

### **DEDICATION**

To Judith Goodhand, a visionary leader who believed that no employee should go home at night before every child could do the same.

### **ACKNOWLEDGMENTS**

The Annie E. Casey Foundation appreciates the cooperation of officials and staff in all the agencies who shared their insights about the benefits of Team Decision Making, and the challenges of adopting and remaining true to the practice.

### CONTENTS

Introduction	2
Overcoming Staff Resistance	4
Engaging Families in Crisis as Partners	5
Redefining the Roles of Agency Partners	6
Envisioning a New Way of Doing Business	7
Transforming Attitudes and Outcomes	9
Sustaining the Team Decision Making Model	11
The Future of Team Decision Making	11
Endnotes	12

### **TEAM DECISION MAKING:**

### **Engaging Families in Placement Decisions**

### Introduction

In the past 30 years, a growing number of human services leaders and experts have concluded that the single-person decision-making model is an inherently flawed way of making quality placement decisions for children who come to the attention of the public child welfare agency. They have recognized that no single caseworker has access to all the facts and circumstances needed to make such weighty decisions about children's safety and well-being. What supports are appropriate for a child's age and developmental needs? Does the child have siblings, and what care do they need? How can relatives and other people or organizations in the community help the child and family? And most important, who should be part of those decisions? Experts in child and family services now view the answer to the last

question as the key to building better outcomes for children and families.

Increasingly, experts believe that the most effective way to help children is to involve children and families, their support networks and professionals in all the decisions relating to child placement.

This case study examines how three jurisdictions — Cuyahoga County, Ohio; Denver County, Colo.; and New York City — have woven a practice known as Team Decision Making (TDM) into standard child welfare practice. TDM, which has been adopted by jurisdictions from Alaska to Virginia, has proven to be particularly effective in ensuring that placement decisions are a shared responsibility and in the best interest of children and families.

### FIGURE I: WHAT IS TEAM DECISION MAKING?

Team Decision Making (TDM) is a collaborative practice used by child welfare agencies for all decisions involving child removal, change of placement and reunification or other permanency plan. Core elements of a TDM meeting include the following:

- The TDM meeting takes place before any child move occurs, or in cases of imminent risk, by the next working day. Meetings are always held before the initial court hearing in cases of a child's removal.
- Meetings include birth parents and youth, extended family or other support persons, and service providers. If the child is in care, foster parents and adoptive parents may also participate.
- Neighborhood-based community representatives are invited by the public agency to participate in all TDM meetings, especially those regarding possible child removal.
- The meeting is led by a skilled, immediately accessible social worker who serves as an internal facilitator. The facilitator does not carry a caseload and is not a line supervisor.
- Information about each meeting, including participants, location and recommendations, is collected and linked to data on child and family outcomes, to ensure continuing self-evaluation of the TDM process and its effectiveness.
- Each TDM meeting resulting in a child's removal serves as a springboard for the planning of an "icebreaker" family team meeting, ideally to be held in conjunction with the first family visit, to initiate the birth-foster parent relationship.

TDM requires caseworkers to involve families, their natural support networks and professionals in decisions about children's removal from their parents and placement in child welfare (See Figure 1). All three jurisdictions adopted TDM as part of Casey's former Family to Family initiative, which was introduced in 17 states and Washington, D.C.

Of family-centered practice models, TDM may be the most radical departure from the single-caseworker tradition. It is one thing to talk about family engagement in ongoing and routine matters related to child and family welfare; it is another to argue that families ought to be involved in making decisions during some of the most uncertain, crisis-filled moments of their lives.

But, as this case study describes, child welfare workers who initially had great trepidation about bringing families to the decision-making table came to see that the change in practice brought significant benefits for those they were trying to serve. Evaluations of TDM show improved outcomes for children and families, from shortening stays in foster care to decreasing the chances that a child will experience maltreatment again (See Figure 2).

This case study is based on extensive interviews with people who were intimately involved in developing and implementing TDM, as well as those currently focused on ensuring that current practice remains as true as possible to the original model. It also incorporates observations from



### FIGURE 2: TDM DATA SHOWS POSITIVE TRENDS

Data from jurisdictions that have implemented TDM clearly illustrate its benefits. For example, a study of California sites shows that when TDM meetings were held within one day of a referral, children were almost 40 percent less likely to experience repeat maltreatment within six months. The same study found that sites practicing TDM were nearly 30 percent more likely to reunify children with their families within I2 months. <sup>1</sup>

The chances that a child will not be removed from home are directly proportional to the number of key elements included in a meeting. A 2009 study

found that teams recommended removal nearly 80 percent of the time when TDM meetings had only one key element in place. Meetings that included seven to eight elements, meanwhile, resulted in recommendations to keep children home 70 percent of the time. <sup>2</sup> A Family to Family evaluation found that the more key TDM elements that are included in a meeting, the better the outcomes for children and families. <sup>3</sup>

The Family to Family evaluation also found that having a relative caretaker at the TDM meeting increased the chances of a kinship placement; other

studies have confirmed those findings. In addition, a study of the Washington, D.C., Department of Children and Family Services found that lengths of stay in the system are shorter when families are involved in placement decisions. 4

A study of placement changes in Denver and Anchorage found that caregivers' presence at TDM meetings made it 40 percent less likely a placement change, especially one involving a more restrictive setting, would be recommended. When additional family members are present, the likelihood of recommending a placement change is further reduced. <sup>5</sup>



numerous TDM meetings, where families and professionals made decisions ranging from removal to reunification.

### Overcoming Staff Resistance

First pioneered in Toledo in the late 1980s, Team Decision Making represented a 180-degree reversal from the traditional way of handling child protective services and placement. "There was quite a bit of resistance to it back then," says Allen Pollack, director of protection and prevention of the Denver County Department of Human Services, which began implementing TDM in 2001. "In those days there was a real 'my case, my call' mentality in child welfare."

"When TDM was introduced, I was one of the people who thought, 'I can't wait for this to fall apart so we can move on with the world," says Lisa Smith of the Cuyahoga County Department of Children and Family Services.

These reactions were hardly uncommon in jurisdictions asked to revolutionize their approach to dealing with at-risk children and families. That a single individual working with limited

information would have so much power over the life of a child and a family now strikes professionals in jurisdictions that have adopted TDM as anathema to the values and goals of child welfare.

"Back then, you may or may not have discussed a case with your supervisor," says Becky Rasby, who was a child protection worker in Denver County in the mid-1990s. "You'd make a plan and you'd go to the family and say, 'Here's your plan.' We made all the decisions! The bad news is that you don't really know what's best for the family. Second, you're 23 years old with very little life experience and no idea how to make a treatment plan."

Changing that single dynamic was fundamental to TDM. Following the TDM model, child welfare professionals make their best effort to engage families and a wide variety of stakeholders in analyzing the family's immediate options for the child. Once a family has engaged with a child welfare system, child welfare agencies simultaneously focus on family preservation and permanence.

### FIGURE 3: INSIDE A TDM MEETING, CUYAHOGA COUNTY, OHIO

The final TDM meeting might be close for a mother whose two children were taken from her after they were found alone in her car outside a bar. She was inside, passed out drunk. Now, more than six months later, she is sober and trying to return to her home state so that she and her children can live with her mother. She has already made arrangements for the children to make the move and enrolled them in school. The caseworker supports the reunification plan and is extremely complimentary of the mom's

progress. Key to the move, though, is whether the mother's probation can be transferred to the new state. The caseworker has committed to finding out about the transfer and also has agreed to accompany the children on the flight to their new home. The tone of the meeting is relaxed and upbeat. The mom is clearly eager to get her children back and start a new more stable life in another state. Asked why she'd moved in the first place, she responds with disarming honesty: "I don't have any idea; I wish I hadn't."

Early supporters of the practice were thinking one thing above all when the idea for TDM first began to germinate, says Patricia Rideout, who was working in Toledo at the time and who now leads the Cuyahoga County Department of Children and Families. "Wouldn't it be cool if we could make these decisions with the family at the table? Wouldn't it be a higher quality decision if we brought in the family — and supporters of the family — right away and got their input and maybe even their buy-in? We could take the burden off the worker. That was the kernel notion behind TDM."

Through Family to Family, numerous jurisdictions adopted TDM as standard practice when making decisions about where and when a child in care was placed or moved. TDM can be used in acute cases that demand immediate action or in placement changes, including reunification.

Child welfare agencies using TDM make their best effort to involve a wide variety of stakeholders — anyone who might contribute insight, guidance and support when it comes to these potentially traumatic changes in a child's life. "It's a very specific strategy to engage families in the moment where decisions are being made around custody and placement," says James Lallo, a TDM supervisor in Cuyahoga County.

"I remember one case that involved an II-year-old girl and her two younger siblings," says Beverly Drayton, a veteran TDM facilitator with the New York City Administration for Children's Services. "[The girl] was talking about the level of corporal punishment used by her mom, and she was very vocal about which of her siblings should go where. She had it all figured out, which family members would be appropriate placements."

For anyone steeped in the single decision maker approach to child welfare, the scene would have seemed nothing short of preposterous, but veterans of TDM say that it happens all the time. "Nobody knows more about a family than family members themselves," says Jeri Wykaryasz, who now facilitates TDM meetings at the Denver County Department of Human Services. "So why not ask them?"

### Engaging Families in Crisis as Partners

"I remember clearly when the Casey Foundation came to talk about TDM," says Rasby. "I was sitting in the back of the room thinking, 'We're never going to get all those people to the table, even if we had the time."

An entire generation of caseworkers and supervisors who had started their careers with the ultimate responsibility for removing kids and developing case plans for families suddenly found themselves having to share responsibility for decision making. "It was intimidating for our staff and supervisors to come into a room and explain what was going on with a case in front of the family, and then listen to what the family had to say," says Cuyahoga County's Smith.

In addition, the logistical coordination required to pull together a meeting that could potentially include a dozen disparate players to discuss options for keeping a child safe — sometimes in mere hours — seemed impractical. To others, the idea of asking families in crisis to make decisions about keeping their children safe seemed untenable. "When I first learned that our agency was adopting this model, I said, 'How would that be possible? They cannot even control their own lives, and we're going to ask them to make

"Nobody knows more about a family than family members themselves.

So why not ask them?"

 Jeri Wykaryasz, TDM meeting facilitator, Denver County
 Department of Human Services decisions to keep their children safe?" says Helene Etienne, a supervisor in the child protection division of the New York City Administration for Children's Services. She could not yet see how she could engage an apparently dysfunctional family in planning for their children's safety.

For some caseworkers, TDM meant giving up a certain degree of power and control. "Some workers liked being able to say 'You need to do what I tell you to do, or I'm going to take your children," says Cuyahoga County's Smith.

Besides, what family would agree to participate in a meeting that could result in the possible removal of their child? Their natural instinct would be to slam the door and wait for court-ordered intervention. And what would happen if the agency got the family in the room? Many caseworkers were convinced that frank discussions among families and with child welfare professionals would lead to brawls, says Lyn Fox, a manager with the Cuyahoga County Division of Children and Family Services.

Other workers had mixed emotions about being responsible for what could be life or death decisions. "If I made a decision to remove a child, I did it because I thought it was the best decision I could make. I never considered that having more opinions at the table, more views of what was going on, would be beneficial," adds Fox. "There was some uncertainty and even arrogance on the part of staff, including myself. 'Who are you to tell me about my case?'"

Relinquishing control while maintaining responsibility and accountability for a case was "hard to wrap your head around," says Smith.

Many workers and supervisors also had a nagging feeling that TDM represented a lack of confidence in the decisions they were making on behalf of children and families. TDM was not being offered as a way to enhance decisions; rather, it was viewed as major second guessing by management, followed by more structure, guidance and input from other professionals and families. Supporters of TDM offered the counter argument that caseworkers were no longer the sole focal point for blame if a subsequent crisis occurred.

# Redefining the Roles of Agency Partners

TDM not only encountered internal resistance. Other professionals involved in child and family services were also either skeptical or hostile about TDM's potential.

Guardians ad litem (GALs) and many attorneys generally didn't like the idea, recalls Pollack. For one thing, bringing families into the decision-making process reduced the "us-versus-them" dynamic that led parents to consider hiring legal counsel. In addition, jurisdictions such as Denver and Cuyahoga Counties had established a new policy that allowed parents to voluntarily give up custody of their children, even if for a very short period of time, while staff investigated options for safe placement — including returning the child home. The combination of voluntary removal and the fact that children were very often returned home after an investigation dramatically reduced the need to go to court for an order of removal, often eliminating the need for a family to hire respondent counsel.

"It led to a big change in the role of attorneys and GALs in court cases," says Corey Johnson, team decision making supervisor with the Department of Human Services in Denver County. "The number of dependency and neglect petitions declined significantly with the new practice."

Judges, too, were suspicious of TDM's collaborative approach to working through issues of neglect and abuse, and skeptical of families' ability to participate in custody and placement decisions. TDM became a public way for the agencies to show the courts that all reasonable efforts were being made, per federal mandate, to find least restrictive placements for children, even when those placements were back with their families.

"We spent hours and hours talking with judges about outcomes," says Denver County's Pollack, "and brought in Casey to discuss national outcomes, especially about reducing group care." Pat Rideout, an early adopter of TDM who had also served as a juvenile court referee, was instrumental in promoting the benefits of the model. She became part of a cadre of judges who championed the idea that TDM could prepare families for court and increase the likelihood they would cooperate with case planning decisions.

Denver County has made considerable progress in establishing a strong working relationship between child welfare and the courts. Johnson attributes part of that progress to establishing a dedicated liaison between the courts and the department. The liaison attends meetings, goes to court and helps work through issues on both sides. "We now have some of the best cooperation with the court that we've ever had," says Johnson.

Like attorneys and judges, providers were disinclined to support TDM because its emphasis on the "least restrictive option"

for children meant fewer residential placements. At first, providers in Denver didn't see the effects of embedding TDM as standard practice. "As numbers started to drop, the provider community started panicking," says Pollack. "We were accused by certain providers of trying to put them out of business."

# Envisioning a New Way of Doing Business

Whenever government entities propose significant change, they often "pilot" a concept in a limited area before rolling it out system wide. But that's not what happened in Denver or Cuyahoga County.

Judith Goodhand, a strong leader with a powerful conviction, arrived as the director of the Cuyahoga County Department of Children and Families in 1992 and decided to adopt Team Decision Making. She quickly developed a policy requiring staff to conduct a TDM meeting prior to placing children in care, and within 24 hours for emergency cases that came in after work hours.

Her message was unequivocal, say staff who worked in the department at the time. She made it clear that TDM was the way we would do business from then on, says Cuyahoga County TDM supervisor James Lallo.

Goodhand's message wasn't the only clear message that TDM was going to become standard practice that helped with implementation, adds Rideout. "TDM was embedded in the broader work of Family to Family, which was built on a set of core values and interlinking strategies. It was part of a more comprehensive approach to reform."





When Pollack started working on Family to Family, Denver County had been slow to respond to ideas like TDM. "As far as I was concerned, it was a perfect fit with utilization management, which helps match children's needs with necessary services, and family engagement models. We all had the same goals for group placements. I just put it into policy and mandated it."

New York City rolled out TDM more methodically, first in Manhattan and then in Brooklyn. There, Helene Etienne says, it was always clear that TDM would become standard practice in all five of the city's boroughs. "One of the values of the TDM model is to recognize that communities at large have a stake in what goes on with [their] community's children, and Brooklyn had a wealth of resources when it came to community and links to family support."

Despite the clear vision, implementing TDM requires commitment. "We had to sell it to staff to get their buy in," says Etienne. "We had to work with them on their willingness to speak honestly with families about concerns, about the

safety of the child and what behaviors we thought posed a danger."

While few argue that leaders' firm commitment to TDM — in concert with other strategies — has been effective, implementation strategies vary. In New York City, for example, staff at all levels of the department were trained as part of the initiative. In Cuyahoga County, staff who coordinated quarterly case reviews and those who were assigned to facilitate TDM meetings were the first cohort to receive training.

In retrospect that was a mistake, says Lyn Fox. "When we first started TDM our facilitators and case review staff were intensely trained on the model and how to run meetings, but our child protective services staff didn't receive the same level of training, and they should have."

Several leaders confirm that successful implementation of TDM requires policy stating that it is mandatory whenever a placement change is being considered. Data collection to track what happens in mmetings and whether policy is followed is also a critical component

### FIGURE 4: INSIDE A TDM MEETING, NEW YORK CITY

A young-looking mother looks nervously around the table. Seated with her are her older sister, a community representative, a caseworker and a TDM facilitator. The facilitator clearly states the purpose of the meeting and the key items that will be covered: safety concerns; strengths of and potential supports for the family; ideas on how to deal with the situation—in this case, an accusation that the mother left her two young children alone in their apartment; and a decision on how to ensure the safety of

the children. Complicating the discussion are accusations that the mother's new boyfriend has hit the children both with a belt and coat hangers. The mother is defiant at first ("I can take care of my kids," she says sternly), but her sister urges her to face the reality of the situation and the danger that the boyfriend poses to the children. It takes roughly an hour, but by the end the team has made arrangements to temporarily place the children with relatives. The decision is still subject to court approval, because New York

City doesn't provide for voluntary removals. The community representative has made a commitment to find the mother a safe place to stay—away from the boyfriend—while helping her look for another apartment. The mother, meanwhile, agrees to another meeting within a week or so to assess progress and adjust plans if necessary. Throughout the meeting, the TDM facilitator emphasizes one point above all: the goal here isn't removal, but the safe, stable reunification of the mother with two children she clearly loves.

of implementation and model fidelity. Leaders must also communicate a consistent message that TDM is the new way of doing business, period.

"I went into it kicking and screaming, to say the least," says Cuyahoga County's Lyn Fox. "And we had some staff transition out because of it. But those of us who stayed quickly realized that it wasn't going away. Even if you didn't necessarily believe in it, it was what we were going to do."

## Transforming Attitudes and Outcomes

Many skeptics quickly came around once they saw that Team Decision Making could actually work — that it could bring families to the table, engage them in a discussion about why they were there and what issues they needed to address, and support all parties in creating and agreeing on a workable safety plan.

"I made a trip to Cleveland and saw how engaging the process was," says New York City's Etienne. "I saw how the family was able to take responsibility for their own behaviors and actions. I saw the caseworker's relationship with the client. Even after a mother had her child removed, she came out of the conference seeing the worker as a support system to help her reunify her with her child. The more I saw, the more I thought, 'Why didn't we do this sooner?'"

Although staff often needed initial convincing, every jurisdiction had a core group of staff who understood the benefits of TDM right away and aligned their practice with its core goals, especially its focus on identifying the least restrictive options for children and families.

Denver County's Jeri Wykaryasz recalls that she'd never been comfortable with her power over children and families as a child protective services worker. For her, removing a child from home was a tragedy. "You're changing the life of that child and family forever. I took terminations very seriously because you're telling the parent 'You're awful.' I wish we'd had TDM all along."

TDM's emphasis on least restrictive placements also drove a new ethic. For example, caseworkers who previously would have been loath to look close to home, began turning to family members — kinship placements.

"When I first started, you never looked at kinship placements," says Denver County's Rasby. "Now we're very profamily. And our scope of what kin looks like is also very different. It could be a friend, a teacher, a coach. Family doesn't always mean blood family."

If children and family services agency workers' attitudes were changing, so were the attitudes of parents, says Qiana Ross, a supervisor in New York City. "Because we now have a conversation with the parent, it allows them to have a voice, to articulate their position and their side of the story." It is, quite simply, "a much more professional way to operate," says Ross. Engaging fathers and paternal relatives also became a priority, reports Etienne.

"It's now much more like social work than legal work," adds Jacqueline McKnight, former commissioner of the Brooklyn office. "We still work closely with legal, but decisions are now made at the table with the families and staff."

Parents' attitudes have changed dramatically. "Initially, I think families

"When I first started, you never looked at kinship placements... our scope of what kin looks like is also very different. It could be a friend, a teacher, a coach. Family doesn't always mean blood family."

 Becky Rasby, former child protection worker, Denver County Department of Human Services "By sitting down with families and really engaging them in a discussion of strengths and opportunities— and how they might use their own internal networks of support—I think families walk away with a much more positive view of themselves, our agency and the whole process."

 - Lutonja Aikens, child protection manager, New York City
 Administration for Children's Services didn't believe us — that we were going to make decisions together," says Smith of the Cuyahoga County Department of Children and Family Services. "They thought it was a trick to have them come in so we could take their kids."

"Even in the most horrible situations, most families and parents know what they need," says Marianne Jones, TDM supervisor with Cuyahoga County. "They may not like that this is where their lives are, but they do realize we're not the bad guys."

That level of engagement can pay significant dividends, says Lutonja Aikens, a child protection manager in New York City. "By sitting down with families and really engaging them in a discussion of strengths and opportunities — and how they might use their own internal networks of support — I think families walk away with a much more positive view of themselves, our agency and the whole process."

The ethics of TDM have clearly started to resonate beyond agency walls. The courts have certainly begun to tune in. "We

rarely used to use kin in placements," says Denver County's Johnson. "That was a huge ideological shift not only for us, but also for our courts."

More broadly, TDM has proved to be a powerful tool for improving community relations. "The way we do business has changed so drastically for the better that our community and our relationship with the community is much better for it," says Cuyahoga County's Fox.

The potential power of TDM meetings is regularly reinforced, says Korey Elger, a child protection intake supervisor in Denver County. "Just last week, a caseworker was working with an infant whose mother is cognitively delayed and was saying, 'I don't know how we're going to keep this baby at home.' I suggested that the mother call some family members. Thirty family members showed up! By the end of the meeting, we had a plan for keeping the baby at home with 24-hour oversight and intensive in-home services. And, knock on wood, that baby will be able to stay at home."

### FIGURE 5: INSIDE A TDM MEETING, DENVER COUNTY, COLORADO

The room is cramped. Around the table are the caseworker, TDM facilitator, a guardian ad litem (GAL), two apprentice caseworkers and a foster mom. The foster father has patched in by phone. The issue: the IG-year-old child being cared for by the foster mother and father has started to act out violently, and has been deemed a threat to the couple's younger biological children. The goal of the meeting is to try to figure out why the young man is suddenly acting out after six months of having strong and positive relationships

with his whole foster family, and to try to preserve the placement. One change that surfaces during the discussion: the boy has been missing his therapy sessions. At the same time, the foster mother and father haven't been communicating with each other about the boy's behavior. The caseworker and the GAL emphasize the importance of consistency in treatment and in placement. The GAL suggests in-home counseling so that the entire family dynamic can be considered in trying to preserve the placement. The

father, who has recently taken a job that requires him to be out of the house longer than usual (another possible cause of the boy's change in behavior), is resistant, but finally agrees to a short-term plan; in-home counseling will begin immediately, and the whole team will reconvene in two weeks to reassess the situation. "This one was unusually complicated," says TDM facilitator Jeri Wykaryasz. "Something was obviously going right for half a year, but I think we just saved a kid from being removed."

# Sustaining the Team Decision Making Model

Team Decision Making requires a high level of commitment and effort, and sustaining all elements of the model is a constant challenge, even in jurisdictions where TDM is now considered part of standard operating procedure. Agencies need to collect and regularly review data about who participates in TDM meetings and how decisions are made to ensure that workers remain focused on incorporating all elements of the TDM model. There are plenty of jurisdictions where TDM is now floundering, says Cuyahoga County's Rideout.

Drifting from the model can take multiple forms. Meetings that do not follow departmental policy or confusion about roles and responsibilities can result in drift. Other challenges include using meetings to rubber stamp decisions that have already been made, or not holding meetings when decisions need to be made.

Caseworkers also need to be resourceful and take the time to ensure that families, their support networks and the right professionals attend the meeting. "It's a challenge getting all the right players to the table," confirms Nicole Williams, a CPS worker with the New York City Administration for Children's Services. "But I've had meetings where everybody came, right down to great-grandfathers."

Denver County, meanwhile, is working to reengage the community. A "community collaborator" is a fixture in meetings that follow the standard TDM model. Those individuals are usually affiliated with a nonprofit community organization, and are invited to support the family and provide guidance on community-based services that may be available to families. However, funding for community outreach has been

cut, and ties between the department and community organizations have weakened in recent years.

"We need to tap into community more," says Denver County TDM facilitator Gina Whiteside. "That helps us take the least restrictive approach to placement. I can see instances where we might not get involved at all."

In Cuyahoga County, the agency has struggled to engage the county probation department, an issue that came up at a recent TDM reunification meeting. Had the mother's parole officer been in the room, he could easily have answered whether the mother could transfer her probation to another state.

Rideout is also pushing Cuyahoga County to return to the practice of having one meeting facilitator follow a case through to its conclusion so that families get to know the facilitator, and don't have to rehash potentially painful stories about why they're involved with the agency at every TDM meeting.

"Even though it's how we should do business, we've found that we've drifted a little and we have to pull ourselves back," says Cuyahoga County's Guillermo Torres. "We do have all-staff training, and a lot of it. We constantly have to refocus on the model."

# The Future of Team Decision Making

A number of jurisdictions have invested in making TDM the standard way of managing placement decisions. A recent task force report by the Missouri Department of Social Services on best practices in recruiting and retaining resource families specifically singles out TDM as the way the state should handle removals and placements.



"It's hard to argue when you see the outcomes, especially up close. You really get to know a family, and having that connection makes a difference."

Marianne Jones, TDM supervisor,
 Cuyahoga County Department of
 Children and Family Services

At the same time, Casey is funding a study to identify which elements of the TDM model are essential to improving young people's well-being. Casey continues to refine and test the model to build scientific evidence of TDM's positive impact with the goal of being listed on Blueprints for Healthy Youth (Blueprints), an online resource public systems and communities can use to identify cost-effective programs that benefit children and youth.

To be listed on the Blueprints website, TDM must demonstrate that it reliably achieves positive results and how the various elements of the program contribute to child and youth wellbeing. TDM will also need to gather information on the staffing, training, funding and other support public systems and communities would need to deliver the program.

Although those evaluations are not complete, proponents of TDM see a clear value in maintaining the staff and budget required to sustain the TDM model. They argue that investing now can save on more significant costs

incurred when jurisdictions wait until a family or child is in serious trouble.

"It's hard to argue when you see the outcomes, especially up close," says Cuyahoga County TDM supervisor Marianne Jones. "You really get to know a family, and having that connection makes a difference. I can't even imagine going back to doing business the way some others do."

#### **ENDNOTES**

- Usher, L., Wildfire, J., Webster, D., & Crampton,
   D. (2010). An evaluation of the anchor-site phase of Family to Family. Baltimore, MD: Annie E. Casey Foundation.
- Wildfire, J., Rideout, P., & Crampton, D. (2009).
   Transforming child welfare, one team decision-making meeting at a time, *Protecting Children*, (25) 2: 40-50.
- 3. Usher, L., Wildfire, J., Webster, D., & Crampton, D. (2010).

- 4. Pennel, J., Edwards, M., & Burford, G. (2010). Family group engagement and child permanency. *Children and Youth Services Review, 32*, 1012-1019.
- Crea, T.M., Wildfire, J., & Usher, L. (2009). The association of team composition and meeting characteristics with foster care placement recommendations. *Journal of Social Service Research*, 35, 297-310.



The Annie E. Casey Foundation 701 St. Paul Street Baltimore, MD 21202 410.547.6600 www.aecf.org