

TABLE OF CONTENTS

TOPIC:	PAGE
I. Definition and Purpose of TDM	Page 2
A. Definition	Page 2
B. Purpose	Page 2
II. Referral Process	Page 2
A. Criteria and Timeframe	Page 2
B. Scheduling	Page 2-3
III. Preparation: Expectations for the CPS Specialist and Supervisor	Page 3
A. Preparing to Lead the Discussion	Page 3
B. Preparing Family	Page 3
IV. TDM Meeting	Page 4
A. Who Participates and Roles	Page 4-5
B. TDM Meeting Protocol/Etiquette	Page 5
C. Reaching a Decision	Page 6
V. Review Process	Page 6
VI. Privacy	Page 6
VII. Responsibilities at End of and After TDM Meeting	Page 6-7

I. Definition and Purpose of TDM

A. Definition

1. A Team Decision Making meeting (TDM) is a facilitated meeting to determine if a child needs to be separated from their parent(s)/primary caregiver(s) due to the parent(s)/primary caregiver(s) behavior(s) threatening a child's safety. A CPS specialist must call a TDM meeting if the following 3 criteria are met:

- a. The behavior (action or inaction) of a parent(s)/primary caregiver(s),
- b. Is threatening a child's safety, and
- c. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

The meeting seeks to make a "live" decision or recommendation, which means that the meeting is intended to be held before a child leaves their own home, unless there is an immediate and serious safety threat. TDM meetings strive to include a diverse group: the family, child or youth (when appropriate), friends/others who support the family, agency staff, service providers, community partners, and others.

2. [Insert Appendix] Team Decision Making Key Elements reflect the defining features and core values of TDM.

B. Purpose

1. To involve parent(s)/ primary caregiver(s) and child, the family's formal and informal support system and community members, service providers and agency staff, to provide a supportive environment for thoughtful decisions about the child's safety and care, and specifically where a child should safely reside.

2. The focus of the TDM meeting is to reach a decision about whether the child needs to be separated from the parent(s)/ primary caregiver(s) to ensure the safety and well-being of the child. The group carefully reviews the family's circumstances presenting threats to child safety and seeks to identify relevant protective factors to enhance the parent(s)/ primary caregiver(s) ability to address the threats and maintain the child safely in the home, or immediately return the child to the home with an appropriate safety plan, or whether the child needs to be separated from the parent(s)/ primary caregiver(s) to ensure safety.

3. When separation is determined necessary, the team determines the least restrictive option to keep the child safe and preserve and nurture the child's familial and community connections.

II. Referral Process

A. Criteria and Timeframe

The CPS Specialist requests a TDM meeting after an initial assessment with family has occurred, consultation with their supervisor has occurred (CPS worker discretion), and a determination is made the following criteria to hold a TDM has been met:

1. The behavior (action or inaction) of a parent(s)/primary caregiver(s),
2. Is threatening a child's safety, and
3. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

B. Scheduling

1. The CPS Specialist requests the designated TDM Scheduler to schedule a TDM meeting prior to the child's separation from the parent(s)/ primary caregiver(s); or within one working day when an emergency separation has already occurred (example Police Protective Custody (PPC)). The TDM Scheduler gathers information about the case and its urgency, which guides in determining a time slot for the meeting. Information is shared between the CPS Specialist and TDM Scheduler through the use of the TDM Request Form, in addition to communication via phone, in-person or email.
2. The TDM Scheduler collects information about any issues which may affect scheduling, such as size of group, a history or present concern around intimate partner violence (IPV), concerns for participant mental health or history of violent behavior, developmental handicaps of participants, needs for language or deaf interpreter support, child care needs, etc.

Safety Check-In Note: If the worker is aware the family has a history of intimate partner violence (IPV), or if the worker suspects such activity, the situation may require separate meetings, generally held consecutively and facilitated by the same TDM Facilitator.

NOTE: Whether or not IPV is known or suspected, a safety check conversation is led by the worker and/or facilitator, (and Domestic Violence/Intimate Partner Violence Advocate if available or applicable,) whenever both parent/caregivers are present for an initial TDM. This brief conversation is held with each parent(s)/ primary caregiver(s) separately just prior to the start of the TDM.

3. The CPS Specialist determines the date/time and the scheduler assigns the TDM based on established timelines, as guided by urgency of the situation and legal considerations about agency intervention and court involvement.
- 4.
5. When a determination is made outside of business hours that a TDM is needed, the CPS Specialist shall notify the TDM Scheduler via email.

III. Preparation: Expectations for the CPS Specialist and Supervisor

A. Preparing to Lead the Discussion

1. The CPS Specialist and CPS Supervisor jointly prepare for the TDM meeting using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting to review the case information.
2. The CPS Specialist and Supervisor prepare to lead the discussion regarding the caregiver's behavior causing a threat to the children's safety and possible separation from the caregiver(s).

B. Preparing Family

1. Work with the family to determine who to invite, and explain certain individuals are expected to participate based on their role or connection to the case (facilitator, supervisor, and other professionals related to the case). Encourage the family to identify formal/informal support persons and assist them in making invitations if necessary.
2. Work with the family to include children/youth age 10 and over, unless a specific and credible reason exists for them not to participate.
3. Prepare children/youth to participate in the TDM meeting. Obtain input from children/youth not in

attendance, so their voice can be represented during the meeting.

4. Invite other persons such as current or past service providers or community representatives to attend the meeting. Request progress reports from all current service providers if they are unable to attend the meeting (parental permission may be required.) Be prepared to explain community representative's presence and obtain parental approval for their participation if necessary.

NOTE: CPS Specialist should not communicate with TDM facilitator prior to a TDM meeting, other than to convey safety and special needs information that may impact the process.

IV. TDM Meeting

TDM meetings are most effective when there is participation by a group of people representing diverse perspectives regarding the decision to be made.

A. Who Participates and Roles

1. Parent(s)/Primary Caregiver(s), Family and Other Formal/Informal Supports

- a. Parent(s)/Primary Caregiver(s)
 - i. Expert on the family and child; essential to the TDM process to provide information on the needs of the child.
 - ii. Ideally the parents/caregivers invite their formal/informal support system to the meeting.
- b. Child/Youth
 - i. Children/youth age 10 and over are required to attend in person, unless a specific and credible reason exists for them not to participate.
 - ii. Accommodations can be made for children/youth to participate in certain stages of the meeting, if full attendance is determined not appropriate.
 - iii. If the child/youth is unable to attend his/her voice should be represented in the meeting by those present or through use of written input.
- c. Extended family and non-related supports
 - i. Attend/participate with the parents' consent.
 - ii. Provide support to the child, parents, and/or caregiver.
 - iii. Share information and opinions about how best to support family and child.
 - iv. Help generate positive options for the child's placement and safety needs, and the family's ongoing support needs whether or not the child leaves home.

When parents/caregivers and family members are not able to be present, telephone and video-conferencing participation is encouraged; but should be used only as a last resort after active efforts to involve the family in-person.

2. Prevention and Protection Services Staff

- a. CPS Specialist (the worker who has primary responsibility for the case at the time of the meeting)
 - i. Convenes the TDM meeting.
 - ii. Leads the discussion using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting.
 - iii. Remains objective by listening and considering input and ideas from the group regarding safety, stability and out of home care planning.

- iv. Makes final decision (along with his or her supervisor) if team consensus with participating staff cannot be reached.
- v. Following the TDM, implements the decisions and action plans.

b. PPS Supervisor

- i. Reviews the family's circumstances with assigned CPS Specialist to determine whether the situation warrants a TDM meeting. Prepares for the TDM meeting in advance using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting with the CPS Specialist.
- ii. Attends all TDM meetings. Sends an alternate designee if not able to attend.
- iii. Remains objective by listening and considering input and ideas from the group regarding safety, stability and placement planning.
- iv. Supports the CPS Specialist's role as convener of the TDM team and actively participates in group discussion to generate appropriate safety decisions.
- v. Following the TDM, ensures the decision and action plans are completed by the worker.

c. Facilitator

- i. Dedicated non-case carrying staff person.
- ii. Selected based on experience in field, as well as broad knowledge of laws, agency policies and procedures, community resources and best practice.
- iii. Leads the group through a structured 6-stage process, focusing first on child safety, and modeling respectful family engagement throughout.
- iv. Seeks to bring the group to a consensus decision regarding what safety-related decision will best balance the child's physical safety needs with the need for continuity in family relationships.

d. Other DCF Agency Staff

- i. May include; representatives of programs such as other DCF program staff; adoption staff if applicable; agency attorney if other parties' attorneys are present; etc.
- ii. Actively participate in group discussion to generate a decision to address the threats to the child's safety.

3. **Professionals Involved with the Family** (This can include, for example, in-home service providers, CASA and GALs, and community service providers from entities such as mental health and developmental disabilities systems, education, drug/alcohol treatment, domestic violence, etc.)

- a. Provide support for the child or parent, as needed.
- b. Provide information regarding needed resources and services.

4. **Attorneys for the family and law enforcement:** TDM is an agency's internal meeting, intended to develop a family-centered recommendation about where a child will safely live, it includes no legal obligations about who must be invited. If a family chooses to invite their attorney or a member of law enforcement, the role of these community partners in the TDM is considered a non-related support for the family.

5. **Grassroots Community Partners/Representatives:** Persons who currently or potentially represent the family's informal supports. They could share a home neighborhood, a place of worship, an ethnic identity, or other connection with the family. The TDM approach expects the public child welfare agency to seek such representatives to participate in the TDM, with the family's permission.

- a. Provides support and advocates for the family; may balance out the family's sense of a power differential in the room

- b. Brings cultural and neighborhood perspective to the discussion
- c. May provides resources and nontraditional supports
- d. Creates potential for long term safety net for the family

B. TDM Meeting Protocol/Etiquette

Make the family as comfortable as possible during the meeting so they are able to discuss their concerns and issues. Because the meeting is about critical issues involving their child(ren) and family, agency staff must give their full attention to the discussion. By doing so, staff are indicating the importance of what is being said in the meeting and being respectful to the family. No cell phone use is permitted, and other electronic devices such as laptop or tablet computers may only be used if necessary to identify a resource or service.

The facilitator leads the meeting using a structured process which includes 6 stages:

1. Introduction (includes ground rules to ensure respectful communication)
2. Identifying the Situation (to ensure common understanding of what led to the meeting)
3. Assessing the Situation (to focus on safety concerns and potential protective factors)
4. Developing Ideas (to brainstorm alternatives for ensuring safety in least disruptive fashion)
5. Reaching a Decision (with a goal of consensus around whether the child needs to be separated from parent(s)/primary caregiver(s).)
6. Recap/Closing (to ensure that all attendees understand what has been decided and what the follow up steps will be.)

C. Reaching a Decision

The goal of the meeting is to reach consensus by the team which addresses the parent(s)/primary caregiver(s)' behavior (action or inaction) which presented the threat to child safety, and possible separation of the child from the parent(s)/primary caregiver(s). The CPS Specialist and Supervisor maintain the responsibility to make a decision if consensus by the DCF team cannot be achieved. The decision-making process follows this framework:

1. Team comes to consensus on a decision.
2. If the team cannot come to a consensus the facilitator determines if participating DCF staff can come to a consensus.
3. If the participating DCF staff cannot come to a consensus, the CPS Specialist and Supervisor make the decision for the team.

V. Review Process

If a participating child welfare agency staff member, including the facilitator, feels the team's final decision does not adequately ensure child safety, is too restrictive, or violates a law or Department policy, a request should be made for an immediate review. The facilitator notifies the designated review manager (PPS Administrator), not in the worker's chain of command. The review process will include all TDM participants. The decision made by the PPS Administrator becomes the official decision/recommendation and when applicable, the final agency position/recommendation to Court.

VI. Privacy

The confidentiality of information shared at the TDM meeting is not guaranteed. Privacy and respect are emphasized, but parent(s)/primary caregiver(s) are informed that information from the meeting may be used for case planning, in subsequent court proceedings if necessary, and in the investigation of a new allegation of abuse or neglect should such information arise.

VII. Responsibilities at End of and After TDM Meeting

A. CPS Specialist:

1. Follows through with necessary action(s) based on the team decision and meeting summary, including following up with family and meeting participants to assure the decision is implemented.
2. Files the TDM summary form with signatures in the case record. Follows agency's protocols regarding addition of contact note in system, if applicable.
3. Contacts key persons who were not present at the meeting to share information regarding the meeting recommendations and next steps.

B. PPS Supervisor:

1. Supports the CPS Specialist to implement the meeting's recommendations and action steps.
2. Provides feedback to the CPS Specialist and TDM Facilitator.

C. TDM Facilitator:

1. Inputs the required data into the TDM data application for each meeting within two business day.
2. Whenever possible, debriefs with CPS Specialist and Supervisor, seeking and providing feedback. If not possible immediately after meeting, seeks opportunity to do so shortly thereafter.

