Family Engagement Policy

Policy Statement:

Community Policy and Management Teams (CPMTs) are responsible for developing policies and procedures, including those that govern any Family Assessment and Planning Team (FAPT) and/or authorized multidisciplinary team (MDT) within their jurisdiction, to “provide for family participation in all aspects of assessment, planning and implementation of [CSA] services” (COV § 2.2-5208). The State Executive Council (SEC) maintains that any reasonable definition of this legislative requirement to provide for family participation must go beyond simply inviting family members to attend FAPT/MDT meetings and informing them about the decisions made through the FAPT/MDT process. The decision-making process, as supported by the Virginia Children’s Services Practice Model, is a family driven process. This policy statement presents a model by which the CSA legislative intent to provide for family participation in all aspects of assessment, planning and implementation of services will be adopted locally.

1. The legislative requirement to provide for family participation in CSA is based on fundamental, underlying values of CSA, values which are shared across the agencies represented on the SEC and which are reflected in the Practice Model (http://vafamilyconnections.com/practice_model.shtml) that has been developed through the Children’s Services System Transformation. These values include the following beliefs:
   a. All families have strengths;
   b. Families are the experts on themselves;
   c. Families deserve to be treated with dignity and respect;
   d. Families can make well-informed decisions about keeping their children safe when supported;
   e. Outcomes improve when families are involved in decision-making; and
   f. A team is often more capable of creative and high-quality decision-making than an individual.

2. CSA services are directed at achieving safety, stability, and well-being of children and their families, in the least restrictive, most family-based and most community-based way possible. Therefore, family members whose participation must be provided for through CPMT policies and practices include those who are impacted by or involved in the delivery of such services. Efforts must be made to include:
   a. Children and youth receiving CSA services;
   b. Their parents and caregivers, which may include birth parents, adoptive parents, foster parents, legal custodians, and any other primary or secondary caretakers, including prospective caretakers in the case of children who are in the custody of a child-serving agency;
   c. Their siblings, which may include half-siblings and adult siblings;
   d. Their grandparents and other adult relatives identified by either the family or a child-serving agency;
   e. Other members of their household; and

* For purposes of this document ‘family’ is defined to include birth families, adoptive families, foster families, resource families, and households in which a child resides with a legal custodian.
f. Other relatives or non-relatives chosen by the child and/or family whose participation in any aspect of assessment, planning or implementation of CSA services would benefit the child and family.

3. CPMTs must have written policies for FAPT agencies that outline the processes that will ensure the best chance of family involvement.

4. The CPMT is responsible for providing policies for FAPT that insure consistent, efficient, and effective CSA services to children and their families. Redundant or duplicative processes must be streamlined across child-serving agencies to promote family engagement but CPMT policy also must describe how they align and integrate with those of the CPMT’s member agencies.

5. Family involvement and participation are most effective when the process is guided and driven by the youth and family; when the youth and family identify the strengths and needs to be addressed; when the agencies involved are represented by staff who know, are known by, and are accepted by the youth and family; and when the youth and family participate in all aspects of assessment, planning and implementation of services COV § 2.2-5207 provides a process for and encourages the formation of child- and family-specific teams through a locality’s FAPT and/or MDT processes.

6. CPMTs are responsible for instituting policies and practices that inform, prepare, and support family members for their participation in CSA, throughout the duration of their CSA services. This should be accomplished through communication and interaction methods that are appropriate to the family’s cultural and linguistic needs and preferences, including providing written material to family members. Meaningful family member participation is possible only if family members understand their rights and responsibilities with respect to CSA services; and if they are fully informed about and prepared to participate in the assessment, planning and service delivery process in their locality.

7. COV § 2.2-2648 gives the SEC authority to review and approve requests from CPMTs to establish collaborative, multidisciplinary team processes (MDTs) for children and families pursuant to § 2.2-5209. Consistent with the legislative and statutory goals of CSA, and with the Children’s Services Practice Model, that are cited above, the SEC will approve all MDT requests that comply with the following requirements:
   a. Policies governing the MDT must be in writing and made available for review by the SEC and OCS.
   b. The policies must specify how the MDT’s practices and procedures align and integrate with those of the CPMT’s member agencies, and include assurances that the membership of the MDT is family-driven. Documented family team processes adopted by any CPMT member agency (or agencies) can be included by reference in the CPMT’s MDT policy to satisfy this requirement.
   c. The policies must explicitly authorize and set out a process through which funding approval requests will be submitted directly from the MDT to the CPMT.
CPMTs that adopt MDT policies complying with these requirements may implement them, with full authority provided under § 2.2-5207 and § 2.2-5209, provided that they notify OCS of their intent to do so and make their MDT policies available to OCS for review.