

**Team Decision-Making Unit**

# **TDM Policies & Procedures Handbook**

**June 2005**



**Children & Family Services • Human Services Agency • County of San Mateo**

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## Section 1 \_ INTRODUCTION

### Family to Family

The Family to Family (F2F)<sup>1</sup> initiative, implemented in San Mateo County (SMC) in 2001, is a set of strategies aimed at supporting children and families in the child welfare system. These strategies take a comprehensive and research-based approach to support at-risk children and families. F2F emphasizes building partnerships with community members; recruiting, training and supporting resource families; team decision-making that includes the active involvement of parents and community partners; and using child and family outcome data to guide decision-making at the policy and practice levels.

#### Family to Family Principles

- Strong families lead to good outcomes for children.
- When children cannot remain at home, placing them in foster or relative homes helps them achieve permanence.
- Connecting families to neighborhood and community sources of support strengthens them and enhances their ability to care for their children.

#### F2F Integrated into SMC's Child Welfare System Improvements Plan

Children and Family Services (CFS) integrated F2F's philosophy and many of its strategies into its child welfare system improvements plan. In *Differential Response*, a system to differentially address allegations of child abuse or neglect, CFS partnered with community-based organizations to support families when severe maltreatment or imminent risk is not a concern. Community partners either take the lead or partner with CFS Social Workers to support families referred to CFS who are experiencing mild challenges that may impact the quality of their parenting or their children's well-being. Building community partnerships to address family concerns before they exacerbate aims to strengthen families and decrease re-referrals into the child welfare system.

When children's safety and well-being are severely compromised and, therefore, cannot remain at home, SMC has integrated F2F's Team Decision Making (TDM) model in its improvements plan to guide placement decisions. TDM brings together parents, extended family, care providers<sup>2</sup>, youths, community partners, the assigned Social Worker, and the Supervisor to develop placement plans for children. This is accomplished with the guidance of the TDM facilitator.

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<sup>1</sup>The Family to Family framework was developed by the Annie E. Casey Foundation in 1992.

<sup>2</sup>Care provider refers to any caregiver (e.g., foster parents, guardians; group home providers) other than the biological parents (i.e., legal parents).

## Team Decision Making

San Mateo County uses the Team Decision Making model to guide placement decisions when children's safety and well-being are at risk. A Social Worker who assesses that a child needs to be removed from his or her family, that the family is ready for reunification with their child, that the youth is ready for emancipation, or that a change in placement is in the best interest of the child, with the collaboration of the TDM Unit, convenes a meeting with the child's family, community partners, HSA staff, and other stakeholders to develop the best placement plan for the target child. A Social Worker may also convene a TDM meeting when the current service provision plan for a child and his or her caregiver(s) is not working to the extent that it begins to affect the efficacy of the current placement. In these situations, addressing service and support issues may salvage children's current placement, increasing stability and permanency in their lives.

### Strengths-based Approach

TDM participants apply a strengths-based approach to address the needs of children and their families. Better results are achieved when families' strengths rather than their deficits are the focus of discussion. All participants, including parents, are encouraged to list parents' strengths at the beginning of a TDM meeting. As a result, parents feel respected and valued. Moreover, the group works together on a placement and action plan that capitalizes on families' strengths.

### TDM Goals

The TDM model has multiple goals. The first goal is to ensure the child's safety and well-being in the least restrictive environment. For example, placement with a foster family increases children's permanency compared to placement in institutional care. When possible, an attempt is made to place children with relatives. A second goal is to actively engage parents in the TDM process. This stems from the belief that parents are better able to identify their family's and children's needs. Addressing family strengths gives parents a more positive and balanced perspective of their parenting skills, in turn, empowering them to become more active in the decision-making process. Lastly, a third goal is to increase communication and cooperation among partners in addressing children's and families' supports and needs. Based on all participants' input, the group develops a specific, individualized placement and action plan that delineates appropriate interventions aimed at supporting child safety and well-being. The session concludes by giving each participant the opportunity to complete a survey evaluating his or her experience in the TDM process.

### TDM Values

- A group can be more effective than an individual.
- Families are experts on themselves.
- When families are included in the decision-making process, they are capable of identifying and participating in addressing their needs.
- Naming and calling on families' strengths activates them to value and use those strengths.

## Benefits of TDM

- ★ Improves the quality of decision making – more information and more ideas lead to better Placement Plans.
- ★ Increases consistency and accountability when considering placement by assuring that reasonable efforts are made to prevent placement.
- ★ Shares responsibility with all participant and supports Social Worker in critical placement decisions.
- ★ Involves and gives a voice to families, resource families, service providers, and the community.
- ★ Develops understanding, improves engagement, builds relationships, and provides opportunities for empowerment.
- ★ Provides families with an individualized Action Plan that has increased ownership, commitment, and support.
- ★ Assists in efficient service delivery of Action Plan.
- ★ Demonstrates Agency's values of both protecting children and supporting families.
- ★ Encourages creativity and synergy.
- ★ Permits data collection.

## Section 2 ► ROLES & RESPONSIBILITIES

### General TDM Responsibilities

- ✓ Arrive to the meeting on time.
- ✓ Schedule adequate time for yourself, meetings are about 1-2 hours in length. Depending on the circumstances, meetings may go longer. Remember quality time is more likely to result in quality outcomes for children and their families.
- ✓ Invite people that are involved with the family and **REMEMBER TO INCLUDE THOSE WHO MAY BE DIFFICULT TO LOCATE OR WHOSE OPINIONS MAY NOT BE ALIGNED WITH YOUR THINKING.**
- ✓ Explain the purpose of the meeting in advance to the family.
- ✓ Come prepared to present a summary of the situation with ideas and placement recommendations.
- ✓ Identify **STRENGTHS**, as well as concerns about the family. Discussion should remain strengths-based; TDM meetings follow a strengths-based model.
- ✓ Remember that being sensitive and respectful will foster open and candid communication among all participants.
- ✓ Be clear on the TDM goal of developing a placement plan with the **COLLABORATION** of the target child's family, the adolescent (when possible), and other stakeholders. Underlying the decision-making process is the understanding that as CFS representatives, child safety and well-being are priorities.
- ✓ Be receptive to the opinions and ideas of others.
- ✓ Remember that the main objectives of the meeting are to keep children safe in the least restrictive environment, whenever possible, and to develop an Action Plan that supports the placement decision.

## TDM Facilitator

### Main Function

Facilitators manage the TDM process and structure while recognizing that the family and the Social Worker are the content experts. TDM Facilitators are responsible for ensuring that a high-quality placement plan is developed through input from all participants. When appropriate, the Facilitator may intervene or add to the discussion as experienced and knowledgeable Social Workers.

### Quick Overview of Facilitators' Responsibilities

- ✓ Receives face sheet from Scheduler on TDM meeting.
- ✓ Reviews face sheet; consults with SW/Supervisor, if needed.
- ✓ Checks supplies, arrives early, and sets-up.
- ✓ Meets with parents; explains importance of their input to outcomes.
- ✓ Begins meeting: Thanks participants and reviews Ground Rules.
- ✓ Explains TDM goal to reach consensus on a Placement Plan.
- ✓ Makes sure every participant is heard.
- ✓ Completes Action Plan; gives copy of signed plan to participants.
- ✓ Asks participants to complete TDM Satisfaction Survey.
- ✓ Completes Data Entry Face Sheet; gives to Scheduler.
- ✓ Provides summary of TDM meeting to appropriate CFS staff.
- ✓ Follows-up on steps to support family as required by Action Plan.
- ★ See Section 4, Meeting Procedures, for a comprehensive

### Process Functions

**Goals.** Facilitators focus the group's energy on the common task of reaching a placement decision that protects and provides safety for the target child in the least restrictive/intrusive manner possible. Moreover, the group decides on an Action Plan that will support the placement decision.

**Group Input.** Facilitators ensure that all participants understand the purpose of TDM and that everyone present has an opportunity to provide input on the family's strengths, concerns, and child placement options.

**Thorough Review.** Facilitators ensure that placement issues and the family's situation are thoroughly examined, the risks to the target child are clearly stated, the family strengths recognized, goals verbalized, and ideas brainstormed.

**Action Plan.** Facilitators accurately record the issues and information elicited from the group discussion. Upon completion of the TDM meeting, the Action Plan is developed and a copy is provided to all attendees.

## Social Worker

Social Workers (caseworkers) are key TDM participants as they, as well as birth parents, are content experts. Social Workers initiate the TDM process for they are the family's primary contact. See [Convening a TDM Meeting](#) (Section 3, Getting Started, p. 15-16) for directions on time schedules for each placement type and scheduling procedures.

### Content of Input

Following a strengths-based approach, Social Workers come prepared to give a summary of the family's situation, family strengths, and areas of concern. Based on the information Social Workers have gained from working with the family and discussion at the TDM table, they offer ideas and suggestions on how to secure safety and permanency in the target child's life. Thus, equally important is Social Workers' skill to actively listen to participants' suggestions in developing the best Placement Plan.

### **TDM Participation Tips**

- 1.** Be on time.
- 2.** Make the necessary plans to stay for the length of the meeting without interruption.
- 3.** Speak to the family, not about them.

If consensus on the Placement Plan is not reached, the Social Worker will be asked to consider all of the information presented by all TDM participants and make a final decision regarding the target child's placement. The Social Worker is responsible for ensuring that the goal of protecting children from further abuse or neglect is met.

### Post TDM

The Social Worker follows-up on action items to which he/she committed and may touch-base with other participants' commitments (e.g., Care Providers and Community Partners), as he/she is the case worker.

## Social Worker Supervisor

The Social Worker Supervisor of the assigned Social Worker is a key TDM participant as placement decisions require his/her approval. Thus, without a Supervisor’s participation, a TDM would need to be rescheduled by either the Social Worker or Supervisor. In situations where the Supervisor is unable to attend the meeting, another Supervisor or the TDM Supervisor may be asked to fill-in.

### **Content of Input**

Following a strengths-based approach, the Supervisor shares in the discussion on parents’ strengths and family concerns. Supervisors are receptive to and actively integrate into their decision-making process the opinions and ideas offered by other participants, when appropriate. An overarching objective of the Supervisor is to reinforce an atmosphere of shared decision-making while ensuring that the goal of protecting children from further abuse or neglect is met.

<p><b>TDM Participation Tips</b></p> <p><b>1.</b> Be prepared to help set a tone of openness, respect, and creative problem-solving at the meeting.</p>
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### **Post TDM**

The Supervisor follows-up on action items to which he/she committed. Moreover, he/she communicates with the Social Worker to ensure that the action plan is followed.

## Community Partner

Community Partners are invaluable to the TDM process in that their knowledge of and links to community resources can provide children and families the supports they need to secure children's safety and permanency.

### **Content of Input**

Community Partners come prepared with information about community resources available to the family. They participate as team players in the decision-making process.

### **Post TDM**

Community Partners follow-up on action items to which they committed.

## Service Provider

Service Providers provide unique information about specific concerns (e.g., domestic violence, substance abuse) the family may be experiencing; thus, their participation is invaluable to the decision-making process.

### **Content of Input**

Service Providers come prepared to offer pertinent services to the family, if not already receiving services, or to share information on the family's progress, if a working relationship has already been established.

### **Post TDM**

Service Providers follow-up on action items to which they committed.

## Parents

Parents' participation is essential to meeting the objectives of TDM as they are the content experts of their strengths and concerns; without their consent, a TDM meeting cannot be convened. The only exception applies to circumstances when children/adolescents no longer have visitations with or connections to their birth parents. In these circumstances, TDM meetings will be convened with a different participant composition (see [Core Participants for TDM Meetings with Adolescents](#), Section 3, Getting Started, p. 18).

Birth parents sign *Consent to Release Confidential Information* when non-HSA staff attend the meeting (see Appendix A).

## Children/Adolescents

Children/adolescents, if appropriate, benefit tremendously from their involvement in the decision-making process that will lead to a decision of where they will be placed and for how long. Children/adolescents are the most vulnerable participants at the TDM table, coming with feelings of displacement, loneliness, and loyalty to their biological families. Therefore, effort is made to prepare children/adolescents to voice their concerns and goals during the TDM meeting.

Not all children/adolescents should attend TDM meetings. The following are to be considered when deciding if a child should attend:

- **Child's choice:** child can decide not to attend
- **Circumstances:** parents' degree of abusiveness or hostility towards child, mental illness, sexual abuse, or domestic violence
- **Child's developmental age:** children vary on their maturity levels

## Care Provider

Care providers are an invaluable resource that should be tapped when making placement decisions. Care providers have first-hand knowledge of children’s needs, strengths, and personality characteristics that may be useful in designing a placement plan. Moreover, they are important collaborators of children, birth parents, extended family, social workers and other stakeholders and are therefore instrumental in maintaining children’s connections to family.

### Participation in TDM

Care providers are invited to attend a TDM by the child’s Social Worker as soon as he/she gains knowledge that the child’s placement is likely to change. Regardless of how long a care provider has been caring for the target child, it is mandatory to invite the care provider to attend the TDM meeting. Childcare is provided to facilitate care providers’ involvement in TDM.

Placement at Risk of Failing. When a care provider finds the placement situation challenging, the Social Worker should be called to discuss concerns and issues. If the care provider finds that the problematic situation remains unchanged, support from the Regional Manager should be sought.

### What Care Providers Experience at TDM Table

- They will be heard
- Their input will be valued
- Their insight on the child’s circumstances will be an important component of the decision making process

### Content of Input

Two fundamental principles of TDM are that every participant is listened to and that their input is valued. Therefore, care providers’ feel valued and their input regarding the child becomes part of the group’s placement decision. Care providers may also play an instrumental role in the Action Plan that develops from team the decision-making process. The transitional period children experience from moving from one placement to another may cause strain on relationships. Therefore, care providers may become valuable resources to birth parents, extended family, and other caregivers by helping maintain children’s connections to families, role modeling appropriate caregiving behavior, and sharing information about children with family.

### Post TDM

The Social Worker will follow-up with the Care Provider on any relevant action items decided by the group. Care Providers may contact the TDM Unit to have any questions answered.

## TDM Scheduler

The Scheduler is the person to contact to convene a TDM meeting and to answer any questions about the TDM process. In this sense, the Scheduler becomes the liaison between the Social Worker (SW), Facilitator, the family, and other participants. In the absence of the Scheduler, a TDM Facilitator takes on the responsibility of scheduling TDM meetings.

### **Responsibilities**

- Receives *Family Contact Sheet* from the SW/Supervisor.
- Verifies that both the SW and Supervisor provide their TDM scheduling availability.
- Assigns Facilitator to TDM meeting.
- Invites agency staff, community partners, and service providers identified by the SW.
- Offers suggestions on other possible participants, if appropriate.
- Supports both SWs and Facilitators in preparing for the TDM meeting.
- Informs all TDM participants of the TDM meeting's date and time.
- Enters TDM results into database.
- Schedules follow-up meeting, if necessary.

## Section 3 ► GETTING STARTED

### Convening a TDM Meeting

TDM meetings are mandatory for all child removals from home, placement changes (adoption and medically fragile infant (MFI) cases are exempted), family reunifications, and emancipating youth. TDM may also be used to preserve placements at risk of failing.

The focus of the TDM meeting is to have the group reach consensus on a placement plan that will allow the child to return home or that will support permanency through long-term placement. Therefore, TDMs are not convened after a placement decision has been made and carried out by the Social Worker (SW).

#### Initial Process & Time Schedules for Each Placement Type

##### *Initial Removal*

- SW makes the decision to remove child from his or her home after determining that the child's safety and well-being are at immediate risk. The child is placed in custody according to existing child welfare processes.
- SW consults with Supervisor on Intake/ER situation *and* TDM scheduling availability.
- It is mandatory to request a TDM for all **Initial Removals** within 24 hours.

##### *Planned Change of Placement*

- SW consults with Supervisor to confirm need for change of placement. If change of placement is necessary, TDM scheduling availability is discussed.
- It is mandatory to request a TDM for all **Planned Change of Placements** within 7 days.
- SW invites Placement Worker to the TDM meeting.

##### *Unanticipated Change of Placement (7-day Notice)*

(1) Care Provider asks for immediate removal of child/adolescent: SW consults with Supervisor on immediate removal request *and* TDM scheduling availability.

(2) Allegation of child abuse or neglect in home of Care Provider results in immediate removal: SW determines child is at immediate risk and places him or her in custody according to existing child welfare processes.

- It is mandatory to request a TDM for all **Unanticipated Change of Placements** within 24 hours of notification/removal (follow Initial Removal protocol).
- SW invites Placement Worker to the TDM meeting.

*Family Reunification*

- SW consults with Supervisor on successful reunification case *and* TDM scheduling availability.
- It is mandatory to request a TDM for all **Family Reunifications** within 45 days from scheduled return home.
- A TDM meeting must be held at least 30 days before the planned date when a child is to be reunited with his or her family.

*Preserving Placement*

- Care Provider notifies SW that placement is at risk.
- SW consults with Supervisor on placement situation *and* TDM scheduling availability.
- It is mandatory to request a TDM for all **Preserving Placements** within 2 weeks of notification.
- SW invites Placement Worker to the TDM meeting.

*Youth Exiting Program*

- SW consults with Supervisor on youth emancipation case *and* TDM scheduling availability.
- It is mandatory to convene a TDM meeting for **Youth Exiting Program** 90 days prior to exit.

**Setting-up a TDM Meeting**

- **SW Informs Participants of TDM:** Birth parents, guardians, target youth, and care providers. Provides participants with TDM pamphlet.
- **SW Collects Contact Information of appropriate supports:** From birth parents, guardians, and target youth.
- **SW Inquires about Special Services Needed:** Transportation, child care, or translation, to facilitate TDM participation.
- **SW or Supervisor Calls the TDM Scheduler to request a TDM meeting:** Provides Scheduler with a “TDM Contact Sheet” (see Appendix C) that includes the following:
  - \_\_ Reason for the TDM
  - \_\_ Family information
  - \_\_ Contact information of other TDM participants
  - \_\_ Safety alerts
  - \_\_ Services needed to facilitate TDM participation
- **TDM Scheduler Notifies all Participants of TDM Meeting:** Date, time, and location.

## Procedures for Inviting Participants to TDM

TDM participants are either required or are invited to attend the meeting. Of those who are invited, the Social Worker and the birth parents decide on the appropriate participants to invite. The TDM Scheduler and assigned Facilitator may suggest other appropriate participants upon review of the TDM Contact Sheet (see Appendix C).

The following boxes list all participants who need to be represented at both a general or adolescent TDM. A star next to a participant's category denotes that representation is required; that is, participant's absence may cause the TDM Supervisor to cancel the meeting.

### Core TDM Participants

- ✓ TDM Facilitator ★
- ✓ Social Worker ★
- ✓ Social Worker Supervisor ★
- ✓ Parents/Guardians ★
  - Parents are exempted from attending meeting **ONLY** when the target child/adolescent no longer has visitation with or connections to his/her birth family.
- ✓ Care Providers (e.g., foster parent, shelter staff) ★
  - Mandatory to invite to TDM meeting
- ✓ CASA ★
  - Mandatory to invite to TDM meeting
- ✓ Community Partner / Service Provider
- ✓ Child/adolescent
  - If age 12+ and/or appropriate, child/adolescent is encouraged to attend meeting.
- ✓ Mental Health Representative
- ✓ Educational Liaison (AB490)
- ✓ Relative Assessment Worker
- ✓ At discretion of parent(s) / Social Worker:
  - Extended family members / friends
  - Additional community supports

## Core Participants for TDM Meetings with Adolescents

- ✓ TDM Facilitator ★
- ✓ Social Worker ★
- ✓ Social Worker Supervisor ★
- ✓ Adolescent ★
- ✓ Birth Parents ★
  - Parents are exempted from attending meeting **ONLY** when the target child/adolescent no longer has visitations with or connections to his/her birth family.
- ✓ Care Providers (e.g., foster parent, shelter staff) ★
  - Mandatory to invite to TDM meeting
- ✓ CASA ★
  - Mandatory to invite to TDM meeting
- ✓ ILP Advocate
- ✓ Youth Advocate (non-CWS staff)
- ✓ Mental Health Representative
- ✓ Educational Liaison (AB490)
- ✓ At discretion of adolescent, parents, or Social Worker:
  - Extended family members / friends
  - Additional community supports

## TDM Exemptions

Adoption and MFI cases are exempted from TDM. There may also be circumstances in which a different team-based case planning meeting satisfies the objectives of TDM. Cases for which a TDM is mandatory may be exempted upon approval by the TDM Coordinator/Supervisor.

## Confidentiality

The TDM meeting is a private forum focused on achieving consensus regarding placement decisions. TDM meetings, then, are to be distinguished from investigations and a re-examination of the allegations is not to occur.

All information shared in a TDM meeting is considered confidential, and is to be treated with respect. Information learned in a TDM meeting is not to be repeated or discussed unnecessarily. However, information discussed in a TDM meeting may be used for case planning processes, for developing recommendations for court orders, or during court proceedings. Mandated reporting laws as well as professional ethics apply to TDM meetings. These limitations on confidentiality are explained to participants at the start of a TDM meeting.

## Meeting Logistics

### Locations

TDM meetings are preferably held at community-based organizations that are located in families' neighborhoods. However, if office availability poses a problem or if there are safety alerts, then the meeting is held on County premises.

### Phone Conferencing

Phone conferencing is used to facilitate the involvement of parents, caregivers, potential caregivers (e.g., relatives), or service providers who are unable to physically attend the TDM meeting. With the exception of Child Welfare Regional Managers who may be called on to review a placement decision (see Section 6, [Review Process](#), p. 26), the phone conferencing option does not apply to:

- Social Workers
- Social Worker Supervisors
- Other County staff

### Recording Meetings

Audio recording violates confidentiality. Thus, no one is allowed to use voice recorders at a TDM meeting.

For training purposes and with consent from the family, videotaping of a TDM meeting is allowed.

## Section 4 ► MEETING PROCEDURES

### General TDM Procedures

The following provides a comprehensive description of both the TDM process and the Facilitator's responsibilities.

#### Attendance

All professional TDM participants are required to give consideration to everyone's schedule and come prepared and on-time to the meeting. Prompt attendance at the TDM meeting shows respect for the target child and his or her family. When tardiness occurs:

- Meetings will be canceled 20 minutes after the scheduled meeting time.
- The Social Worker (SW) is to re-convene a TDM by contacting the Scheduler.

#### Before the TDM Meeting

##### Social Worker

- Calls TDM Scheduler to convene a TDM meeting.
- Completes TDM Contact Sheet (see Appendix C), which provides demographic information on the family, contact information on other TDM supports, and reason for convening a TDM meeting.
- Hands/faxes/emails *Family Contact Sheet* to TDM Scheduler.
- Contacts TDM Facilitator if there are any safety alerts.

##### TDM Scheduler

- Reviews completed *Family Contact Sheet*.
- Verifies TDM scheduling availability is provided for both the SW and Supervisor.
- Forwards *Family Contact Sheet* to assigned Facilitator.

##### TDM Facilitator

- Reviews *Family Contact Sheet* and follows-up on any questions he/she may have with the SW/Supervisor.
- Reviews practical and safety issues with SW, if appropriate. For example, language translators or child care needs are planned in advance.
- Investigates any concerns by contacting SW or Supervisor, reviewing child's case history, and reviewing prior TDM summaries, if available.
- Follows specific protocol when there is a safety concern (see [Domestic Violence Protocol](#) in the present section, pp. 23-24).

#### At the TDM Meeting

The Facilitator arrives early and makes sure that he/she has the necessary supplies and sets-up for the meeting. Before the meeting begins, facilitators have a private discussion with the parents to explain the TDM process and what they can expect from the meeting. Parents learn that the discussion at the meeting will center on family strengths, general concerns, and developing a placement plan. It is emphasized that TDM provides parents

with an opportunity to be heard and contribute to the decision-making process. Finally, if appropriate, parents are asked to sign the *Consent to Release Confidential Information* form (see Appendix A). This form is signed when non-HSA staff are invited to attend the TDM meeting. During this private introductory period, the Facilitator may also conduct an informal assessment of the family (e.g., cognitive functioning) to help plan for a productive group discussion.

### *TDM Introduction*

At the start of a TDM meeting, the Facilitator:

- Thanks everyone for coming to the TDM meeting.
- Introduces him- or herself and explains his/her role at the meeting.
- Explains the reason for the meeting. Makes clear that the discussion will only center on placement issues. No other topics (e.g., defending allegations) will be discussed.
- **Explains that all information shared at the meeting will be confidential with the exception of new allegations of child abuse or neglect** (for more information, see [Confidentiality](#) in Section 3, Getting Started, p. 19).
- Acknowledges the parents' delicate situation, particularly when a child has been removed from the home.
- Emphasizes the importance of the family's (or youth's) input to the decision-making process.
- States that the goal of the meeting is to reach consensus on the best placement plan for the target child.
  - If consensus cannot be reached, the Social Worker and the Supervisor are legally responsible to make the final decision
- Goes over the **ground rules** (see side box).
- Asks participants to introduce themselves.

#### **Ground Rules**

- 1.** Be respectful.
- 2.** Everyone will have an opportunity to speak and ask questions.
- 3.** Only one person speaks at a time.
- 4.** Meeting is time limited to 1.5 -2 hours. If the services of a translator are needed, the meeting may take longer.

### *Discussion Topics*

Three topics are discussed in the following order: family strengths, general concerns, and placement and supports plan, which informs the Action Plan. In general, the Facilitator asks the Social Worker to begin discussion, followed by parents, family members, and the rest of the participants. Participants are asked to tailor their responses to the topic under discussion. The Facilitator records everyone's comments for each topic of discussion. Taking into consideration all participants' comments, the Social Worker offers a placement plan, which is then discussed by the team. Once consensus is reached on the placement plan, a service plan is developed to support placement. If deemed advantageous, a second TDM staff may support the meeting by serving as the Recorder/Translator.

### *Action Plan*

Before drawing the meeting to an end, the Facilitator:

- Presents the group with a written Action Plan of the placement and supports plan.
- Asks all participants to sign the Action Plan to record their:
  - attendance
  - agreement with the placement and supports plan
- Makes copies of the Action Plan and gives a copy to each attendant.
- Thanks participants for their time and contribution to the TDM process.

### *TDM Satisfaction Survey*

Participants are asked to complete a voluntary TDM Satisfaction Survey (see Section 5, [Data](#), p. 25).

### **Post TDM Meeting**

#### *Data Face Sheet*

The Facilitator completes the face sheet and gives to the Scheduler to enter into the TDM database.

#### *TDM Summary*

Facilitator makes a word-processed copy of all the meeting notes on family strengths, concerns, and placement and supports plan. Summary also includes the names and relationship to target child of all attending participants, a brief background history, and the reason for the TDM meeting. A copy of the summary is given to the SW, Supervisor, and TDM Coordinator.





## Domestic Violence Protocol

This protocol is followed when domestic violence is present or suspected. Facilitators, Social Workers (SW), and other stakeholders should refer to the Annie E. Casey Foundation's tool on domestic violence for practice strategies<sup>3</sup>.

### Before the Meeting

#### Social Worker

- If domestic violence is identified at the initial screening, to plan for a safe meeting, the SW discusses with the TDM Facilitator any relevant information about the case, such as the nature, extent, and severity of the violence.

#### TDM Facilitator

- Ensures that the:
  - Police Department and the building Security Officer are alerted
  - TDM meeting is held on County premises
- Ensures that *restraining* or *no contact* orders are adhered to by the offender, if applicable.
- If neither a *restraining* nor a *no contact* order has been filed and the victim does not want the offender to attend the TDM meeting, then the Facilitator:
  - Convenes two separate meetings, one with each parent.
  - Plans for the offender to participate at the TDM meeting via phone-conferencing from another location.
- Offenders with a *restraining* or *no contact* order may participate at the meeting via phone-conferencing, if telephone contact is not prohibited as a condition of the order.
- Arranges for a Domestic Violence Advocate to attend the TDM meeting, if the victim agrees and an advocate is available.

### At the TDM Meeting

#### TDM Facilitator

- Reminds Police Department and/or Security Officer of possible increased security needs.
- Meets with the victim and Social Worker before the meeting to discuss a safety plan:
  - To gain knowledge on whether or not victim has own safety plan. If so, they synchronize their safety plans.
  - If offender is to attend the meeting, a non-verbal prompt (e.g., rubbing ear) is discussed to allow victim to signal "time-out."
  - To be exercised after the meeting.

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<sup>3</sup> Family to Family Tools for Rebuilding Foster Care (May 2004). In the moment strategies for facilitators of Team Decision Making meetings: When domestic violence is present or suspected. Annie E. Casey Foundation. Extracted May 2005:

[http://www.accf.org/initiatives/familytofamily/tools/tdm/29402\\_acf\\_manual.pdf](http://www.accf.org/initiatives/familytofamily/tools/tdm/29402_acf_manual.pdf)

- If conditions at the TDM meeting turn or are about to turn violent (verbal or physical) or become too inflammatory, Facilitator calls for a 10-minute break, ensuring that the victim and other TDM participants are safe.
  - The TDM Supervisor/Coordinator or the Regional Manager is immediately contacted for guidance on whether or not to continue with the meeting.
  - In some situations, the Police Department may need to be immediately contacted.
- All TDM participants are offered protection walking to their cars from Agency staff.

### **Post TDM Meeting**

#### *TDM Facilitator*

- Ensures that the victim has contact information for domestic violence support.

### **Adolescents without Family Connections Protocol**

- For a list of participants to invite to TDM, see [Core Participants for TDM with Adolescents](#) (Section 3, Getting Started, p. 18).
- Then, follow [General TDM Procedures](#) (in present section, pp. 20-22).

### **Preserving Placement Protocol**

- See subsection [Preserving Placement](#) under *Initial Process & Time Schedules for Each Placement Type* (Section 3, Getting Started, p. 16).
- Then, follow [General TDM Procedures](#) (in the present section, pp. 20-22), with the exception of *Discussion Topics*.
- Discussion centers on reviewing the target child's previous Placement Plan.

## Section 5 ► DATA

### TDM Data Collection Procedures

Data is collected after each meeting to record information on: TDM participants, reason for the TDM meeting, placement decision, and participants' satisfaction with the TDM process.

#### *TDM Referral Sheet*

- The TDM Face Sheet (see Appendix D) is used to collect information that includes:
  - reason for the meeting
  - participants
  - placement decision
- The TDM Face Sheet is completed by the TDM Facilitator.
- TDM Scheduler enters face sheet information into the TDM Database.
- Refer to the *Team Decision-Making Database: Data Entry Guide* for comprehensive description of and instructions on how to use the database.

#### *TDM Satisfaction Survey*

- At the end of each meeting, all participants complete the *TDM Satisfaction Survey*. Responding to the survey allows the TDM Unit to analyze the data to inform practice and to gain a better understanding of the benefits of TDM from participants' perspective.

**SECTION 6 ► REVIEW****TDM Grievance Process**

Only the TDM Facilitator (who is a Social Worker) may ask to appeal the placement decision when consensus is not reached. This grievance process may be requested before the meeting ends.

The Facilitator requests a grievance when he/she believes that the placement decision:

- Is not safe for the child.
- Violates San Mateo County policy or Child Welfare regulation/law.

Grievances are to be completed by the Child Welfare Regional Manager of the Social Worker's region. Before the end of the meeting, the Facilitator calls the TDM Coordinator to request a grievance (calls go to the Director of Children and Family Services when the Coordinator is unavailable). The Facilitator explains the circumstances of the case, the concerns, and the contested decision. This consultation takes place in person or via phone-conferencing at the TDM meeting. The TDM Coordinator then discusses the contested Placement Plan with the Regional Manager upon his or her earliest availability. The Placement Plan decision is stayed until the Regional Manager makes a final decision.

## APPENDICES

### APPENDIX A: Consent to Release Confidential Information

#### TEAM DECISION MAKING

##### Consent to Release Confidential Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/We, \_\_\_\_\_ (parent/resource family/guardian) authorize the sharing of information in a Team Decision Making Meeting including parent(s) / resource family(s) / guardian(s) and other participants including representatives from each of the following agencies:

<u>Agency &amp; Participant Name</u>	<u>Initial</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Upon completion of the plan developed during the meeting, I understand that my Social Worker and I will receive a copy of the plan so that the appropriate actions may be implemented. I understand that information discussed in this meeting is confidential, except when it must be disclosed to protect the safety and well being of others. In some circumstances this information may be presented to the Juvenile Court.

Signature of parent/resource family/guardian: \_\_\_\_\_

Signature of parent/resource family/guardian: \_\_\_\_\_

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

**APPENDIX B: TDM Contact Sheet**

Date/Time Submitted \_\_\_\_\_

Child's Information:	
Child's Name: _____	D.O.B. _____
Child Will Attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Name: _____	D.O.B. _____
Child Will Attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Name: _____	D.O.B. _____
Child Will Attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Worker: _____	Office# _____
	Cell/Pager _____
Supervisor: _____	Office# _____
	Cell/Pager _____
Family Name: _____	
Address: _____	
Phone No: _____	
Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No Will Attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Parent/Caregiver: _____	
Address: _____	
Phone No: _____	
Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No Will Attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	

TDM Information:		
Site: _____		
Date/Time: _____		
Facilitator: _____		
Other accommodations:		
*SAFETY ALERT	Y	N
Translator Language	Y	N
Transportation	Y	N
Child Care	Y	N
Comments: _____		
_____		
_____		
_____		
_____		
* If situation requires safety alert, please discuss case with facilitator		

*Purpose of TDM (please circle)*

Removal/Potential	Reunification/Returning Home	Placement At Risk
Follow Up Meeting	7 Day Notice	Other
Please explain briefly: _____		
_____		

## Appendices

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### *TDM Participants*

Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No:	
Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No	
Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No	
Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No	
Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No	
Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No	
Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No	
Name:	Contact Phone:	Relationship to Child:
Contacted: Yes No	Will Attend: Yes No	

## APPENDIX C: TDM Data Sheet

<b>MEETING INFORMATION</b>		
Case Name:		Meeting Date: (MM/DD/YYYY)
Family Serial Number (7 digit):		Meeting Start Time:
Main Facilitator:		Meeting End Time:

1. Meeting Location (check one):

- County Mental Health
- Daly City Community Center

- EPA- El Concilio
- Menlo Park-Elsa Segovia Center
- RWC Service and Employment Center
- RWC-Fair Oaks Community Center
- San Mateo-Samaritan House
- SSF-Kinship Support Services Program
- Pacifica Youth Service Bureau
- DC-Asian American Recovery Services
- Harbor Blvd

- EPA-Kinship Support Services Program
- Hillcrest Juvenile Hall
- SSF Huntington Office
- King Center
- Four Cs
- Daly City Office - 90th St
- Other \_\_\_\_\_

2. Primary Reason for meeting (check one):

- Imminent risk of placement
- Emergency placement
- Placement move
- Exit from placement

3. Number of children and youth who were focus of TDM (Attach 1 TDM Child/Youth Form for each):

- One     Two     Three     Four     Five     Six     Other \_\_\_\_\_

4. CWS/CMS referral number(s) associated with this meeting (XXXX-XXXX-XXXX-XXXXXXXX):

Ref#: \_\_\_\_\_ Ref#: \_\_\_\_\_

Ref#: \_\_\_\_\_ Ref#: \_\_\_\_\_

**MEETING PROCESS**

5. Did anyone leave the room during this meeting?

- Yes\*
- No

\*If YES, explain circumstances:

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**ATTENDANCE**

6. Total number of people who attended this meeting, including facilitator(s): # \_\_\_\_\_

7. Check all who attended and, if there is more than 1 person in a category, write in number of people who attended:

**1. Caregivers**

- |  | Male    | Female  | Unknown |
|--|---------|---------|---------|
| <input type="checkbox"/> Birth Parent(s)                       | # _____ | # _____ | # _____ |
| <input type="checkbox"/> Adoptive Parent(s)                    | # _____ | # _____ | # _____ |
| <input type="checkbox"/> Other Relative Caregiver(s)           | # _____ | # _____ | # _____ |
| <input type="checkbox"/> Non-related Extended Family Member(s) | # _____ | # _____ | # _____ |
| <input type="checkbox"/> County Foster Parent(s)               | # _____ | # _____ | # _____ |
| <input type="checkbox"/> FFA Foster Parent(s)                  | # _____ | # _____ | # _____ |
| <input type="checkbox"/> Caregiver Partner(s)                  | # _____ | # _____ | # _____ |
| <input type="checkbox"/> Guardian(s)                           |         |         |         |

**2. Children/Youth**

- Child(ren)/Youth # \_\_\_\_\_

**3. Family members and other interested individuals**

- Relative(s) # \_\_\_\_\_
- Friend(s) # \_\_\_\_\_
- Interested Individual(s) # \_\_\_\_\_

**4. Neighborhood/Community representatives**

- Community Representative(s) # \_\_\_\_\_
- School Staff # \_\_\_\_\_

**5. Service providers**

- Mental Health Staff # \_\_\_\_\_
- Alcohol and Other Drugs Staff # \_\_\_\_\_
- Medical (including social worker) # \_\_\_\_\_
- Healthy Family/Healthy Start/Early Start # \_\_\_\_\_
- Regional Center Staff # \_\_\_\_\_
- FFA Social Worker # \_\_\_\_\_
- Other, specify: \_\_\_\_\_ # \_\_\_\_\_

**6. HSA staff**

- ILP / Aftercare Worker(s) # \_\_\_\_\_
- Supervisor(s) # \_\_\_\_\_
- Emergency Response Worker(s) # \_\_\_\_\_
- Family Maintenance Worker(s) # \_\_\_\_\_
- FR/PP Worker(s) # \_\_\_\_\_
- Adoptions Worker(s) # \_\_\_\_\_
- Other Social Worker(s) # \_\_\_\_\_
- Other, specify: \_\_\_\_\_ # \_\_\_\_\_

**7. Other**

- Guardian Ad Litem # \_\_\_\_\_
- Worker on Companion Case # \_\_\_\_\_
- Attorney # \_\_\_\_\_
- CASA Advocate # \_\_\_\_\_
- Other, specify: \_\_\_\_\_ # \_\_\_\_\_

**8. Multi-Facilitator staffing (check one):**

- Yes\*
- No

\*If YES, total # \_\_\_\_\_

TDM CHILD/YOUTH FORM (1 per child) (revised 08/30/04)

MEETING INFORMATION	CHILD/YOUTH INFORMATION
Case Name:	Child/Youth Last Name:
Family Serial Number (7 digit):	Child/Youth First Name:
Main Facilitator:	CWS/CMS Child Client No: (XXXX-XXXX-XXXX-XXXXXXXX)
Meeting Date: (MM/DD/YYYY)	CWS/CMS Case No: (XXXX-XXXX-XXXX-XXXXXXXX)
Assigned Worker # (4 digit):	Child/Youth Date of Birth: (MM/DD/YYYY)

1. Did child/youth attend meeting?

- Yes
- No

2. Reason for this child's involvement in meeting (choose one):

- A. Imminent risk of placement
- B. Emergency placement
- C. Placement move
- D. Exit from placement

3. Decision regarding this child (check one):

A. Imminent risk of placement

- Leave child/youth at home (voluntary)
- Leave child/youth at home (court)
- Place child/youth in out-of-home care (voluntary)
- Place child/youth in out-of-home care (court)
- Unable to reach consensus

B. Emergency placement

- Return child home (voluntary)
- Return child home (court)
- Continue with out-of-home care (voluntary)
- Continue with out-of-home care (court)
- Unable to reach consensus

C. Placement move

- Change to less restrictive placement
- Maintain child in present placement
- Change to same level placement
- Change to more restrictive placement
- Unable to reach consensus

D. Exit from placement\*

- Reunification
- Adoption
- Guardianship
- Emancipation
- Do not exit from placement
- Unable to reach consensus

\* If decision is 'Do not exit from placement', also indicate appropriate item under 'Placement move'.

Emergency placement only:

Date removed

(MM/DD/YYYY): \_\_\_\_\_

If removal, specify circumstances:

- Law Enforcement only
- Social Worker present
- Unknown

- Small Family Home
- Foster Family Home
- Group Home
- County Shelter/Receiving Home (Non EA/AFDC)
- Court Specified Home
- Missing (Recommendation not recorded)

4. When recommendation is to place/retain a child in out-of-home placement, indicate recommendation that applies:

- Medical Facility
- Relative Home
- NRFM (Non relative family member)
- Tribe Specified Home
- Foster Family Agency Certified Home
- Guardian Home
- N/A (No out-of-home placement recommended)

