects repeat abuse and neglect in Native American families.
- Understand barriers to FTDM/FGDM implementation with Native American families.



### LONG TERM OUTCOMES

- Generate new knowledge about implementation of FTDM/FGDM with Native American populations.
- Determine the extent to which the proposed intervention is successful at decreasing disproportionality and/or increasing kinship placements in North Dakota.
- Determine the extent to which children served by FTDM/FGDM processes experience reoccurrence of neglect or abuse.
- Inform future family-centered child welfare practices.

#### Process evaluation questions:

Did workers feel supported in referring families?

Did coordinators feel like family generated plans were supported by agency?

Is inter-agency collaboration between The Village, DHS, and tribal child welfare administrators taking place as planned?

What adjustments to FGDM process were made during intervention?

In cases where no family member or FTDM/FGDM participant could be a placement resource, what other supports emerged from meeting that supported family connections, permanency, or safety?

How much time, on average, is needed for planning, facilitation, and private family time for each FTDM and FGDM? Are there any other major activities related to implementation?

Is there any difference in outcomes across sites?

#### Fidelity evaluation questions:

Were quarterly trainings and referral processes offered for child welfare workers? Did child welfare workers attend an FTDM/FGDM training?

Did facilitators follow 5 main principles of family conferencing guidelines and the other key elements of intervention plan?

Were all FTDM/FGDM participants given a safety/strength/risk assessment?

Did facilitators record prep and meeting times for each family meeting?

Were demographics collected and process documented that contribute to the understanding of FTDM/FGDM implementation in ND?

## Logic Model: FTDM/FGDM Evaluation Plan for The Village Family Service Center

(cont)

### Outcome Evaluation Questions:

R1: To what extent does participation in FTDM/FGDM affect placement with parents, family members, and kin in Native American families and average length of time in stranger care?

R2: To what extent does participation in FTDM/FGDM affect family-focused planning for children?

R3: To what extent does participation in FTDM/FGDM affect future substantiated child welfare reports for Native American children?

R4: What do child welfare social workers and FTDM/FGDM facilitators identify as the strengths and difficulties of FTDM/FGDM process when working with Native American families?

R5: What are the cost savings, if any, when children can be placed at home instead of in foster care, and the average per-child costs associated with conducting FTDM/FGDM meetings?

### Outcome Evaluation Hypotheses:

H1: FTDM/FGDM participants are more likely to be placed with parents or family members than Native American children in non-intervention counties, and will spend less time in stranger care.

H2: FTDM/FGDM participants will report increased involvement in planning for safety of identified children after FGDM/FTDM.

H3: FTDM/FGDM participants will have fewer substantiated referrals in the three years after their first FGDM/FTDM meeting than Native American children in non-participating counties.

H4: Social workers and facilitators will be able to identify strengths and difficulties that lead to increased knowledge about FTDM/FGDM implementation and improve the FTDM/FGDM process.

H5: The average cost spent per child on FTDM/FGDM and foster care will be lower than the cost of foster care payments alone made to Native American children in non-participating counties.

### Expected Outputs/Deliverables

- a) A referral form that identifies criteria and referral steps for the child welfare agency
- b) A brochure on FGDM/FGTM Process for families
- c) A written FGDM/FGTM handbook, including coordinator instructions and safety plan for cases involving domestic violence.
- d) 10 informational meetings for child welfare workers and tribal child welfare leaders over the 3 year evaluation period
- e) A fidelity checklist that ensures expected meeting goals are met for each family and documents time spent for each family.
- f) A pre-post family centered survey for participants.
- g) 100 FGDM/FGTM meetings each year of implementation, with over 300 Native American children served by the end of the intervention period.
- h) Technical brief on the fiscal costs and benefits of FGDM/FTDM, demographics of children served, and outcomes of intervention.
- i) Three scholarly/peer reviewed articles that expand on knowledge in the field about serving Native American Families with FGDM/FTDM approaches.
- j) An implementation guide and "lessons learned" report designed for counties at project end.
- k) Final evaluation report at project end.

## **Attachment B – Jails & Prisons**

### **Tips for calling the jail for FTDM meeting:**

1. Tell the receptionist that you are calling to schedule a "child placement meeting" with County Social Services, that the parent of the child is incarcerated, and you would like to make arrangements for the parent to participate in the meeting by phone.
2. Be sure to call from a landline or cell phone and do not use a speaker phone, otherwise they may tell you to call back on a more secure line.
3. Keep your call to the jail as direct and to the point as possible. Tell them the basics and let them ask you the questions. From there they should ask you the name of the parent and the day/time of the meeting, and will transfer you to a staff member that works in the pod that the jailed parent is housed to make specific arrangements.
4. Schedule a time for the parent to be set-up on the phone. In most instances, the parent can call in a few minutes before, but make sure to ask the jail what works best for them. You may need to connect the parent by phone earlier than this to accommodate the jail staff.
5. Jail staff might not let you speak with the parent to prep them when you call to arrange the meeting. One suggestion is to wait until about 1-2 hours before the FTDM to call the jail to arrange for the parent to participate. Ask to have the parent call in 5-10 minutes before the meeting so you can briefly prep them and explain the meeting (and research project, if applicable) right before the meeting starts.
6. If the meeting starts around 11:00 a.m. (or lunch time in general), you may need to have the parent call in 15 minutes before the meeting so the jail staff can take their lunch breaks as scheduled. This has been the experience with the Cass County Jail, and may be so for other county jails as well.

## Family Plan Monitors



- ✓ A Family Plan Monitor is a person(s) who reviews the family plan from a FGDM conference.
- ✓ It is their job to have contact with family members to review and remind them of the commitments they made to do tasks listed on the family plan.
- ✓ The amount of contact is best identified at the conference.
- ✓ The monitor(s) can work with the family members and perhaps the referring worker to provide support and encouragement during the plan's implementation.
- ✓ They can agree to be only a supporter, a reminder or additionally take on tasks from the family plan.
- ✓ They may provide assistance if there are struggles with plan follow-through. This too can be built into the plan (e.g. Grandma will check in every Monday with Mom to see if she is making her AA meetings).
- ✓ If there is more than one monitor they may plan to communicate with each other to provide updates and troubleshoot.
- ✓ The monitor can be given the option to call a follow-up family conference.
- ✓ The name of the monitor and what duties will be performed is most helpful when written into the family plan.
- ✓ It may be necessary to revisit/review the family plan monitor and their duties at a follow-up conference.

## Attachment D - Community Representative



### **Community Representatives for Family Decision Making Meetings**

**The role of Community Representatives is to attend a Family Decision Making meeting when the family requests their presence. They may represent specific cultures, religions, or areas of professional expertise (e.g. addiction or mental health). Their main role is to provide information and resources to the family. Specific tasks at the meeting will depend on the needs of the family and the Community Representative's area of expertise, but may include:**

- Providing information to the family on services, supports and activities in the community from their area of expertise that best fit the needs of the child(ren) and parent(s).
- Advocating for the family to address their needs and support as it relates to the Community Representative's area of expertise.
- Help coordinating cultural and/or spiritual customs to be carried out at the meeting.

**The time commitment of the Community Representative will also vary depending on the needs of the family. Time commitments will include attending:**

- The initial Family Decision Making meeting.
- Any follow-up Family Decision Making meetings (if necessary).

*Note: Meetings may last several hours, but the facilitator will talk with the Community Representative about the length of time you may be needed at the meeting. Follow-up meetings are optional, and usually only one is scheduled.*

**Responsibilities of the Community Representative include:**

- Agreement to abide by The Village Family Service Center's confidentiality policy for Family Decision Making meetings.
- Knowledge of resources and services in the community regarding your area of expertise.
- Understanding of the impact of the child welfare system on families.
- Willingness to participate in meetings with a neutral, unbiased perspective.
- Comfortable suggesting creative solutions and ideas that the family could utilize.
- Providing information clearly in a manner that is easy to understand and free of jargon.
- Tolerance for family/group conflict.
- Availability to attend a meeting in the evening or on a weekend, if necessary.
- Flexibility to attend meetings with a 1-3 day notice, if necessary.
- Willingness to help accommodate a family's request to carry out cultural and/or spiritual customs at meetings (if within your area of expertise).

## **Community Representative FAQs**

### **What is a Community Representative?**

A “Community Representative” is an expert from the community that can share information and resources to the family. They may work for a local agency and provide information about a certain condition/illness and related resources (e.g., domestic violence counselor, adoption worker, mental health worker, or chemical dependency counselor). They could also be a leader within a certain cultural community (e.g., a specific ethnic group or a religious institution).

Examples of Community Representatives that have been used in the Fargo region are:

- Native American leader/healer
- Advocate from Federation of Families for Children’s Mental Health
- Program Director from Sister’s Path (housing project that provides chemical addiction treatment services to homeless, single parent families)
- Adoption Worker from Adults Adopting Special Kids (AASK)
- Counselor/Advocate from Rape & Abuse Crisis Center

### **What is the role of the Community Representative and how long do they stay at the meeting?**

The role of Community Representatives ranges from simply providing information about their program/service (and only staying for a short duration in the first half of the meeting) to being an ongoing support to the family by helping them address their needs related to a specific condition/illness or culture. The Community Representative would be asked to stay for as long as the family requests during the meeting, or at least until Private Family Time is initiated (i.e., when the family meets privately to develop a plan of action). The facilitator will discuss with the family how long it would be appropriate/helpful for the Community Representative to attend the meeting and follow-up with the Community Representative about his/her availability.

### **Is there a list of Community Representatives for my region?**

Staff in each region will be responsible for developing their own list of Community Representatives. You can develop this list continually, and seek out a specific type of representative when it is requested. For example, when a family requests to have someone attend a meeting to answer questions about adoption locate this Community Representative at that time. Then you can call this same person again in the future if a similar request is made by another family.

### **What do I do when a parent asks for a Community Representative to be at the meeting?**

Ask the parent what he/she would like the Community Representative's role to be (e.g., To share some information about a specific program? To be a support to the family and stay for a majority of the meeting?). As a facilitator, make sure you understand the role the parent wants the Community Representative to play and how long he/she would like the Representative to stay at the meeting. If it is a Representative from a cultural or religious community, ask if the parent has anyone specific in mind or

preferred characteristics (e.g., from a certain tribe, ethnic background, or religion) that will help you identify someone.

If you already have a Community Representative in mind or on your list, contact that person to see if he/she would be willing to attend the meeting or know someone else from the agency/community that could. If you do not already have a contact for that type of Representative, take some time to research an agency or community that you could make contact with.

Once a Community Representative is located, put that person's name on the invitation list to verify that the parents approve of the Representative's attendance at the meeting. Share the Community Representative's name with the parents and inform the parents that you will be sharing their names with the Representative. If the parents know the Representative personally and request a different person, follow their request.

### **How do I prepare the Community Representative for the meeting?**

Once a potential Community Representative is identified, treat him/her like another participant of the meeting. Make sure the meeting can be scheduled at a time that the Representative can attend, and fully explain the philosophy, process, and purpose of the meeting. Provide the Representative with the family's name and give a brief synopsis of the situation and meeting purpose. If the Representative knows the family and prefers not to attend, locate another Representative for the meeting and inform the family of the change. Using the "Community Representative Role Description" as a guide, explain to the Representative the specific role that the family would like the Representative to play during the meeting and how much time to set aside for that role during the meeting. Gather the Representative's contact information so you can send him/her a formal invitation to the meeting.

### **Should I follow-up with the Community Representative after the meeting?**

This depends. If this was the first time the Representative attended a family meeting and he/she played a support/advocate role, you should follow-up with to see how he/she felt the meeting went. If the Representative's role was more of an information provider (e.g., was there for just a few minutes) a follow-up may not be necessary.

Ask the family at the end of the meeting if they would like the Community Representative to get a copy of the plan, and follow their request accordingly.

# Attachment E – Other Dissemination Materials Year One Family Connections PowerPoint

## Family Engagement for Native American Youth



**the village**  
FAMILY SERVICE CENTER

## What is Family Engagement?

- Problem-solving process that allows families to help make important decisions about a child
- Brings together the child, parents, other family and caregivers, and service providers to plan for a child's well-being or safety
- Focuses on supports and resources
- 2 methods used by The Village:
  - Family Group Decision Making
  - Family Team Decision Making



## FGDM vs. FTDM

<p><b>Family Group Decision Making</b></p> <ul style="list-style-type: none"> <li>• Meeting is scheduled at a time that works for most participants. Extensive time spent preparing participants for meeting.</li> <li>• A care and/or protection plan is created with the family to address their situation and meet the permanency needs of the child(ren).</li> </ul>	<p><b>Family Team Decision Making</b></p> <ul style="list-style-type: none"> <li>• Meeting held within 72 hours of a child being deemed at immediate risk or removed from the home.</li> <li>• Develop immediate placement plan for child(ren) and/or safety plan.</li> </ul>
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## Values of Family Engagement

- A group can be more effective at making good decisions than an individual.
- When families are included in decision making, they can identify their own needs and strengths.
- Families have a right to participate in a decision-making process that is affirming of their cultural diversity.
- All families have strengths.
- Exploring strengths can discover solutions and empower family members to make decisions on family outcomes.
- All families have natural support systems.
- Families are the experts of their family.
- Families are a valuable resource for protecting children.
- It is desirable for children to be kept out of non-family care.
- Agencies and communities must partner with families to ensure child safety and well-being.

## Paradigm Shift

• Rescue the child	→	• Empower the family
• Parents as clients	→	• Parents as partners
• Deficits/weaknesses	→	• Capabilities/strengths
• Standardized	→	• Individualized
• Defensive	→	• Open & including
• Autocratic approach	→	• Team-Based



## Why The Village?

- Mission: To improve the quality of life through services designed to strengthen individuals, families and organizations.
- FGDM/FTDM identifies strengths, resources, and support within families and their communities.
- FGDM/FTDM empowers families to be part of the making decisions that will ensure safety for their children.



## Village Facilitator

- Neutral liaison between family and referring worker
- Coordinates the meeting (date, time, location)
- Prepares participants to attend
- Expands initial invitation list through parent/family feedback
- Prepares for a safe, productive, informed meeting
- Identifies potential conflict and methods to address it
- Leads the meeting/guides the group through the process
- Prepares Family Plan for distribution and completes other paperwork

## Meeting Format

- Introduction
  - Introductions by participants
  - Review Confidentiality/Mandated reporters
  - Meeting Guidelines
  - Taking breaks
  - Review purpose of conference
- Information sharing
  - Strengths/Supports
  - Concerns/Needs
  - Brainstorm ideas/Placement
  - Review "bottom line" (if applicable)
- Develop Plan
  - Family does in private for FGDM
  - Done by entire team in FTDM
- Plan reviewed, strengthened and accepted by participants
- Closing
  - FTDM: Plan is documented by facilitator and given to team immediately
  - FGDM: Family Plan monitor is assigned, follow-up meeting discussed, and plan is typed up by facilitator and sent out within 5 days



## Drawing on Strengths

- Reframing
  - What is going well?
  - What are we good at?
  - What progress has been made?
  - What is really positive in your life right now?
- Solution-Focused Questions:
  - What do you do to take care of your child?
  - What does Mom do that shows you she loves her child?
  - What is Dad good at when it comes to parenting?
- Pointing out strengths/giving credit
  - Lots of family support in the room
  - Family willing to travel to be at the meeting
  - Bringing up strengths learned during prep work and encouraging those to share (e.g. Mom is no longer homeless, has a job, etc.)



## Keeping Concerns in Focus

- How does this concern affect the safety/well-being of the child?
- How is this concern related to the purpose of our meeting?
- Who is this concern about?
- Make sure you can answer why the concern affects the children.



## History of Family Engagement in ND

Family Group Decision Making	Family Team Decision Making
<ul style="list-style-type: none"> <li>- 1980's - Developed in New Zealand</li> <li>- 1990's - Used in U.S.</li> <li>- 2006 - The Village/DHS Implements FGDM statewide                             <ul style="list-style-type: none"> <li>- Grant from the Bush Foundation 2006-2009</li> <li>- Continue to be funded by DHS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- 1992 - Annie E. Casey Foundation nationwide Initiative</li> <li>- 2011 - The Village/DHS begins a pilot project                             <ul style="list-style-type: none"> <li>- Fargo and Bismarck/Mandan regions</li> <li>- Funded by DHS</li> </ul> </li> </ul>

October 2011 - Family Connections Grant received to implement Family Engagement for Native American Youth project (conducting both FGDM and FTDM with Native American families in select counties across the state).

## Family Engagement for Native American Youth Project

- \$1.5 million Family Connections grant funded by the U.S. Children's Bureau to build evidence about the effectiveness of FE strategies
- Grant Period: October 2011-October 2014
- Partnership between The Village, DHS, and UND School of Social Work
- Implement FGDM/FTDM with Native American families
  - Goal: serve 100 children per year
- First referrals for project started February 2012



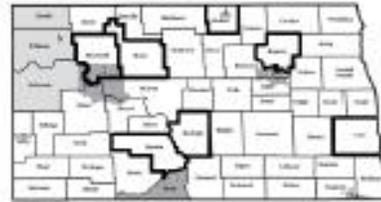
## Project Goals

- Generate knowledge about Family Decision Making implementation with Native American families.
- Determine the extent to which FDM is successful at decreasing disproportionality and/or increasing kinship placements.
- Determine extent children served by FDM experience reoccurrence of neglect or abuse.
- Inform future family-centered child welfare practices.



## Who should be referred?

- Counties served: Cass, Burleigh/Morton, Mountrail, Ward, Ramsey, Rolette (Represent highest rates of Native American children in care)
- Referral criteria: Identify as Native American, at least one child ages 0-18, and at risk of placement in or already placed in the foster care system



## What are we measuring?

- Facilitators collect data & send to UND
  - Referral form
  - Village Intake Form
  - Satisfaction forms
  - PHQ-9 (depression inventory)
  - Family Needs Scale
  - Protective Factors (PRIENDS) survey
  - Family Plan
- Child outcomes compared to data in the same counties for years prior:
  - Length of time in foster care
  - Placement with parent or relative
  - Rate of re-abuse
  - 6-month follow-up will identify change in participant population
- What demographics and family risk/protective factors correlate with:
  - Placement at home
  - Re-abuse
  - Increase in social supports
  - Improved child/family well-being

## Research Questions: FGDM/FTDM Process

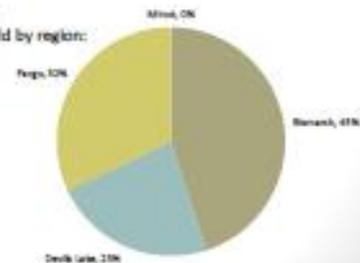
- How much time, on average, is needed for planning, facilitation, and private time for each FGDM and FTDM meeting?
- Did facilitators follow key elements of the FTDM/FGDM process?
- Were demographics collected that contribute to the understanding of FGDM/FTDM in North Dakota?
- What do child welfare social workers and facilitators identify as the strengths and difficulties of the FTDM/FGDM process when working with Native American families?
- What adjustments to the FGDM/FTDM meetings were made during the intervention process?
- What are the costs associated with implementing FTDM/FGDM?

## Research Questions: FGDM/FTDM Outcomes

- To what extent does participation in FTDM/FGDM affect where children are placed?
- To what extent does participation in FTDM/FGDM affect future substantiated child welfare reports for Native American children?
- What do Native American families identify as their greatest needs?
- To what extent are Native American families with children in foster care impacted by depression? Does this change six months after the family meeting?
- Do protective factors influence children's ability to return home?

## Year 1 Summary

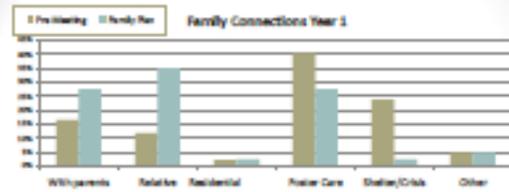
- Total children served: 99
- Total meetings held: 43
  - FGDM = 7
  - FTDM = 37
- Meetings held by region:



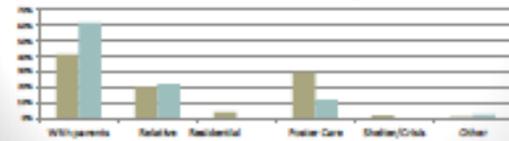
## Risk Factors at Referral

Child Risk Factors at Referral (Up to 2 per child)	FGDM Data May 2010-April 2012	Grant FGDM/ FTDM Data Oct 2010-Sept 2012
Child abuse/neglect	39.85%	27.72%
Parent-child conflict/family discord	11.86%	7.82%
Substance abuse	30.25%	12.87%
Prior placement history	8.86%	2.87%
Severe mental health	22.27%	5.86%
Physical/developmental disability	12.25%	2%
Rules violations/status offenses/delinquency	8.85%	12.85%
Law violations	12.25%	2.87%
Juvenilesex/Threat/Truancy	12.86%	5.86%
Domestic violence	5.8%	21.78%

## Living situation of child(ren)

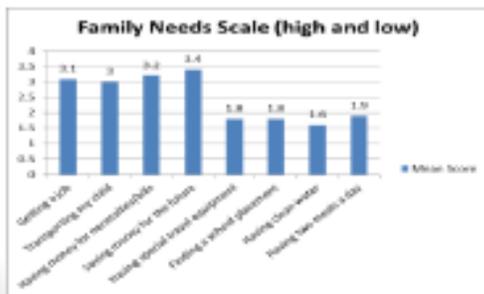


Overall FGDM March 2006-February 2009



## Family Needs

- Primary Caregivers report their greatest needs as "saving money for the future" and "getting a place to live"



## Who's Attending Meetings?

- More maternal family members attend compared to paternal family.
- More service providers attend compared to family members.

Invitees	Total	Average/Meeting
Maternal Family	65	1.97
Paternal Family	41	1
Service Providers	207	5

## Participant Feedback

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Do you agree or disagree with the following statements?	Participant assessment
The meeting process was fully explained to me before the meeting started.	1.27
I understood the purpose of the meeting and my role in the meeting process.	1.4
The facilitator offered time to discuss family strengths, beliefs, and traditions.	1.27
The facilitator made sure the ground rules were followed during the meeting.	1.41
I had an opportunity to listen and share information.	1.38
I feel that my comments were considered before a final decision was reached.	1.33
The facilitator didn't take sides during the conference.	1.33
The facilitator addressed any safety issues.	1.48
The family's values and culture were respected.	1.47

## Participant Feedback

- What was the best part of your experience with The Village?
  - "The family planning." – Paternal Grandpa
  - "We worked together to create a plan." – Mom
  - "Being able to talk with [others] without fighting." – Dad
  - "Being heard – my request for my children was respected." – Mom
  - "Being able to sit down and listen to everybody." – Dad
  - "Learning about programs available that we didn't know about and all the support that has been made available to us." – Mom's Family
  - "A plan for me to get back on track – great!" – Child
  - "Seeing that my brother would be given an opportunity to succeed at home." – Sister





## Why is Family Engagement Effective?

- Families are more likely to follow plans they have created themselves
- Draws on the many strengths within the family
- Empowers families to take responsibility for the care and well-being of their children
- Increases the rate of children being placed with family members
- Improves relationships between meeting participants



## What Else Do We Know?

- International research shows that FGDM:
  - helps develop plans that create stability for children,<sup>1</sup>
  - increase family supports and help family functioning,<sup>1</sup>
  - Results in a high percentage of children remaining with extended family<sup>1</sup>
  - decreases foster care/residential placements and length of stay in care<sup>2</sup>
  - Increase relative placements and reunification<sup>3</sup>
- ND FTDM Outcomes SFY 2012 (May 2011-April 2012)
  - 58% children placed with relative/parent
  - 42% children placed in foster/residential care
- ND FGDM Outcomes (March 2006-February 2009)
  - 69.4% had a more connected relationship with family.
  - 73.39% had a more connected relationship with service providers.
  - Family plans were developed at 97.2% of the family conferences.
  - The number of children living with a parent or relative increased by 21.7%.
  - The number of children in foster care decreased by 24.8%.

## Discussion/Questions

- What barriers do you have and/or anticipate with conducting FGDM/FTDM meetings with Native American families?
- What successes have you had with conducting FGDM/FTDM meetings with Native American families?
- What improvements can you suggest with this project?



# Lead Evaluator Evaluation Presentation @ University of North Dakota

## FTDM/FGDM RESEARCH AND EVALUATION

MELANIE SAGE, PhD & WENDYAN MONETTE  
12/24/13

### WHAT IS FTDM/FGDM?

- Family Team Decision Making (FTDM) involves family immediately and is held within 72 hours of a child being placed in foster care, or for children at imminent risk of coming in to care.
- Family Group Decision Making (FGDM) is a strengths-based decision making process where family, friends, service providers, & community representatives are invited to create an action plan with the family in order to meet the child's needs.

### THE VILLAGE FAMILY SERVICE CENTER FAMILY ENGAGEMENT FOR NATIVE AMERICAN YOUTH

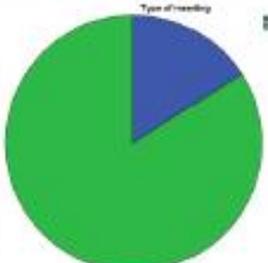
- 3-year \$1.5 million grant funded by Administration of Children and Families
- Goal to serve 100 children per year in or at risk of entering care
  - Native American (self identified, may or may not be ICWA eligible)
  - Referred primarily by child welfare agency
- Build evidence about the efficacy of FTDM/FGDM
  - Help move it in to an Evidence-Based Practice realm
  - How do children fare who receive these services?

### Target Counties



**with highest rates of Native American children in care**

### TYPES OF FAMILY MEETINGS



FTDM n=37  
FGDM n=7

Based on data entered to date

### DIRECT SERVICE COMPONENT

Facilitators at The Village Family Service center across the state coordinate and hold the meetings, generate family plan, and collect research data.

	FGDM (n=4)	FTDM (n=37)
Meeting prep (calls, forms, organizing)	14.5 hours	4.3 hours
Conference time	3.6 hours	2 hours
Writing report	1.5 hours	.43 hours
Post-conference tasks	2.5 hours	2.2 hours
Travel for conference	2.2 hours	1.3 hours

- Facilitators are trained in data collection through the use of phone conference, FGDM blog, and have developed their own FAQ/scripts:
  - [www.villagefamily.org](http://www.villagefamily.org)

## A LOT OF DATA IS COLLECTED

- Facilitators collect data that is sent here to UNID. Data is entered mostly by a research assistant (currently Winonah).



- Forms are designed to:
  - Meet IRB requirements
    - Complies because we are working with adults, kids, vulnerable populations, research hasn't always been good for American Indians
  - Collect demographic information about who we serve
  - Answer research questions
  - Comply with shared data collection tools required by our federal grantee

## FORMS

- Consent/IRB
  - Adult consent (all adult participants)
  - Assent (kids 13-17)
  - Young child assent (kids 7-12)
  - Parent/guardian consent form for each participating parent
- Referral Form
- Fidelity forms/satisfaction forms (all participants)
- Family assessment intake/closure
- PHQ-9 (depression inventory)
- Family Needs Scale
- Protective Factors (FRIENDS) survey
- Team Plan or Family Plan
- Non-participation form



## WE HAVE TO ORGANIZE ALL THIS DATA

- SPSS database
  - Organized by family unit
    - About 30 family-level "cases" per year
  - Over 900 variables (we will add more as we go)
- Here is a demonstration of how our data is organized in SPSS:

- <http://www.screencast.com/f71Pn4At55>
- <http://www.screencast.com/f1qti46Cv6>

## RESEARCH QUESTIONS: PROCESS/FIDELITY

- How much time, on average, is needed for planning, facilitation, and private time for each FODM and FIDM meeting?
- Did facilitators follow key elements of the FODM/FGDM process?
- Were demographics collected that contribute to the understanding of FODM/FIDM in North Dakota?
- What do child welfare social workers and facilitators identify as the strengths and difficulties of the FODM/FGDM process when working with Native American families?
- What adjustments to the FODM/FIDM meetings were made during the intervention process?
- What are the costs associated with implementing FODM/FGDM?

## RESEARCH QUESTIONS: OUTCOMES

- To what extent does participation in FODM/FGDM affect where children are placed?
- To what extent does participation in FODM/FGDM affect future substantiated child welfare reports for Native American children?
- What do Native American families identify as their greatest needs?
- To what extent are Native American families with children in foster care impacted by depression? Does this change six months after the family meeting?
- Do protective factors influence children's ability to return home?

## YEAR 1: WHAT WE KNOW SO FAR

- Geography of referrals:
  - Bismarck-29 referrals; 25 meetings held; 27 children served
  - Fargo-33 referrals; 16 meetings held; 39 children served
  - Devils Lake- 16 referrals; 13 meetings held; 33 children served
  - Minto-0 referrals; 0 meetings held; 0 children served
  - TOTALS-68 referrals; 56 meetings held; 99 children served
  - A total of 99 children served for year 1; 1 shy of goal but referrals didn't begin until February 2012.
- Referral Sources: County Social Service Offices (Burleigh, Morton, Cass, Rollette, Ramsey, Ward, Mountrail)

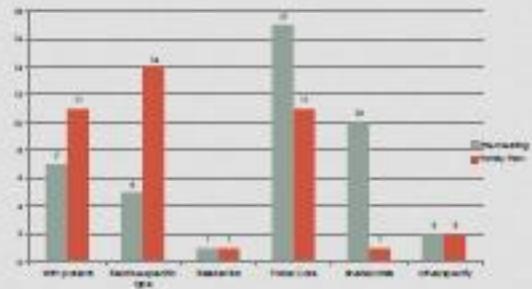
## WHAT HAPPENS AT MEETINGS?

Families negotiate plan that addresses safety issues and is family centered.

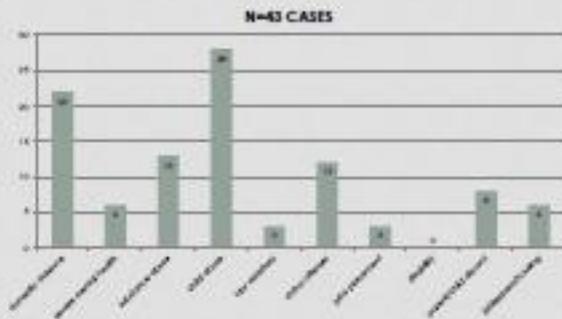
N=43

- Family plan is developed: 43
- Plan is accepted by family: 42 yes, 1 no
- Plan accepted by CPS: 30 yes, remainder n/a
- Plan accepted by court: 11 yes, remainder n/a

## LIVING SITUATION OF CHILD/REN



## REFERRAL RISK FACTORS (UP TO 2 PER FAMILY)



## DEMOGRAPHICS OF PARENTS

- 54% report income under \$10,000 (n=24)
  - 10-20k: 11% (n=5)
- Marital status (n=29)
  - Married: 2
  - Partnered: 1
  - Single: 19
  - Separated: 7

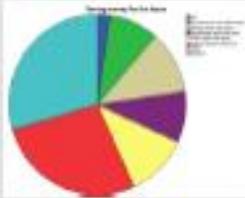
- Over the last 2 weeks, I have been bothered with feeling bad about myself-or that I am a failure or have to let myself or my family down
- Not at all: 7
- Several days: 9
- More than half the days: 10
- Nearly every day: 7
- Total: 33

## FAMILY STRENGTHS

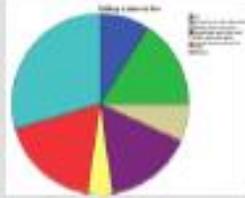
- Able and willing to accept social services help.
- Admits to drinking problem and desires help. Wants best for child.
- Close relationship between child and father.
- Parents are going to child's medical appointments.
- Mom is a good, nurturing mother.
- Dad has been seeing a counselor. He is willing to do whatever it takes to get kids back.
- Lots of family support in providing care to children.
- Mother is very smart, supportive, honest.
- There is good tribal support.

## GREATEST NEEDS OF PARENTS

Parents report difficulty with money and housing



11.4% Often have this need and 27.3% almost always have this need (total n=31).



15.9% Sometimes have this need and 18.2% almost always have this need (total n=31).

## DOES THE FAMILY HAVE ANY SPECIFIC CULTURAL NEEDS? YES=12, NO= 27

- Family affiliated with Spirit Lake; father lives in Mexico
- ICWA should be involved
- Father is 1/8, eligible for enrollment. Child is 1/16, not eligible for enrollment.
- Grandpa to child #2 does not speak English, but others can translate.
- Mom is affiliated with White Earth in MN, neither she or children are enrolled.
- Mother does not trust others, especially social services.

## FAMILY & PARTICIPANT FEEDBACK



## STRUGGLES

- Consent forms- whole FAQ developed
- State-level access to data
- Culturally-informed practice
- Lots of paperwork
- Maintaining role of facilitators/not overstepping boundaries of case managers once needs are identified
- Anticipated: follow-up contact



## QUESTIONS?



## FOCUS GROUP QUESTIONS

- What adjustments are you making related to meetings, regarding the process, preparation, engaging families, etc. (Are you doing anything different now than when you started? Are your peers doing anything different than you do?)
- As a facilitator, what is working really well related to meetings? Regarding the process, preparation, engaging families, etc.
- What struggles are you having with the FGDM/FTDM process (preparation, meeting, and follow-up)?
- What struggles are you having with research paperwork and implementation?
- What struggles exist related to cultural issues (including being a non-native facilitator working with native families, engaging around cultural issues, etc).

## **Family Engagement for Native American Youth**

A Project Update from The Village Family Service Center



*Family Engagement for Native American Youth* is a three-year grant awarded by the federal Children's Bureau to The Village Family Service Center, in collaboration with the Department of Human Services and the University of North Dakota Department of Social Work. The goal of this project is to learn about the effectiveness of Family Team Decision Making (FTDM) and Family Group Decision Making (FGDM) meetings as ways to support Native American families keep children safe, prevent placement of children out of the home, or place children with family when out-of-home placement is needed. We hope to serve 100 children each year of the project.

Which families can participate in the research project? Families are referred to have a FTDM or FGDM meeting by a county child welfare agency when they are at imminent risk of having their children removed, or when there has already been a removal. Only self-identified Native American families who live in Cass, Burleigh, Morton, Ramsey, Rolette, Mountrail, and Ward counties will be asked to participate in the research project, in accordance with the federal grant requirements. Families can choose whether they would like to participate in the research project, but a family meeting can be held even if they choose not to participate in the research.

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For more information about FGDM and FTDM, please contact Sandi Zaleski, Project Coordinator, at 701-451-4952 or [szaleski@TheVillageFamily.org](mailto:szaleski@TheVillageFamily.org)  
For information regarding research outcomes, please contact Melanie Sage, Evaluation Coordinator, at 701-777-3274 or [Melanie.Sage@vscd.edu](mailto:Melanie.Sage@vscd.edu)

### In 2012, 50 meetings were held for over 100 children

- Most meetings were held in cases in which children were likely to enter foster care; the average age of the child was 10 years old
- Participants were affiliated with 19 different tribes
- Over 80 family members attended the meetings to support planning



### Participating families have many strengths & needs, but say meetings help

- Most families were referred for general neglect, abuse, or domestic violence.
- On average, families were single-mother households with under \$10k annual income; they report that their greatest needs are related to having enough money.
- Participants report high satisfaction with the meeting process. When asked about it, they say things like, "very supportive," "got to get input from family," and "we found an action plan."



### Contact The Village office near you to make a referral:

- Cass, Burleigh, and Morton County - Contact Sandi Zaleski at 701-451-4952
- Ramsey and Rollette County - Contact Christine Bushy at 1-866-838-6776
- Ward and Mountrail County - Contact Barb Fix at 701-852-3328



Photos © Marilyn Angel Wann



### Family Group/Family Team Decision Making

Fargo



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**You don't have to go it alone.**

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Facilitator Contact Handout – Page 2

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**You don't have to go it alone.**

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Grand Forks • 701-746-4584**

**Who can refer?**

Family Team Decision Making: At this time, only 8 county social service offices can refer to FTDM. Burleigh/Morton, Cass, and Grand Forks can refer all families. Mountrail, Ramsey, Rolette, and Ward counties can refer Native American families due to a federal grant received by The Village.

Family Group Decision Making: Any family can be referred to FGDM. Contact The Village office near you.

## Family Decision Making: A Guide for Children/Teens



### What is Family Decision Making?

Family Decision Making is a meeting with your family, social workers, and other adults that care about you (like a counselor or teacher). In the meeting, they will talk about ways to make sure you are safe and taken care of.

### Why are we having this meeting?

Your family members and social workers want to get together to talk about your safety. Social workers are people who make sure kids are safe and taken care of. Many families have these meetings, because keeping kids safe is very important.

### What will happen at the meeting?

A person from The Village (called a facilitator) will help your family and social workers set up the meeting. They will also be at the meeting to help your family and the other people who care about you talk about what is going on. We will talk about good things, like the things you are good at and the people who are helpful to your family. We will also talk about things people are worried about, like making sure you are safe and that you have someone to take care of you. Your family will then write down their plan to make sure you are safe.

### Who is invited to the meeting?

- Moms
- Dads
- Other family members (like aunts, uncles, grandpas, or grandmas)
- Social Workers
- Friends of your family
- Other adults who care about you (like a teacher, counselor, or other helper)



### What does a facilitator do?

A facilitator works for The Village and helps families talk to social workers about their kids. They will tell everyone when and where the meeting is, and why we are having the meeting. At the meeting, the facilitator helps everyone talk about what is going on by asking questions. They also write down the plan that your family makes to help keep you safe.

### Will I go to the meeting?

Sometimes kids go to Family Decision Making meetings and sometimes they do not. The social worker will talk to you about whether you want to go to the meeting. If you are going to the meeting, the facilitator may also talk to you about the meeting.

It's OK if you decide you would not like to go. The facilitator or social worker can still meet with you to talk about what thoughts and ideas you want shared at the meeting. The meeting is about you, and your family wants to hear what you have to say, too.

### What happens after the meeting?

After the meeting, the social workers will help your family start the plan they made for you at the meeting. Sometimes things change or new things happen after the meeting, like starting a new program or living with someone else for a little while, but these are things meant to help you and your family.

### Is there more than one meeting?

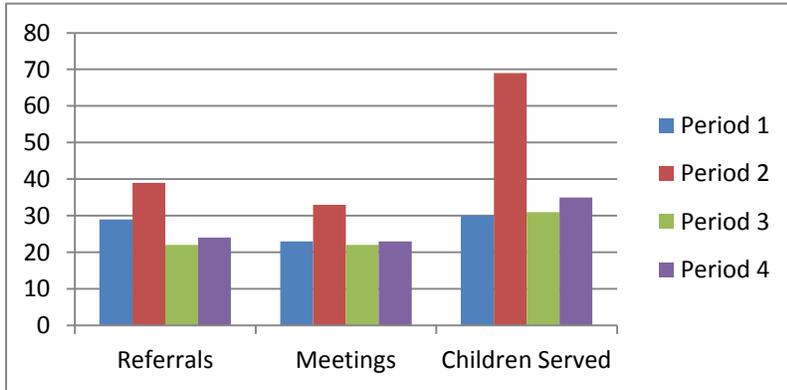
Sometimes another meeting is held later to see how your family is doing with their plan to keep you safe. The social worker or facilitator will talk to you if there is another meeting.



**Focus Team Handout**

# The Village Family Service Center Family Connections Grant

Data from End of Year 2 Report – Compiled by A.J. Schuler



Referrals Made: 114

Conferences Held: 101

Children Served: 165

Average age of child: 6 years old

Tribal Affiliation	Number of Families
Spirit Lake	23
Turtle Mountain	20
Standing Rock	14
Three Affiliated Tribes	13
Wahpeton/Sisseton	4
Fort Peck	4
Yankton Sioux	3
White Earth	2
Rose Bud Sioux	2
Blackfoot	1
Cherokee Nation, OK	1
Cherokee Nation, SC	1
Fort Berthold	1
Jicarilla Apache	1
Lower Brule Sioux	1
Metis Tribe - Canada	1
Mille Lacs	1
Northern Arapahoe Wind River	1
Oglala Sioux	1
Omaha Tribe	1
Pine Ridge	1
Red Lake	1

## 71% of families report their annual household income is less than \$10,000

Living Situation	At Referral	Plan	6 month follow-up
With Parents	17%	27%	-
Relative/specific type	10%	27%	14%
Residential	2%	6%	-
Foster Care	42%	26%	40%
Shelter/Crisis	18%	2%	-
Group Home	1%	0	-
Other	6%	4%	-
Missing Data	-	8%	-
No Placement (no longer in FRAME)	-	-	43%
Primary Treatment	-	-	2%
Runaway	-	-	1%

### Top 3 referral reasons

1. Child protection/services required
2. Social Service Case Management
3. Juvenile Court/DJS

### Top 4 Needs:

1. Saving Money for the Future
2. Getting Respite for my Child
3. Getting a Place to Live
4. Having Money to Pay Bills and Buy Necessities

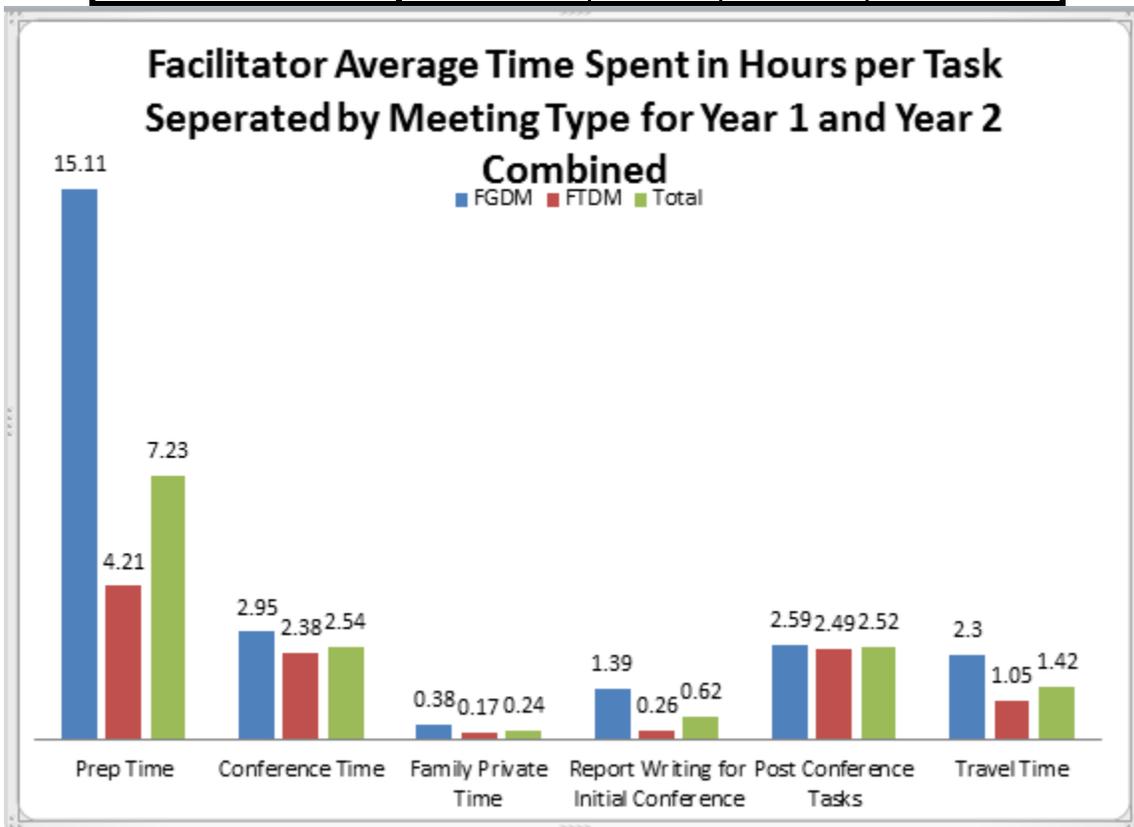
### Top 3 risk factors

1. Child Abuse/Neglect
2. Substance Use
3. Status Offenses

**PH-Q 9**

**Year 2: Over the last 2 weeks, I have been bothered with thoughts that I would be better off dead, or of hurting myself in some way**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	33	91.7	94.3	94.3
Valid Several Days	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		



In response to “What was the best part of your experience with The Village?” participants commented:

- Coming up with an alternative to foster care – youth worker
- Their concern about keeping the children at home with mother – dad
- That the best interest of the boys is the main concern – mom’s family
- Everyone was very united in wanting what was best for (child). It was very refreshing and productive – friend

- Getting me back home to my brother and sister – child
- The opportunity to meet with family and support to avoid out of home placement – community provider
- Help with keeping my family together – mom
- Making a safety plan – school
- The meeting was kept positive and focused & while we discussed some tough issues, it was kept factual and honest without hostility or blame – mom’s family
- Lots of information shared – lots of knowledge – positive direction – dad’s family
- Discussing and finding the best possible situation for my nephew – mom’s family
- The ability to express honest concerns in an unbiased and comfortable atmosphere – mom’s family
- That they let everyone be able to say what they want and they heard everyone out – aunt
- Being able to let us speak for ourselves, I really appreciate the meeting – it helped a lot – child
- Able to get the father’s view - mom
- Chance to hear from parents for first time – DHS Worker
- Being heard – my request for my children respected – mom
- Getting to see my mom and sisters – child
- They cared about everyone – not just mom’s side or dad’s side – dad’s family
- Being able to sit down and listen to everybody – dad
- The action plan – child
- Learning about programs available that we didn’t know about and all the support that is made available to us – mom’s family
- A plan for me to get back on track – great! – child
- Seeing my brother be given an opportunity to succeed at home rather than in placement – sister
- To see my son succeed at home, help that is needed – mom
- Creating plan for return home with services – youth works
- Knowing I will be able to get my sons back in less than 30 days - mom
- I was made to feel comfortable and that we came up with a positive plan that is for everyone’s benefit – dad’s family
- Hearing that I could see my daughter made my day - mom
- Showed how families could work together and solve problems together - grandpa
- We’re trying – child
- I went in not really agreeing with FGDM but have a different opinion now – aunt
- Surprised at how the end result today made me feel relieved.
- This was a great help to get things moving in the right direction – grandma
- Talking about my family’s strengths and also concerns – mom’s family
- Everyone coming together – mom’s family

- I get my BB back
- Opportunity to bring everyone together to create a plan – it was efficient - county
- The helpful ideas - grandma
- They were straight forward on the concerns and how they could help me with child – mom
- They create both plan A and plan B. 2 plans just in case one don't follow through. Help with a lot of classes and help - aunt
- An opportunity to voice my opinion and concerns fairly! Thank you – dad's family
- Open dialogue – DHS case worker
- They got all the family members included – dad
- That the family could work out a plan – dad's family
- Glad to be a part of the process - high school principal
- (Name) that I support her and that she will make it through this - other
- All of it – comforting - mom
- The people being so understanding and helpful - mom
- Just to be able to express our feelings and be listened to about our concerns – granddaughter

## The Family Connections Site Review Placemat

# FAMILY ENGAGEMENT FOR NATIVE AMERICAN YOUTH

The Village Family Service Center

Family Engagement for Native American Youth is a three-year grant awarded by the federal Children's Bureau to The Village Family Service Center, in collaboration with the Department of Human Services and the University of North Dakota Department of Social Work. The goal of this project is to learn about the effectiveness of Family Team Decision Making (FTDM) and Family Group Decision Making (FGDM) meetings as ways to support Native American families in keeping children safe, preventing placement of children out of the home, or placing children with family when out-of-home placement is needed.

In the first two years, 101 meetings were held for over 160 children.

- Most meetings were held in cases in which children were likely enter foster care; the average age of the child was 6 years old.
- Participants were affiliated with 22 different tribes.



- Participating families have many strengths and needs, but say meetings help.
- Most families were referred for general neglect, abuse, or domestic violence.
- On average, families were single-mother households with under \$10,000 annual income; they report that their greatest needs are related to having enough money.
- Participants report high satisfaction with the meeting process. When asked about it, they say things like "very supportive," "got to get input from family," and "we found an action plan."



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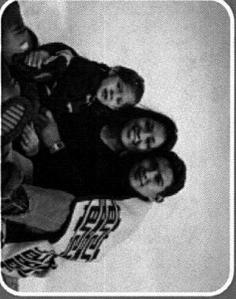


For more information about FGDM and FTDM, please contact Sandi Zaleski, Project Coordinator, at 701-451-4952 or [szalesk@TheVillageFamily.org](mailto:szalesk@TheVillageFamily.org)  
For information regarding research outcomes, please contact Melanie Sage, Evaluation Coordinator, at 701-777-1224 or [Melanie.Sage@und.edu](mailto:Melanie.Sage@und.edu)



### In 2012, 50 meetings were held for over 100 children

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- Ward and Mountrail County - Contact Barb Fix at 701-852-3328



## Facilitator Biography Handout – Updated



# Our Facilitators

**Family Group Decision Making (FGDM)  
and Family Team Decision Making (FTDM)**



**Christine Bushy, MEd, LPC, NCC**  
Devils Lake, ND

Christine Bushy is an In-Home/In-Office Counselor and supervises FGDM/FTDM in the Devils Lake office and Rolla/Turtle Mountain area. She earned a Master of Education degree in Counseling from North Dakota State University and is a North Dakota Licensed Professional Counselor and National Certified Counselor. Christine has 6 years of experience working with children and families. She is trained in FGDM through The Village's certified FGDM trainer/facilitator and in FTDM by the State of Washington Family to Family Initiative. Christine has been employed by the Village since 2007.



**Dana Cook**  
Fargo, ND

Dana Cook is a facilitator in the Fargo office. She received a Bachelor of Science in Education with a minor in Child Development and Family Science from Valley City State University and has 15 years of experience working with families and youth. Dana is trained in FTDM through the State of Washington's Family to Family Initiative and has been employed with The Village since March 2013.



**Barbara Fix, MEd, LPC**  
Minot, ND

Barbara Fix is the Regional Program Supervisor for the Minot office and supervises FGDM/FTDM in the Minot and Williston areas. She earned a Master of Education degree in Counseling from North Dakota State University and is a North Dakota Licensed Professional Counselor. Barb has 6 years of experience with Family Engagement programs and 18 years working with children and families. She is trained in FGDM The Village's certified FGDM trainer/facilitator and in FTDM by the State of Washington Family to Family Initiative. Barb has been employed by The Village since 2000.



**Joann Jesser**  
Bismarck, ND

Joann Jesser is a facilitator in the Bismarck office. She received a Bachelor of Science degree with a major in Criminal Justice and a minor in Psychology from Minot State University and has 9 years of experience working with adolescents and families. Joann is trained in FTDM through the State of Washington's Family to Family Initiative and in FGDM through The Village Facilitator Lorrie Meier, who has trained FGDM facilitators in both Minnesota and North Dakota since 2002. Joann has been employed with The Village since December 2011.



**Luke Klefstad, MA, LPC**  
Grand Forks, ND

Luke Klefstad is the Regional Director for the Grand Forks and Devils Lake offices and supervises FGDM in the Grand Forks area. He earned a Master of Arts degree in Counseling from the University of North Dakota and is a North Dakota Licensed Professional Counselor. Luke has over 14 years of experience working with children and families. He is trained in FGDM through The Village's certified FGDM trainer/facilitator. Luke has been employed by The Village since 1999.



**Kimberly Massine, BA**  
Minot, ND

Kimberly Massine is a facilitator in the Minot office. She received a Bachelor of Arts degree with a major in Criminal Justice from Metropolitan State University and has 11 years of experience working with children and adults. Massine is trained in FTDM through the State of Washington's Family to Family Initiative and in FGDM through Village Facilitator Lorrie Meier, who has trained FGDM facilitators in both Minnesota and North Dakota since 2002. Kimberly has been employed with The Village since December 2011.

## Page 2 – Facilitator Biography Handout



**A.J. Schuler, MEd**  
Fargo, ND

A.J. Schuler is a facilitator in the Fargo office. She received a Master of Education degree in Counselor Education from North Dakota State University and has 15 years of experience working with children and families. A.J. is trained in FTDM through the State of Washington's Family to Family Initiative and in FGDM through The Village Facilitator Lorrie Meier, who has trained FGDM facilitators in both Minnesota and North Dakota since 2002, as well as Jim Nice, Director of the Family Unity Project in Oregon. She is also trained in Wraparound through the state of North Dakota and Dr. John VanDenBerg, pioneer of the wraparound process. A.J. has been employed with The Village since 2005.



**Jessica Sorenson**  
Bismarck, ND

Jessica Sorenson is a facilitator in the Bismarck office. She received a Bachelor of Arts degree in Psychology from Minot State University and has 7 years of experience working with children and families. Jessica is trained in FTDM through the State of Washington's Family to Family Initiative and in FGDM through Village Facilitator Lorrie Meier, who has trained FGDM facilitators in both Minnesota and North Dakota since 2002. Jessica has been employed with The Village since January 2011.



**Megan Swenseth, MA, CL**  
Devils Lake, ND

Megan Swenseth is a facilitator in the Devils Lake office. She received a Master of Arts degree in Clinical Psychology from Argosy University in Chicago, IL and has 4 years of experience working with families. Megan is trained in FTDM through the State of Washington's Family to Family Initiative and in FGDM through The Village Facilitator Lorrie Meier, who has trained FGDM facilitators in both Minnesota and North Dakota since 2002. Megan has been employed with The Village since August 2011.



**Talia Tweten, MA**  
Grand Forks, ND

Talia Tweten is an in-home counselor and facilitator in the Grand Forks office. She received a Master of Arts degree in Counseling from University of North Dakota. Talia is trained in FTDM through the state of Washington's Family to Family Initiative. Talia has been employed with The Village since 2012.



**Sandi Zaleski, MS, LSW**  
Fargo & Bismarck, ND

Sandi Zaleski is the Regional Program Supervisor for the Fargo office and supervises FGDM/FTDM in the Fargo and Bismarck areas. She earned a Master of Science degree in Child Development and Family Science from North Dakota State University and is a North Dakota Licensed Social Worker. Sandi has 13 years of experience with Family Engagement programs and over 40 years working with children and families. She is trained in FGDM through Mitchell Law and the American Humane Association and in FTDM by the State of Washington Family to Family Initiative. Sandi has been employed by The Village since 1988.

**Amy Smith, LSW**  
Grand Forks, ND

Amy Smith is a facilitator in the Grand Forks office. She received a Bachelor of Social Work with a minor in Sociology from Pacific Lutheran University in Tacoma, WA, and is a licensed social worker in North Dakota. Amy has 7 years of experience working with families and youth and is trained in FTDM through the state of Washington's Family to Family Initiative. Amy has been employed with The Village since March 2013.

**1-800-627-8220 • [www.TheVillageFamily.org](http://www.TheVillageFamily.org)**



**Page 2 – Referral Form**

Current/past agency Involvement dates	Type of service	Length of service	Last case manager & county

**Foster Family (current):**

\_\_\_\_\_

Information about foster family is to be kept confidential upon request of the county social worker:

Yes  No

\_\_\_\_\_ Signature

**Referral Concerns/Risk Factors (please check up to TWO primary risks per family):**

- |   |   |
|---|---|
| <input type="checkbox"/> Child Abuse/Neglect                                | <input type="checkbox"/> Prior Placement History of Children                |
| <input type="checkbox"/> Substance Abuse                                    | <input type="checkbox"/> Physical/Developmental Disability (child or adult) |
| <input type="checkbox"/> Severe Mental Health Issues                        | <input type="checkbox"/> Parent/Child Conflict/Family Discord               |
| <input type="checkbox"/> Law Violations /Incarcerations (adults)            | <input type="checkbox"/> Joblessness/Financial/Housing                      |
| <input type="checkbox"/> Rule Violations/Status Offense/Delinquency (youth) | <input type="checkbox"/> Domestic Violence                                  |

**Explain referral concerns and safety issues that bring the family to FGDM:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**History of Domestic Violence:** Yes No    **No Contact Order:** Yes No

**The risk of placement without service (if applicable):**  Imminent     High     Moderate  
 Low

**Is there a Court Appointed Guardian Ad Litem?** Yes No

**Name and telephone # for Guardian Ad Litem:**

\_\_\_\_\_

**Has the family agreed to participate in a Family Conference?** Yes No

**What is the GOAL of the Family Group Conference?:**

\_\_\_\_\_  
 \_\_\_\_\_

**Page 3 – Referral Form**

**Has the family agreed to the purpose of this meeting?** Yes No

**Does the family have any cultural or language needs?** Yes No

**If yes, please explain:**

---

**Overview of family’s strengths:**

---

---

**Additional information that would be helpful when planning the conference:**

---

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*End Referral Form- Referral form cannot be released unless authorization is obtained from referral person to interested party making the request. I have read and completed the above form to the best of my knowledge and agree that my name can be released as the referring person.*

---

*Referring Person Signature **(Required)***

---

*Parent/Custodian Signature **(Required)***



Family Group Decision Making Release/ Exchange of  
Information Form

The following information will be shared with all conference participants.

1. Referring Person:

Date:

\_\_\_\_\_

2. Goal/purpose of the conference:

\_\_\_\_\_

3. Parent or Custodian Consent:

I consent that the persons listed below, or on an attached supplemental form, who have been invited to participate in the FGDM/FTDM Conference, may hear information about me and my child(ren), as they are subjects of this conference. In addition, I specifically authorize the County Social Services Department, or referral workers, service providers, family members, and other conference participants to freely exchange information about me and my child(ren) between and among each other so that the conference facilitator can be fully informed. In order to complete required outcome data this authorization remains in effect until follow-up information has been obtained. Parents, guardians and/or referral worker may receive a follow-up phone call asking for this information. This authorization is voluntary and may be revoked at any time upon written request. Any information released prior to your written revocation of this authorization will not be a breach of confidentiality.

\_\_\_\_\_

\_\_\_\_\_

*Parent Signature*

*Date*

Child	Legal Custodian	Address	Telephone	Parent Signature	Custodian Signature





Family Engagement Intake/Closure Report  
 FGDM Grant  FTDM Grant  
 FGDM Contract

Frame Number (county): \_\_\_\_\_ Proactive Number \_\_\_\_\_ Referral Date \_\_\_\_\_  
 Inactive Date \_\_\_\_\_ Reason \_\_\_\_\_  
 Data Reauth/Start \_\_\_\_\_ Initial Conf Date \_\_\_\_\_ FU Conf Date \_\_\_\_\_

Village Worker: \_\_\_\_\_ Referring County: \_\_\_\_\_ Referring Agency: \_\_\_\_\_ Referring Worker: \_\_\_\_\_

FGDM Reason for referral (check ONE reason per family unit):  
 Child Protection Svcs  Child and Family Team Process  Court Ordered Services  
 Services Required  Child's Mental Health  JCDJS  Prevent Adoption Disruption  
 Services Recommended  Return for care  Social Services  Other (includes community/self-referral)  
 Early Intervention  Case Management

Reason for referral (grant only):  Prior to removing a child  Prior to affidavit for review of custody has been filed  Within 24-40 business hours of emergency removal

# of kids referred for FGDM conference: \_\_\_\_\_

For this section, complete a separate grid for each referred child and attach additional grids to this page

	First Name	Last Name	Relationship to child	DOB	Race	Gender	Risks	Living Situation
Blc1								(include a code for living situation and a code for siblings placed together or apart)
Blc2								
Other1								
Other2								
Child			Custody					Family plan at init conf / At FU conf / Family plan at FU conf

Child's Street Address (at intake): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work/other: \_\_\_\_\_  
 Is the child enrolled?  Yes  No Which tribe? \_\_\_\_\_ # of parents incarcerated during child's lifetime: \_\_\_\_\_ a: time of conference: \_\_\_\_\_ at FU conference: \_\_\_\_\_  
 Was a CP report filed during service?  Yes  No Has wraparound process been utilized with this family?  Yes  No

# adults in Home where referred children are living: \_\_\_\_\_ # children in Home where referred children are living: \_\_\_\_\_ # at risk at opening: \_\_\_\_\_ at closing: \_\_\_\_\_  
 Please indicate the number of participants in each role group. Indicate the relationship first, and count them again if any were phone or UTA:  
 Invites: Blc-parents: KOs \_\_\_\_\_ Matrial relatives: Adults: KOs \_\_\_\_\_ Paternal relatives: Adults: KOs \_\_\_\_\_ Providers: Foster: Other adults: Other KOs: Intparents: \_\_\_\_\_  
 Initial Conf: Blc-parents: KOs \_\_\_\_\_ Matrial relatives: Adults: KOs \_\_\_\_\_ Paternal relatives: Adults: KOs \_\_\_\_\_ Providers: Foster: Other adults: Other KOs: Intparents: \_\_\_\_\_ UTA: \_\_\_\_\_  
 FU Conf: Blc-parents: KOs \_\_\_\_\_ Matrial relatives: Adults: KOs \_\_\_\_\_ Paternal relatives: Adults: KOs \_\_\_\_\_ Providers: Foster: Other adults: Other KOs: Intparents: \_\_\_\_\_ UTA: \_\_\_\_\_  
 Location and Time of Initial Conference \_\_\_\_\_ Miles from Family's Home: \_\_\_\_\_ Follow-Up Conference \_\_\_\_\_  
 Were formal services part of the family plan?  Yes  No Were informal services part of the family plan?  Yes  No

Facilitator	Initial FU Conf Conf	Initial Conf	FU Conf
Time spent			
Referral/Scheduling Fee/Tru		Domestic Violence	
Conference time (in add'l to conf)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family favorite time	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Report writing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-conference tasks			

Reason for case closure:  
 Program completion (on/field, plan developed)  
 Program non-completion (no non-encroachment hold)  
 FGDM Intake Closure Form Ref 4/22/13

Father INVOLVEMENT:  Not contacted  Minimal involvement  Active participation

Mother:  Not contacted  Minimal involvement  Active participation

# of face to face contacts: \_\_\_\_\_

Intake/Closure Report – Page 2

FD001 Intake-Closure Form Rev 4/22/13

First Name	Last Name	Relationship to child	DOB	Race	Gender	Risks (no more than 2)	Living Situation (include a code for living situation and a code for siblings placed together or apart)
Bio1							
Bio2							
Other 1							
Other 2							
Child		Custody					Prior to init conf      Family plan at init conf      At FU conf      Family plan at FU conf

Child's Street Address (at intake): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work/other: \_\_\_\_\_

How many family members are refugees? \_\_\_\_\_ # of parents incarcerated during child's lifetime: \_\_\_\_\_ at time of conference: \_\_\_\_\_

\_\_\_\_\_ at FU conference: \_\_\_\_\_ Was a CP report filed during services? Yes No Has wraparound process been

First Name	Last Name	Relationship to child	DOB	Race	Gender	Risks (no more than 2)	Living Situation (include a code for living situation and a code for siblings placed together or apart)
Bio1							
Bio2							
Other 1							
Other 2							
Child		Custody					Prior to init conf      Family plan at init conf      At FU conf      Family plan at FU conf

Child's Street Address (at intake): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work/other: \_\_\_\_\_

How many family members are refugees? \_\_\_\_\_ # of parents incarcerated during child's lifetime: \_\_\_\_\_ at time of conference: \_\_\_\_\_

\_\_\_\_\_ at FU conference: \_\_\_\_\_ Was a CP report filed during services? Yes No Has wraparound process been

First Name	Last Name	Relationship to child	DOB	Race	Gender	Risks (no more than 2)	Living Situation (include a code for living situation and a code for siblings placed together or apart)
Bio1							
Bio2							
Other 1							
Other 2							
Child		Custody					Prior to init conf      Family plan at init conf      At FU conf      Family plan at FU conf

Child's Street Address (at intake): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work/other: \_\_\_\_\_

How many family members are refugees? \_\_\_\_\_ # of parents incarcerated during child's lifetime: \_\_\_\_\_ at time of conference: \_\_\_\_\_

At FU conference: \_\_\_\_\_ Was a CP report filed during services? Yes  No  Has wraparound process been



## Children 13 and Older Assent Form

TITLE: Family Connections: Family Engagement for Native American Youth

PROJECT DIRECTOR: Melanie Sage, PhD, LICSW, Assistant Professor

PHONE # 701-777-1224

DEPARTMENT: Department of Social Work

### WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about Family Decision Meetings because you have been referred by DHS to take part in a Family Decision Meeting. The purpose of this research study is to learn whether meetings like these are successful in helping families create plans for children that keep them out of stranger foster care. This is an evaluation of the program, and the results will be shared to help other agencies learn about ways to hold family meetings.

A person who participates in research must give informed consent for her or his participation, and it must be based on an understanding of the risks and benefits of the research. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

### HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 100 Native American children and their families will be served by this Family Decision Meeting program per year for three years between 2012-2014.

### HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last for the duration of your contact with The Village Family Service Center's Family Decision Meeting program. We will collect information about your referral to the program, about your meeting and the family plan, and ask questions during a phone call to the children's caregiver six months after your meeting. This is all the participation we request. After that, you will no longer be in the research study. If you are not a caregiver of the child/ren addressed at this meeting, your participation begins at the start of the Family Decision Meeting and ends at the end of the meeting.

### WHAT WILL HAPPEN DURING THIS STUDY?

The Village Family Service Center is a private non-profit agency that conducts Family Decision Meetings. Your participation in this study does not impact the main steps related to these meetings:

1. DHS sends a referral to The Village requesting a Family Decision Meeting.
2. A facilitator calls the caregiver/parent to set up a meeting, and collects some information over the phone.
3. A meeting is held, and participants develop a family plan.
4. About six months after the meeting, the caregiver/parent will get a phone call to check in about progress and satisfaction with the program.

Your participation in this study is exactly the same whether you choose to participate in the research. By participating in the research, you allow the data collected during this process to be shared with The University of North Dakota's Project Investigator, Melanie Sage, PhD. Your names will not be shared, published, or used in any way that can identify you as a participant.

### **WHAT ARE THE RISKS OF THE STUDY?**

There may be some things that make you feel uncomfortable as a result of being in this study. Some people feel frustrated about filling out these forms or answering sensitive questions. If you become upset or frustrated while answering these questions, you can choose to not answer questions or ask the meeting facilitator for help.

There are no foreseeable risks to participating in this study. If you have any concerns about your participation at any time, please bring them to the attention of the facilitator, or call the number at the bottom of this form to speak to the project director. Referrals to community agencies for counseling or other services will be provided at the end of your meeting if appropriate or requested.

### **WHAT ARE THE BENEFITS OF THIS STUDY?**

You may not benefit personally from being in this study. However, we hope that in the future other people might benefit from this study because we will learn more about how to serve Native American children in foster care and their families. We will share this information with DHS and other agencies who serve families involved with child welfare agencies. There are no costs or paid compensation for being in this research study.

### **WHO IS FUNDING THE STUDY?**

The Administration for Children and Families' (ACF) *Family Connections Grant* is funding this research study. This means that The Village Family Service Center and The University of North Dakota have received a grant from ACF to support the activities required to conduct the study. No one on the research team will receive a direct payment or an increase in salary from ACF for conducting this study.

### **CONFIDENTIALITY**

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, no information that could identify any participant will be shared. Research records may be reviewed by The Administration for Children and Families and the University of North Dakota Institutional Review Board to make sure the information is adequately protected.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of removing the names from all forms before they are shared with UND, using a number in place of names on forms and in a computer database, and keeping all documents in locked cabinets or password-protected computers. If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

### **IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

### **CONTACTS AND QUESTIONS?**

The researcher conducting this study is Melanie Sage, PhD, LICSW, Assistant Professor of Social Work. If you have questions about this form or research, you may ask your meeting facilitator now. If you have questions, concerns, or complaints about the research please contact: (701) 777-1224; [Melanie.Sage@email.und.edu](mailto:Melanie.Sage@email.und.edu).

If you have questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279. Please call this number if you cannot reach research staff, or you wish to talk with someone else. Additionally, this study and informed consent form were reviewed by the North Dakota Department of Human Services Institutional Review Board for the protection of human subjects. If you have questions about your rights as a person who is taking part in a research study, you may also contact Maria Gokim, Chair of the Department of Human Services Institutional Review Board at 1-701-328-8940.

I have read and understood the research project explained above. Anything that wasn't clear to me was explained so I could understand it. If I have any other questions later, I can have these answered too. I understand that I don't have to help with the project even if my parent(s) or guardian(s) say that it is all right. Even if I decide to do the things I will be asked to do, I can change my mind later and that will be OK. I have decided I want to help with the project. I was given a copy of this form which is mine to keep.

---

Signature of Participant

---

Printed Name of Participant

---

Date

**Investigator Statement**

I have carefully explained to the subject the nature of the above protocol. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks and benefits involved in participating in this study.

---

Signature of Investigator  
Or Authorized research investigators  
designated by the Principal Investigator

---

Printed Name of Investigator

---

Date

# Parent/Guardian Information and Consent Form

TITLE: Family Connections: Family Engagement for Native American Youth

PROJECT DIRECTOR: Melanie Sage, PhD, LICSW, Assistant Professor

PHONE # 701-777-1224

DEPARTMENT: Department of Social Work

## WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about Family Decision Meetings because you have been referred by DHS to take part in a Family Decision Meeting. The purpose of this research study is to learn whether meetings like these are successful in helping families create plans for children that keep them out of stranger foster care. This is an evaluation of the program, and the results will be shared to help other agencies learn about ways to hold family meetings.

A person who participates in research must give informed consent for her or his participation, and it must be based on an understanding of the risks and benefits of the research. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

## HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 100 Native American children and their families will be served by this Family Decision Meeting program per year for three years between 2012-2014.

## HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last for the duration of your contact with The Village Family Service Center's Family Decision Meeting program. We will collect information about your referral to the program, about your meeting and the family plan, and ask questions during a phone call to the children's caregiver six months after your meeting. This is all the participation we request. After that, you will no longer be in the research study. If you are not a caregiver of the child/ren addressed at this meeting, your participation begins at the start of the Family Decision Meeting and ends at the end of the meeting.

## WHAT WILL HAPPEN DURING THIS STUDY?

The Village Family Service Center is a private non-profit agency that conducts Family Decision Meetings. Your participation in this study does not impact the main steps related to these meetings:

5. DHS sends a referral to The Village requesting a Family Decision Meeting.
6. A facilitator calls the caregiver/parent to set up a meeting, and collects some information over the phone.
7. A meeting is held, and participants develop a family plan.
8. About six months after the meeting, the caregiver/parent will get a phone call to check in about progress and satisfaction with the program.

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### **WHAT ARE THE RISKS OF THE STUDY?**

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### **WHAT ARE THE BENEFITS OF THIS STUDY?**

You may not benefit personally from being in this study. However, we hope that in the future other people might benefit from this study because we will learn more about how to serve Native American children in foster care and their families. We will share this information with DHS and other agencies who serve families involved with child welfare agencies. There are no costs or paid compensation for being in this research study.

### **WHO IS FUNDING THE STUDY?**

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### **CONFIDENTIALITY**

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### **IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

### **CONTACTS AND QUESTIONS?**

The researcher conducting this study is Melanie Sage, PhD, LICSW, Assistant Professor of Social Work. If you have questions about this form or research, you may ask your meeting facilitator now. If you have questions, concerns, or complaints about the research please contact: (701) 777-1224; Melanie.Sage@email.und.edu.

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Additionally, this study and informed consent form were reviewed by the North Dakota Department of Human



## **MEETING PARTICIPANT INFORMED CONSENT**

**TITLE:** Family Connections: Family Engagement for Native American Youth

**PROJECT DIRECTOR:** Melanie Sage, PhD, LICSW, Assistant Professor

**PHONE #** 701-777-1224

**DEPARTMENT:** Department of Social Work

### **WHAT IS THE PURPOSE OF THIS STUDY?**

You are invited to be in a research study about Family Decision Meetings because you have been referred by DHS to take part in a Family Decision Meeting. The purpose of this research study is to learn whether meetings like these are successful in helping families create plans for children that keep them out of stranger foster care. This is an evaluation of the program, and the results will be shared to help other agencies learn about ways to hold family meetings.

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### **HOW MANY PEOPLE WILL PARTICIPATE?**

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### **HOW LONG WILL I BE IN THIS STUDY?**

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### **WHAT WILL HAPPEN DURING THIS STUDY?**

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9. DHS sends a referral to The Village requesting a Family Decision Meeting.
10. A facilitator calls the caregiver/parent to set up a meeting, and collects some information over the phone.
11. A meeting is held, and participants develop a family plan.
12. About six months after the meeting, the caregiver/parent will get a phone call to check in about progress and satisfaction with the program.

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### **WHAT ARE THE RISKS OF THE STUDY?**

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There are no foreseeable risks to participating in this study. If you have any concerns about your participation at any time, please bring them to the attention of the facilitator, or call the number at the bottom of this form to speak to the project director. Referrals to community agencies for counseling or other services will be provided at the end of your meeting if appropriate or requested.

### **WHAT ARE THE BENEFITS OF THIS STUDY?**

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### **WHO IS FUNDING THE STUDY?**

The Administration for Children and Families' (ACF) *Family Connections Grant* is funding this research study. This means that The Village Family Service Center and The University of North Dakota have received a grant from ACF to support the activities required to conduct the study. No one on the research team will receive a direct payment or an increase in salary from ACF for conducting this study.

### **CONFIDENTIALITY**

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, no information that could identify any participant will be shared. Research records may be reviewed by The Administration for Children and Families, the Department of Health and Human Services, the North Dakota Department of Human Services' Institutional Review Board, the University of North Dakota Institutional Review Board, and other entities/individuals as required or authorized by law to make sure the information is adequately safeguarded.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of removing the names from all forms before they are shared with UND, using a number in place of names on forms and in a computer database, and keeping all documents in locked cabinets or password-protected computers. If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

### **IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

### **CONTACTS AND QUESTIONS?**

The researcher conducting this study is Melanie Sage, PhD, LICSW, Assistant Professor of Social Work. If you have questions about this form or research, you may ask your meeting facilitator now. If you have questions, concerns, or complaints about the research please contact: (701) 777-1224; Melanie.Sage@email.und.edu.

If you have questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279. Please call this number if you cannot reach research staff, or you wish to talk with someone else. Additionally, this study and informed consent form were reviewed and approved by the North Dakota Department of Human Services

Institutional Review Board for the protection of human subjects. If you have questions about your rights as a person who is taking part in a research study, you may also contact Maria Gokim, Chair of the Department of Human Services Institutional Review Board at 1-701-328-8940.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

**BY SIGNING THIS FORM I AGREE THAT:**

- I have fully read or have had read and explained to me this informed consent form describing a research project.
- I have had the opportunity to question one of the persons in charge of this research and have received satisfactory answers.
- I understand that I am being asked to participate in research. I understand the risks and benefits, and I freely give my consent to participate in the research project outlined in this form, under the conditions indicated in it.
- I have been given a signed copy of this informed consent form, which is mine to keep.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

**Investigator Statement**

I have carefully explained to the subject the nature of the above protocol. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks and benefits involved in participating in this study.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Printed Name of Investigator

\_\_\_\_\_  
Date

Or Authorized research investigators  
designated by the Principal Investigator



**Attachment I – Facilitator and Observer Fidelity Forms**

**Facilitator Fidelity Form: Family Decision Making**

Facilitator name: \_\_\_\_\_

Caucasian  African American  Asian  Hispanic  Native American (if enrolled, please list tribe \_\_\_\_\_)

Male  Female  Other: \_\_\_\_\_

<b>Do you agree or disagree with the following statements about the meeting you facilitated.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Unsure</b>	<b>NA</b>
a. I clearly explained the purpose of the meeting to all participants.						
b. I encouraged and supported the parent/s to select the people who would attend the meeting.						
c. I facilitated a discussion of the family strengths, beliefs, and traditions.						
d. I made sure ground rules were followed during the meeting.						
e. I made sure everyone had an opportunity to listen and share information.						
f. As a group, we identified resources and services available to help implement the family’s chosen plan.						
g. I didn’t take sides during the conference.						
h. I addressed any safety issues.						
i. The family’s values and culture were respected.						
j. I helped the group review and prioritize family needs.						
k. I clearly identified each participant’s role in supporting the plan.						
l. I was satisfied with the plan made at the conference.						
m. The conference helped attendees improve relationships with each other.						
n. The conference helped attendees understand services and options available to their family.						
o. The meeting space was welcoming and adequate for the conference.						
p. I was able to prepare attendees adequately for the meeting.						
q. The group was given enough private time to make a family plan.						
r. Different sides of the family (maternal/paternal) were invited to the meeting.						
s. The meeting had a good balance of family members, friends, and providers.						
t. The plan included steps to get back together again if this plan is not working.						
u. The plan included the family’s ideas and their own words in developing safety goals and actions.						
v. I used solution-based casework tools to engage the family (such as scaling/miracle questions, genograms, reinforces strengths and success.)						

**Comments/Observations:** (see page 2 for open-ended questions)

**Page 2 – Facilitator Fidelity Form**

What were some things that went well at the meeting?

What could be improved?

What comments do you have about your answers on page 1?

What factors were barriers to making full fidelity possible?

# Observer Fidelity Form: Family Decision Making



Facilitator name: \_\_\_\_\_ observer/role: \_\_\_\_\_

Caucasian  African American  Asian  Hispanic  Native American (if enrolled, please list tribe \_\_\_\_\_)

Male  Female  Other: \_\_\_\_\_

Do you agree or disagree with the following statements about the meeting you facilitated.	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	NA
a. The facilitator clearly explained the purpose of the meeting to all participants.						
b. The meeting emphasized child safety and least restrictive placement options.						
c. The facilitator encouraged a discussion of the family strengths, beliefs, and traditions.						
d. The facilitator made sure ground rules were followed during the meeting.						
e. The facilitator made sure everyone had an opportunity to listen and share information.						
f. With facilitator support, the group identified resources and services available to help implement the family's chosen plan.						
g. The facilitator didn't take sides during the conference.						
h. The facilitator addressed any safety issues.						
i. The family's values and culture were respected.						
j. The facilitator helped the group review and prioritize family needs.						
k. The facilitator clearly identified each participant's role in supporting the plan.						
l. I was satisfied with the plan made at the conference.						
m. The conference helped attendees improve relationships with each other.						
n. The conference helped attendees understand services and options available to their family.						
o. The meeting space was welcoming and adequate for the conference.						
p. The facilitator prepared attendees adequately for the meeting.						
q. The group was given enough private time to make a family plan.						
r. Different sides of the family (maternal/paternal) were invited to the meeting.						
s. The meeting had a good balance of family members, friends, and providers.						
t. The plan included steps to get back together again if this plan is not working.						
u. The plan included the family's ideas and their own words in developing safety goals and actions.						
v. The facilitator used solution-based casework tools to engage the family (such as scaling/miracle questions, genograms, reinforced strengths and success.)						

**Comments/Observations:** (see page 2 for open-ended questions)

**Observer Fidelity Form – Page 2**

What were some things that went well at the meeting?

What could be improved?

What comments do you have about your answers on page 1?

What factors were barriers to making full fidelity possible?

**Attachment J - Satisfaction Survey**



Relationship to child(ren):

child/teen   
  mother   
  father   
  step-mother   
  step-father   
  foster parent  
 family member   
  friend   
  service provider   
  other: explain \_\_\_\_\_

Do you agree or disagree with the following statements about services your family received? If the statement does not apply to you, check N/A for not applicable.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	N/A
Conference participants had an opportunity to listen to and share information .....	<input type="checkbox"/>					
I was satisfied with the plan made at the conference .....	<input type="checkbox"/>					
Overall, FGDM was a positive experience for me .....	<input type="checkbox"/>					
The facilitator prepared me for the conference either verbally or in writing .....	<input type="checkbox"/>					
The facilitator(s) didn't take sides during the conference .....	<input type="checkbox"/>					
The facilitator(s) addressed any safety issues .....	<input type="checkbox"/>					
Our family's values and culture were respected .....	<input type="checkbox"/>					
The conference helped me have a more connected relationship with family members .....	<input type="checkbox"/>					
After the conference, I know more about the supportive services available to the children and family .....	<input type="checkbox"/>					

Comments:

What was the best part of your experience with The Village? \_\_\_\_\_

---

The Village strives for excellence in all areas. Would you give The Village an excellent rating?  Yes  No If no, why not? \_\_\_\_\_

---

Are there services you and/or your family need that The Village does not provide?  Yes  No If yes, please specify: \_\_\_\_\_

**Thank you** for your comments. We welcome and learn from your feedback~ please go to [www.greatnonprofits.org](http://www.greatnonprofits.org) to submit a review of our agency.



## PHQ-9 for ADULTS Patient Health Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Please CIRCLE to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself –or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite –being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Note: Clinic Staff - Please file electronically in the EpicCare PHQ9 Document Flow sheet.

PHQ-9 adapted from PHQ-9 M.D. TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and co-leagues, made possible by Pfizer, Inc. Used with permission from Pfizer, Inc. PHQ-9 M.D. TODAY is a trademark of Pfizer, Inc.

04-27-11

PHQ-9 PHQ-9 M.D. TODAY  
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## PHQ-9 for CHILDREN & ADOLESCENTS Modified Patient Health Questionnaire

Name:

Date:

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Please CIRCLE to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite, weight loss, or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as school work, reading or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Note: Clinic Staff - Please file electronically in the EpicCare PHQ9A Document Flow sheet.

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## Attachment L – Family Needs Scale

**What is your relationship to the child/ren this meeting was held about:**

To what extent do you <b>feel the need for the following</b> kinds of assistance? If the statement does not apply, check N/A for not applicable. <i>Please also put a star next to up to three items that would help you meet your children's immediate needs so they safely return home.</i>	Almost Never have this need	Seldom have this need	Sometimes have this need	Often have this need	Almost Always have this need	NA Does not apply to me
1. Having money to buy necessities and pay bills.	1	2	3	4	5	0
2. Budgeting money.	1	2	3	4	5	0
3. Paying for special needs of my child.	1	2	3	4	5	0
4. Saving money for the future.	1	2	3	4	5	0
5. Having clean water to drink.	1	2	3	4	5	0
6. Having food for two meals for my family.	1	2	3	4	5	0
7. Having time to cook healthy meals for my family.	1	2	3	4	5	0
8. Feeding my child.	1	2	3	4	5	0
9. Getting a place to live.	1	2	3	4	5	0
10. Having plumbing, lighting, heat.	1	2	3	4	5	0
11. Getting furniture, clothes, toys.	1	2	3	4	5	0
12. Completing chores, repairs, home improvements.	1	2	3	4	5	0
13. Adapting my house for my child.	1	2	3	4	5	0
14. Getting a job.	1	2	3	4	5	0
15. Having a satisfying job.	1	2	3	4	5	0
16. Planning for future job of my child.	1	2	3	4	5	0
17. Getting where I need to go.	1	2	3	4	5	0
18. Getting in touch with people I need to talk to.	1	2	3	4	5	0
19. Transporting my child.	1	2	3	4	5	0
20. Having special travel equipment for my child.	1	2	3	4	5	0
21. Finding someone to talk to about my child.	1	2	3	4	5	0
22. Having someone to talk to.	1	2	3	4	5	0
23. Having medical and dental care for my family.	1	2	3	4	5	0
24. Having time to take care of myself.	1	2	3	4	5	0
25. Having emergency health care.	1	2	3	4	5	0
26. Finding special dental and medical care for my child.	1	2	3	4	5	0
27. Planning for future health needs.	1	2	3	4	5	0
28. Managing the daily needs of my child at home.	1	2	3	4	5	0
29. Caring for my child during work hours.	1	2	3	4	5	0
30. Having emergency child care.	1	2	3	4	5	0
31. Getting respite care for my child.	1	2	3	4	5	0
32. Finding care for my child in the future.	1	2	3	4	5	0
33. Finding a school placement for my child.	1	2	3	4	5	0
34. Getting equipment or therapy for my child.	1	2	3	4	5	0
35. Having time to take my child to appointments.	1	2	3	4	5	0
36. Exploring future educational options for my child.	1	2	3	4	5	0
37. Expanding my education, skills, and interests.	1	2	3	4	5	0
38. Doing things that I enjoy.	1	2	3	4	5	0
39. Doing things with my family.	1	2	3	4	5	0
40. Participation in parent groups or clubs.	1	2	3	4	5	0
41. Traveling/vacation with my child.	1	2	3	4	5	0

## Attachment M – Protective Factors Survey

Agency ID \_\_\_\_\_

Participant ID # \_\_\_\_\_

Is this a      ... Pretest?      ... Post test?

1. Date survey completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. How was the survey completed?

- ... Completed in face to face interview
- ... Completed by participant with program staff available to explain items as needed
- ... Completed by participant without program staff present

3. Has the participant had any involvement with Child Protective Services?

- ... NO
- ... YES
- ... NOT SURE

4. (A) Date participant began program (complete for pretest)      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. (B) Date participant completed program (complete at post test)      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. **Type of Services:** Identify the type of program that most accurately describes the services the participant is receiving. Check all that apply.

- ... Parent Education
- ... Parent Support Group
- ... Parent/Child Interaction
- ... Advocacy (self, community)
- ... Fatherhood Program
- ... Planned and/or Crisis Respite
- ... Homeless/Transitional Housing
- ... Resource and Referral
- ... Family Resource Center
- ... Skill Building/Ed for Children
- ... Adult Education (i.e. GED/Ed)
- ... Job Skills/Employment Prep
- ... Pre-Natal Class
- ... Family Literacy
- ... Marriage Strengthening/Prep
- ... Home Visiting
- ... Other (If you are using a specific curriculum, please name it here) \_\_\_\_\_

6.) **Participant's Attendance:** (Estimate if necessary)

A) **Answer at Pretest:** Number of hours of service offered to the consumer: \_\_\_\_\_

B) **Answer at Post-test:** Number of hours of service received by the consumer: \_\_\_\_\_

*This survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.*

**Page 2 – Protective Factors Survey**

Agency ID \_\_\_\_\_

Participant ID # \_\_\_\_\_

1. Date Survey Completed:    /    /         2. Sex: ... Male ... Female      3. Age (in years): \_\_\_\_\_

**4. Race/Ethnicity. (Please choose the ONE that best describes what you consider yourself to be)**

- ...A Native American or Alaskan Native      ...B Asian
- ...C African American      ...D African Nationals/Caribbean Islanders
- ...E Hispanic or Latino      ...F Middle Eastern
- ...G Native Hawaiian/Pacific Islanders      ...H White (Non Hispanic/European American)
- ...I Multi-racial      ...J Other \_\_\_\_\_

**5. Marital Status:**

- ...A Married    ...B Partnered    ...C Single    ...D Divorced    ...E Widowed    ...F Separated

**6. Family Housing:**

- ...A Own                      ...B Rent                      ...C Shared housing with relatives/friends  
...D Temporary (shelter, temporary with friends/relatives)                      ...E Homeless

**7. Family Income:**

- ...A \$0-\$10,000                      ...B \$10,001-\$20,000                      ...C \$20,001-\$30,000  
...D \$30,001-\$40,000                      ...E \$40,001-\$50,000                      ...F more than \$50,001

**8. Highest Level of Education:**

- ...A Elementary or junior high school      ...B Some high school      ...C High school diploma or GED  
...D Trade/Vocational Training      ...E Some college      ...F 2-year college degree (Associate's)  
...G 4-year college degree (Bachelor's)      ...H Master's degree      ...I PhD or other advanced degree

**9. Which, if any, of the following do you currently receive? (Check all that apply)**

- ...A Food Stamps    ...B Medicaid (State Health Insurance)    ...C Earned Income Tax Credit  
...D TANF    ...E Head Start/Early Head Start Services    ...F None of the above

**10. Please tell us about the children living in your household.**

Child 1: ...Male                      Your relation-    ...A Birth parent    ...B Adoptive parent    ...C Grand/Great Grandparent  
...Female                      ship to child    ...D Sibling    ...E Other relative    ...F Foster-parent    ...G other  
DOB    /    /   

---

Child 2: ...Male ...Female    Your relation-    ...A Birth parent    ...B Adoptive parent    ...C Grand/Great Grandparent  
DOB    /    /       ship to child    ...D Sibling    ...E Other relative    ...F Foster-parent    ...G other

---

Child 3: ...Male ...Female    Your relation-    ...A Birth parent    ...B Adoptive parent    ...C Grand/Great Grandparent  
DOB    /    /       ship to child    ...D Sibling    ...E Other relative    ...F Foster-parent    ...G other

---

Child 4: ...Male ...Female    Your relation-    ...A Birth parent    ...B Adoptive parent    ...C Grand/Great Grandparent  
DOB    /    /       ship to child    ...D Sibling    ...E Other relative    ...F Foster-parent    ...G other

---

*If more than 4 children, please use space provided on the back of this sheet.*

### Page 3 – Protective Factors Survey

**Part I.** Please **circle** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to “both sides of the story.”	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

**Part II.** Please **circle** the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn’t know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn’t know where to go for help.	1	2	3	4	5	6	7

**Page 4 – Protective Factors Survey**

**Part III.** This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child’s age or date of birth and then answer questions with this child in mind.

**Child’s Age** \_\_\_\_\_ **or** **DOB** \_\_\_/\_\_\_/\_\_\_

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don’t know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

**Part IV.** Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

**Attachment N – Team Plan**

**FAMILY GROUP DECISION MAKING**  
*The Village Family Service Center*

**CHILD(REN)’S NAME(S):**  
**DATE OF CONFERENCE:**  
**LOCATION OF CONFERENCE:**  
**FACILITATOR(S):**  
**DATE SUMMARY PREPARED:** *Plan must be sent to participants within 5 business days of conference.*

**PARTICIPANTS/RELATION:**

**PARTICIPATED IN WRITING:**

**PARTICIPATED BY PHONE:**

**BACKGROUND:**

*Concerns/risk factors that led the worker to refer to FGDM, how long child has been placed outside of the home, etc.  
Example: Child was removed from mom’s home in December 2010 due to conditions of the home.*

**PURPOSE OF CONFERENCE:**

**FAMILY PLAN SUMMARY STATEMENT:** *Summary of the plan that was developed.*

**FAMILY STRENGTHS:**

**NEEDS/CONCERNS:**

**IDEAS/SOLUTIONS:**

**BOTTOM LINES:**

*Identified by referring worker during conference. Examples include parent must follow all requirements of county treatment plan, back-up placement options must be able to pass background check and home study, etc.*

**FAMILY PLAN:** See Page X

**FACILITATOR COMMENTS:**

*List who will receive copies of the plan, who the family plan monitor is, and the date of the follow-up meeting. If a follow-up meeting is not scheduled, note that in this section. You could write “A follow-up meeting was not scheduled at this time, but the facilitator can be contacted if another meeting would be helpful”.*

*(Your signature here)*

Facilitator Name  
Family Group Decision Making Facilitator  
Phone:  
Fax:  
The Village Family Service Center  
Address

Name FAMILY PLAN  
Date

WHO	WHAT	WHEN

## Family Team Decision Making Summary & Plan

DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

SOCIAL WORKER: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

FACILITATOR: \_\_\_\_\_

**PURPOSE OF MEETING**

- Prior to removing a child
- Prior to affidavit for review of custody filed
- Within 24-48 business hours of emergency removal

CHILD(REN) DISCUSSED AT MEETING:

\_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_

SITUATION THAT PROMPTED MEETING:

\_\_\_\_\_  
 \_\_\_\_\_

DECISIONS RESULTING FROM MEETING:

PLACEMENT: \_\_\_\_\_

CUSTODY: \_\_\_\_\_

ACTION STEPS:

PLAN A:

WHO	WHAT	BY WHEN

PLAN B:

WHO	WHAT	BY WHEN

SAFETY ISSUES:

SAFETY CONCERN	STEPS TO RESOLVE IT

## **Attachment O – Non-Participation Form**

### **Family Engagement for Native American Youth Research Non-Participation Form**

Complete this form when parents do not consent to participation in the research study. Indicate the reason for non-participation and submit the completed form to Melanie.

Reason for not participating in the research study:

\_\_\_\_\_ Chose not to consent

\_\_\_\_\_ Currently incarcerated

\_\_\_\_\_ Participated by phone or writing

\_\_\_\_\_ Other (please list reason) \_\_\_\_\_

**Attachment P – Collaboration Form**

Assessing Collaboration

Cass (Village Fargo)			
	A- Strength	B- Importance	C- Frequency
DHS- child welfare			
Native American Center			
UND			
(list other significant partners below)			

Step 1: Each facilitator should list out partners that are key to achieving positive outcomes for families who have FTDM/FGDM meetings and identify the following:

A-On a scale from 0-10, zero being lowest and ten being highest what would you say is the current strength (positive relationships, participation at meetings, support of process) of your relationship with...?

B-On a scale from 0-10, zero being lowest and ten being highest, what is the importance of your relationship with... to positive outcomes for the family?

C-How often do you collaborate with..., never, rarely, sometimes, often, always?

Step 2: What informed your decisions? What would need to happen to strengthen relationships? Pay attention especially to large gaps between strength and importance. Write down some notes regarding your thoughts. Compare your numbers and thoughts with other facilitators at your center.

Step 3: (optional) Ask community partners you listed to assess their impression of their partnership with you on the three variables, and to identify what could strengthen relationships.

Step 4: Hold internal/external planning meetings to discuss your findings and develop action steps to strengthen relationships.

Step 5: Retest at a later date (6-12 months after initial assessment).

# Attachment Q – FGDM/FTDM Brochures

## Family Group Decision Making Brochure – Pages 1 & 2



- Increase your family's sense of safety.
- Engage your family in the process of keeping our community's children safe.
- Resolve concerns unique to your child.
- Strengthen and unify your family.

**The Village Service Center's Family Group Decision Making Locations**

**North Dakota**

**Fargo**  
1201 25th St. S.  
701-451-4900 • 1-800-627-8220

**Grand Forks**  
(with services in Polk County, Minn.)  
1726 S. Washington #33A  
701-746-4584

**Devils Lake**  
224 4th St. NW, Suite 5  
701-662-6776

**Minot/Williston**  
20 1st St. SW, Suite 250  
701-852-3328

**Minnesota**

**Moorhead**  
1401 8th St. S.  
701-451-4900 • 800-627-8220

**Other Village Programs and Services**

- Adoption Services
- Big Brothers Big Sisters
- Counseling Services
- Family-Based Services
- Family Group Decision Making
- Financial Resource Center
- Nokomis Child Care Center
- Pregnancy Counseling
- The Village Business Institute
- The Village Family Magazine



**FAMILY GROUP**

**DECISION MAKING**




[www.TheVillageFamily.org](http://www.TheVillageFamily.org) • 800-627-8220

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“It was amazing to see families, whom I didn't think would be able to develop a plan, come up with a better plan than I could have thought of.”

– Service Provider



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**When was the last time your family gathered around the table for dinner?**

Most of us understand how important it is for families to talk every day, whether that's during the evening meal or at the breakfast table. But fewer and fewer of us are actually following through and taking time for our loved ones. Our emails, text messages and cell phones seem to take more free time that could be spent indulging in the greatest interactive experience ever: time with family.

That's where The Village Family Service Center's Family Group Decision Making program, or FGDM, comes in. The time you spend with us in special sessions customized to your family's needs is like sitting around the dining table, talking, discussing, debating, and connecting on a new, more intimate level. Most importantly, FGDM gives you the opportunity to make crucial decisions about a child in the family.

Extended family members, caregivers and service providers are also invited to participate in your family's sessions so they are empowered to help you resolve safety and well-being issues you may be experiencing with a child.

**Be empowered to:**

- Increase your family's sense of safety.
- Engage your family in the process of keeping our community's children safe.
- Resolve concerns unique to your child.
- Strengthen and unify your family.

**Why is Family Group Decision Making Effective?**

Families are more likely to follow through with a plan for their child's care and safety when it is a plan they created themselves. In addition, FGDM draws on the many strengths within the family (EVERY family has strengths), and empowers them to take responsibility for the care and well-being of their children.

Families are more likely to follow through with a plan for their child's care and safety when it is a plan they created themselves.

**How Do I Make a Referral?**

For more information about FGDM, or to make a referral, call The Village Family Service Center at one of the numbers listed on the back of this brochure.

Family Group Decision Making is a partnership between The Village Family Service Center and the North Dakota Department of Human Services.

**Stages of the FGDM Process**

After receiving a referral, a Village FGDM facilitator and case aides will contact all family members and service providers to explain the 4-step process.

1. Referral to FGDM
2. Preparation and planning for a meeting  
The facilitator and case aide will be in touch with the family, decide who will be invited to the meeting, and discuss with everyone separately what needs to be accomplished by the process.
3. The meeting  
Stage 1: Introductions  
Stage 2: Information-sharing (Strengths and needs of family and child)  
Stage 3: The family meeting – family meets privately to put together an action plan for meeting the needs of the family and child – needs that were determined in the preparation and planning stage.  
Stage 4: The decision and plan – family presents decision and plan to facilitator and other invited participants, and the group jointly finalizes the plan.
4. Post-meeting events  
Schedule follow-up meeting if the family decides one is necessary and desired. Follow-up meetings are used to evaluate the plan and determine if it is working or needs to be adjusted.



# FTDM

**What is Family Team Decision Making (FTDM)?**

A Family Team Decision Making meeting:

- Involves the family immediately when making decisions regarding a child's safety and placement.
- Brings together others who are joined with the family to help make decisions about the child's safety and placement.
- Is led by a trained facilitator from The Village Family Service Center who guides participants through the meeting process.

**FTDM Can Occur When:**

- Emergency removal of a child from a family has occurred.
- A child is at-risk of removal from the home.
- A child will be moving from one placement to another.
- A child is about to be reunited with his or her family.

**Your Family Team Decision Making Meeting:**

We appreciate your willingness to participate on such short notice. You are encouraged to invite anyone that you feel will help you and your family.

Please arrive 5-10 minutes early so the meeting can begin on time.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Talk with your Social Worker if you will require assistance with:

- Transportation
- Translation services
- Other special needs

Social Worker: \_\_\_\_\_

Phone number: \_\_\_\_\_

For additional information about FTDM, please contact the Facilitator.



www.TheVillageFamily.org  
701-451-4900  
800-627-8220

## FAMILY TEAM DECISION MAKING





**Things to know about FTDM**

- FTDM is a service provided by Cass County Social Services and The Village Family Service Center in partnership with the North Dakota Department of Human Services.
- Meetings occur within 24 to 48 business hours of an emergency removal of a child from his or home.
- The meeting will begin promptly at the scheduled start time.
- Meetings last one to two hours.
- Participants receive a copy of the plan before leaving.

**Who may attend a FTDM meeting?**

- Parents/Guardians/Family members
- Child (as appropriate)
- Family friends
- Social workers/Supervisors
- Guardian ad Litem/Foster parents
- Community members/Resources
- Facilitator
- Other key people identified

**What happens at a FTDM meeting?**

The facilitator guides participants through the following stages:

- **Introduction**
- **Meeting guidelines**
- **Identify the Situation**
  - Define concern
  - What happened/Why are we here?
- **Assess the Situation**
  - Safety needs
  - Risk concerns
  - Family's strengths and needs
- **Develop Ideas:**
  - Family and community resources to reduce risk
  - Actions to provide safety/protection of the child
  - Placement options
- **Reach a Decision**
  - Develop an action plan.

**FTDM Guidelines**

- The focus is on the needs and safety of the child.
- All participants should contribute to the process with honesty and respect.
- Each participant will have the opportunity to speak and be heard.
- Participants need to express what they are willing to do and make commitments.
- If the team cannot come to agreement regarding the placement and immediate safety plan for the child cannot be reached, the social worker and supervisor will make the final decision.

**Privacy and Confidentiality**

- All information shared in a FTDM meeting is considered confidential and is to be treated with respect.
- Information discussed may be considered as part of the child protection services assessment, disclosed in court proceedings, or used for case planning purposes.

*Note: Any information having to do with the concerns about the safety and welfare of children is reportable by law.*

## **Attachment R – Informational Meetings**

Regular meetings occur with the staff at each of the four regions and the local partnering county social service offices (Counties include Cass, Burleigh, Morton, Ramsey, Rolette, and Ward). The frequency of these meetings depend on the need of each region, and can be anywhere from once per month to once every 3-4 months.

### Bismarck Office

Out-of-Home Placement Prevention Team – approximately 36 meetings

Youth Works – 2 meetings

Burleigh/Morton County Juvenile Court – 3 meetings

Uniting for Early Childhood Day at the State Capitol (booth)

Regional Focus Team Meeting – 9 meetings

McLean County Social Services

University of Mary Social Work Students

Charles Hall Youth Services

Dakota Central Social Services

North Dakota Food Bank – 3 meetings

### Devils Lake Office

Teen Maze

Fort Totten Parent Fair

Children’s Safety and Learning Fair

Dunseith Public School Parent Fair – 2 times

Presentation Medical Center Health Fair

St. John School Reading Fair

FGDM/FTDM Referral Breakfasts – approximately 18 times

Lutheran Social Services/Lake Region Human Service – approximately 36 meetings

Benson County Social Services

Ramsey/Rolette County Juvenile Court

Turtle Mountain Child Welfare

Safe Alternatives for Abused Families – approximately 36 meetings

Area Schools – 3 times

Spirit Lake Suicide Prevention Committee – approximately 36 meetings

Lake Region Suicide Prevention Committee – approximately 36 meetings

Safe Communities Coalition - approximately 36 meetings

Lake Region Area Non Profits – approximately 36 meetings

Rolette County Wellness Coalition – approximately 36 meetings

Towner County Coalition Meeting – approximately 18 meetings

Family Resource Network – approximately 18 meetings

Regional Focus Team Meeting – 9 meetings

Family Crisis Center in Bottineau, ND

Meeting with local agencies regarding young adults transitioning to adulthood

St. John, ND Public School Parent & Student Fair

Turtle Mountain Community High School Drug Prevention Expo  
Nelson County Network Meeting (every other month) – approximately 18 meetings  
Lutheran Social Services Health Families  
Lakes Social Service District  
Wells County Social Services  
Four Winds Community Fair  
Ramsey County SS, LRHSC, Village Staffing – approximately 36 meetings  
Candeska Community College  
Mercy Hospital ER Staff  
Casino for Spirit Lake Head Start  
ND Juvenile Court  
Schulte Consultation Phone Call  
Spirit Lake IV-B Stakeholders Coalition Meeting  
Social Services Coalition Meeting  
Lake Region Suicide Prevention Walk  
Spirit Lake Children’s Symposium  
Devils Lake Elementary Career Fair  
Safety and Learning Fair  
Turtle Mountain Tribal Leaders  
Northeast Judicial District Judge  
Lake Region Human Service Center  
Lake Region Human Service Center – Rolla Outreach  
Center for Success  
Juvenile Court  
Department of Juvenile Services  
Dunseith Public School  
Turtle Mountain Community High School

Fargo Office

Fargo Native American Coalition – approximately 36 meetings  
Lamoure/Dickey County Social Services  
Stutsman County Social Services – 3 meetings  
Sergeant/Ransom County Social Services  
Barnes County Social Services  
Meeting with Native American community representatives  
Regional Focus Team Meeting – 7 meetings  
Division of Juvenile Services (Probation Officers) – 2 meetings  
Partnership Luncheon – 2 times  
Village FBS  
Native American Mentors in the schools – 3 meetings  
Family Based and Family Engagement Supervisors  
Richland County Social Service  
Village All-Staff Quality Assurance  
Eide-Bailey Audit Committee

Family Service Rochester – 2 meetings  
Gateway Virtual Visit – 2 meetings  
Native American paralegal and ICWA specialist

Minot Office

Ward County Jail  
30 area school visits  
Goodwill Easter Seals  
ING (bank)  
Great Plains Food Bank  
Head Start  
Dakota Boys & Girls Ranch  
Trinity Hospital  
Local Attorney  
Interagency Meeting with Northwest Human Service Center – 4 meetings  
Regional Focus Team Meeting – 9 meetings  
Division of Juvenile Services  
Juvenile Court/Probation  
Stakeholder Meetings  
Women and Men of the Moose (Moose Lodge) – 2 meetings  
YWCA Shelter  
Oil Expo  
Mountrail County Social Services  
Regional Advisory Board  
North Central Partnerships  
MSU Native American Cultural Week Workshop (2 days)  
NDUS School for the Blind  
Greater ND Chamber  
Minot Police Department  
Williston County Social Services  
McHenry County Social Services  
Pierce County Social Services  
Williams County Social Services  
Children's Juvenile Justice Symposium  
North Central Human Service Center  
Perkett School  
Children's Advocacy Center  
Domestic Violence Crisis Center  
Independent, Inc.  
Minot State University Infant Development

## Attachment S – Referral Packet (includes Referral & Brochure – See Attachments F & Q)



A Family Group Decision Making conference (FGDM) is a facilitated, confidential meeting where a child, family, extended family and friends come together to make decisions and do planning for the children's future. Service providers are often included in the meeting.

If you are working with a family that has a decision to make or planning to do involving their child(ren), they may be a good fit for the Family Group Decision Making process.

- ◆ FGDM is an opportunity for family members and important people to get more involved and become a part of the solution for the family. Often times the family is able & willing to connect or re-connect with family, extended family or other supports for the benefit of the children.
- ◆ Service providers are included so that family and extended family become fully informed of a particular situation. Family is given the opportunity to clarify and ask questions.
- ◆ The overall goal of a family conference is to leave the meeting with an action plan to address concerns and a way to monitor success of the action plan. A single follow up or review conference may be scheduled.
- ◆ The FGDM facilitators' role is to remain neutral, do all of the before meeting preparation and the meeting facilitation at no cost to the family.

The types of situations and issues that can be addressed at a Family Group Decision Making conference are numerous. A few sample goals/purposes for FGDM conferences are:

- To establish a plan of family support for consistent care of the Children.
- To develop a plan for the Child to stay out of the middle of the parent's conflict and divorce.
- To develop a plan of family support to keep the Child's home stable.
- Develop a plan of healthy family interactions (improve communication) to support the child(ren).
- To explore and plan for family respite care for the Children and support for Mom.
- To develop a plan of family support to assist the family with Child 1's attendance in school and to assist Child 1 and Child 2 in the completion of their homework.
- To develop a plan of family support to help the Child remain law abiding.
- Develop a plan of family support so the youth can work towards independent living.
- To develop a plan for the Children and to have safe visitation/contact with each parent.
- Develop a plan of support for the Child to remain in the grandparent's home.
- To develop a family plan of support to help keep the Teen sober upon return from treatment.

Call to discuss the process or a potential referral. There is no need to complete a referral form before you call. In the Fargo region, call FGDM Facilitator AJ Schuler @ 701-451-4955 or email [aschuler@thevillagefamily.org](mailto:aschuler@thevillagefamily.org)



## THE REFERRING WORKER'S ROLE

### Family Group Decision Making Conferences

#### 1. Meet with the family

- Briefly introduce FGDM and answer basic questions the family may have. Let them know the FGDM coordinator can answer other questions.
- FGDM or Family Group Conferences are meetings in which family, extended family, friends and service providers come together to talk about concerning situations that they or their children are having.
- It is an opportunity for family members, extended family and important people to get more involved and become a part of the solution for the family.
- Service providers are present to share information that may be helpful to the family as *they* develop their family plan. Family can clarify issues and ask questions. Service providers are not present during private family time.
- The meeting is organized and run by facilitators who are neutral and will not take sides with the concerns that are discussed. Their role is not to be an information provider for the family. The facilitator's job is to keep the meeting focused on the meeting purpose/ goal and on productive planning.
- Special needs including family and cultural values will be respected.
- These meetings can last several hours. The facilitator with family input works out the meeting place, date and time. Meeting arrangements are done by the facilitator.
- This meeting may occur only once or there can be one or more follow-up/review meetings arranged.
- The goal is for the family to leave the meeting with an action plan to deal with their concerns.

- One or more family members will monitor the family plan to be sure the plan is successful. If the county is involved or there are legal mandates, they will continue to be monitored by the service provide who is responsible.
- Seek agreement and shared understanding with the family on the purpose of the meeting.
- Assess for violence, safety issues or legal questions.
- Seek agreement from the family to hold a meeting.
- Complete referral form with family and start the participant list.
- Let the family know the facilitator will be contacting them.

## 2. Make the referral

- Contact the FGDM coordinator/facilitator.
- Discuss the purpose of the meeting.
- If applicable, how long has the child been in care/custody of the state?
- Has there been a permanency planning/wraparound team meeting?
- If so, what goals were established?
- How does that goal fit with the goal of the conference? It is not appropriate to offer a FGC to develop a plan if the plan has already been decided.
- Does the family seem to need more information before the meeting, or at the meeting? Did the family understand their situation?
- Who needs to present information? County? Adoption worker? Other? How can they & the information be included?
- Share safety, legal or conflict issues.
- Comments about participant list. Are there participants that you are aware of that one or more others may not agree with to invite or participate in any way?

Do you have or are there “bottom lines”/ legal mandates for the family as they plan? Is there a family plan you will/can not accept and is the family aware of that?

Discussion of time frame: needs, requests/requirements, availability and logistics of meeting. If custodian, consultation may be needed regarding conference attendees etc.

### 3. Preparation for the Family Group Conference

Be ready to share family’s strengths and progress.

Briefly discuss the concerns that the family has not already identified, avoid jargon. Allowing the family to share concerns first is often beneficial.

If not done by a parent or family member, be prepared to provide a relevant case synopsis, reflecting why the family was referred.

Present clear bottom lines/legal mandates or “must haves” without prescribing the plan.

Stay for the entire conference; stay available if utilizing private family time.

Bring a potential list of resources with contact information that the family may choose to incorporate into their plan.

Bring blank release of information forms in case the family wants you to communicate with a participant following the conference.

Give immediate feedback to the plan, discussion of monitoring of the plan.

Debrief with a support person and later the coordinator/facilitator.

## Attachment T - Lessons Learned Handout

### Family Connections Grant The Village Family Service Center Family Engagement for Native American Youth 2011 – 2014

- *Lesson Learned:* Working with the Native American population will require more extensive preparatory work by facilitators and service providers in the exploration of informal supports, including both tribal and non-tribal resources. Father involvement is still a major issue we are constantly working on improving. It has been a slow process of encouraging the maternal side of the family to build trust with the paternal side of the family when previously they have been absent or not included for various reasons. It has also been a slow process of convincing the paternal side of the family that their information is desired and valuable to their children. Facilitators are often faced with the dilemma of involving extended family members in conferences the parents do not want involved in their children's conference. Ultimately, facilitators will follow the direction of the person who has custody of the child, whether it is parent(s) or social services. This dilemma puts two of our core principles of Family Engagement at odds, usurping the parents' power/control/wishes and allowing social services to have more control of the invite list and the belief that widening the family circle of support is in the best interest of the children.
- *Lesson Learned:* Our experience with this project leads us to believe that urban Native families can greatly benefit from an urban Native American Center that can offer them more community support. Staff from these Native American Centers can help provide informal support.
- *Lesson Learned:* Prior to submitting a future grant it would be beneficial have more collaboration between the Department of Human Services and the counties in establishing realistic outcomes. Using that time to brainstorm with the "target counties"; and discuss with them the engagement strategies being used; barriers & needs to assist them to achieve greater success; sponsoring a champion within the county with dollars and training the staff to make the difference. In retrospect,

we could have added more counties to the “target” areas in year 2, though sustainability was an issue.

- We encountered grant technical issues. Both data retrieval systems within DHS and the Village required programming and manpower needs which were not planned for. *Lessons Learned:* Prior to a future grant submission, data system issues be discussed and resolved. Grant funds might need to be allocated for personnel in data management.
- *Lessons Learned:* A 72 hour FTDM model may not fit all families. As with all models, flexibility is a strength. Consideration may need to be made that the FGDM model is a better fit than FTDM for Native American families.
- *Lessons Learned:* Technology was a very important piece in implementing FGDM/FTDM in a rural state. We used technology to train and connect facilitators (WebEx, the FGDM/FTDM blog and online manual); to prepare family members for conference (FGDM/FTDM DVD); and to connect families to the conference (WebEx and phone conferencing.)