

NOTICE OF RULE MAKING

Pursuant to A.C.A. § 9-28-103, the Division of Children and Family Services (DCFS) Director proposes revisions to the Division policies below to provide additional guidance to staff regarding child maltreatment investigations. These revisions include:

- Policy II-D: Investigation of Child Maltreatment Reports
 - To more clearly outline child maltreatment investigation interview requirements per A.C.A. § 12-18-605;
 - To provide clarification to existing practices regarding actions in protection plans and accompanying dependency-neglect petitions;
 - To specify requirements for protection plans in place for more than 30 days per A.C.A. § 12-18-1001 and case plan requirements for any dependency-neglect petition filed with the court per A.C.A. § 9-27-402.
- Policy II-F: Team Decision Making
 - To standardize the timeframe in which a Team Decision Making Meeting must be held ;
 - To add references to requirement to formally reassess protection plans within 30 days per A.C.A. § 12- 18-1001; and,
 - To clarify existing referral criteria and meeting logistics.
- Policy VII-K: Maltreatment Allegations Made in Out-of-Home Placements
 - To provide more guidance regarding implementing corrective action plans for foster homes;
 - To formalize the role of the Resource Family Review Committee.

The proposed changes are available for review at the Division of Children and Family Services, Policy Unit, 5th floor Donaghey Plaza South, 7th and Main Streets, Little Rock, AR. 72203-1437. All comments must be submitted in writing to the Policy Unit no later than October 13, 2018. All the proposed changes may be viewed in their entirety at

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 501- 682-8830 (Voice) or 501- 682-1442 (TDD). The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin. 4501829309

POLICY II-F: TEAM DECISION MAKING

1108/20185

The policy and related procedures in this section only apply to those counties in which Team Decision Making has been implemented.

OVERVIEW

Team Decision Making (TDM) provides a facilitated forum for families, community members, and DCFS to collaboratively problem solve and make decisions regarding children's safety and placement using the most information possible. TDM has proven to be an effective intervention in ensuring that all placement decisions are a shared responsibility and in the best interest of children. TDM also assists in establishing a network of support for children and the adults who care for them. As such, the consistent and effective use of Team Decision Making promotes family engagement and helps to maintain safe family relationships that are crucial to minimizing trauma to children.

TEAM DECISION MAKING INITIATION AND REFERRAL

A Team Decision Making (TDM) meeting is held within ~~48 hours~~ three business days of the establishment of a protection plan due to a safety factor (see Appendix IX: Arkansas Health and Safety Factors) being identified in the home and always before the case is brought to court. ~~However, (though a dependency-neglect petition related to a protection plan may be filed with the court, when necessary. The protection plan will be filed with the court within 30 days of an initial protection plan being put in place if a dependency-neglect petition was not previously filed in association with the protection plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the protection plan must stay in place to ensure the health and safety of the child, when necessary).~~ TDM meetings referrals are made by the DCFS FSW who put the protection plan in place to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the DCFS FSW who put the protection plan in place will contact the DCFS Facilitator Supervisor. The DCFS Facilitator Supervisor will then make a referral to a back-up facilitator who can facilitate the TDM meeting within ~~three business days~~ 48 hours of the establishment of a protection plan.

A TDM meeting is also held within ~~72 hours~~ three business days of receipt of ~~any~~ Garrett's law allegation ~~regardless of whether the child is left in the home or removed~~ to the hotline and always before the case is brought to court. However, (though if a protection plan is put into place at the initiation of an investigation involving a Garrett's Law report, a dependency-neglect petition may be filed with the court in association with that protection plan, may also be filed with the court, as necessary. The protection plan will be filed with the court within 30 days of an initial protection plan if a dependency-neglect petition was not previously filed in association with the protection plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the protection plan must stay in place to ensure the health and safety of the child as necessary). TDM meeting referrals related to Garrett's Law allegations are made by the primary DCFS FSW investigator to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the primary DCFS FSW investigator will contact the DCFS Facilitator Supervisor. The DCFS Facilitator Supervisor will then make a referral to a back-up facilitator who can facilitate the TDM meeting within ~~72 three business days~~ hours of an accepted report of a Garrett's Law allegation to the hotline.

The TDM Supervisor may waive the TDM Meeting requirement for extenuating circumstances that render a TDM Meeting unnecessary (e.g., a foster care case is already opened, a hotline referral involving a child death with no siblings or other children under the care of the alleged offender, a Garrett's Law referral in which the biological mother is already working with the Office of Chief Counsel to put the infant up for adoption, etc.).

TEAM DECISION MAKING PREPARATION

All Team Decision Making meetings will be held outside of the DHS county office in an effort to conduct the meetings in a more family-friendly environment. Only the TDM Supervisor may approve for a TDM meeting to be held in the DHS county office for special circumstances such as safety concerns, inclement weather, etc.

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Prior to the Team Decision Making meeting, the FSW and the FSW Supervisor who approved the initial protection plan or the primary FSW investigator involving a Garrett's Law allegation and that FSW's Supervisor will conference with the Facilitator who will moderate the TDM meeting in order to prepare for the TDM. This conference will allow these Division staff members to review the TDM process as necessary and review information gathered at that point in time regarding the family with particular attention to the identified safety factors and/or other information gathered during the investigation involving a Garrett's Law allegation. During this meeting DCFS staff will assess whether the children involved in the protection plan and/or the children involved in an investigation involving a Garrett's Law allegation should be present at the TDM meeting based on the children's preferences and the children's ability to handle the emotional impact of the meeting.

A safety check-in meeting will also occur per TDM protocols with the biological parent(s) and children who plan to participate in TDM prior to the TDM meeting. The safety check-in is conducted to learn about any safety concerns the parents and/or children may have regarding the meeting proceedings and/or other participants. If safety concerns exist, DCFS will ensure the appropriate precautions are put in place.

TEAM DECISION MAKING PARTICIPANTS

Concerted efforts shall be made by DCFS to engage the biological parents (or other person responsible for care, as applicable) and support their attendance at the Team Decision Making meeting. Children are also encouraged to participate in the meeting when deemed appropriate according to their age, developmental status, emotional condition, and trauma-related needs and responses. The FSW who put the protection plan into place and/or the primary FSW investigator involving a Garrett's Law allegation and the Facilitator must participate in the TDM meeting.

The FSW Supervisor who approved the protection plan or the supervisor of the primary FSW investigator involving a Garrett's Law allegation is also required to participate in the TDM meeting. If necessary, the FSW Supervisor may participate by phone with prior approval from the Area Director. If an emergency arises and the FSW Supervisor is unable to participate even by phone, then the Area Director is responsible for ensuring another supervisor, preferably the county supervisor, participate in the TDM meeting in order to better support the FSW. For TDMs involving protection plans, the FSW's direct supervisor (if different from the FSW Supervisor who approved the protection plan) is encouraged, but not required, to attend the TDM meeting. Any other supervisor is welcome to attend the TDM meeting if desired.

The biological parents (or other person responsible for care, as applicable) and children are recognized as the experts regarding their family's needs and strengths. The FSW serves as the representative to speak to the protection plan and/or his/her initial assessment of family functioning for those families involved in an investigation with a Garrett's Law allegation. The Facilitator is a trained process expert with extensive knowledge of agency history, policies, procedures, and best practices. He or she works with everyone present at the TDM meeting to lead that group through solution-focused discussion that provides all participants with opportunities to voice their thoughts, concerns, and suggestions.

With a parent's (or other person responsible for care, as applicable) consent, additional efforts to include relatives, natural support persons, and current service providers will be made. The Division will be mindful about the balance of staff or professionals to family members and their natural supports. The more family-supportive individuals involved in the decision-making process, the more likely the resulting plan will be customized to meet the unique needs of the family. TDM participants may include, but are not limited to:

- A. Extended family and/or fictive kin invited by parents to support, assist, and/or serve as a resource.

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- B. Current caregivers (if not the biological parents) so they may assist in providing information regarding children's needs and in developing ideas and reaching decisions.
- C. Community partners who are defined as such by the family or the Division, whether based on neighborhood, faith/religion, or other connection, to provide support, resource expertise, and external perspective in decision-making.
- D. Service providers who are currently involved with family and can provide insight regarding family functioning and assist in problem solving.
- E. Other public agency staff such as representatives from Division of Behavioral Health Services, Division of Developmental Disabilities Services, Division of Youth Services, Department of Education, Department of Workforce Services, Public Housing Authority, etc. to provide expertise and information.

TEAM DECISION MAKING MEETING GOALS AND PROCESSES

During the Team Decision Making meeting the group:

- A. Engages the family to discuss family's needs and strengths;
- B. Reviews the family's protection plan, as applicable;
- C. Assesses the effectiveness of the protection plan thus far, as applicable;
- D. Assesses any risk factors;
- E. Determines if any changes to the protection plan are needed, as applicable;
- F. Decides if other appropriate services and supports are available to strengthen the family; and,
- G. Reaches consensus regarding the child's placement that protects the child and preserves the family.

For TDM meetings involving protection plans, the original protection plan that the FSW put into place via the CFS-200: Protection Plan will be documented on the Safety Planning Screen of the Health and Safety Assessment. If the protection plan is updated or otherwise enhanced during the course of the TDM meeting, any pieces of the initial protection plan (documented on CFS-200: Protection Plan) that will remain in the updated version must also be documented on CFS-355: Team Decision Making Meeting Summary Report. In addition, any new information or requirements to which the team agrees during the TDM meeting will also be included on the CFS-355: Team Decision Making Meeting Summary Report. The information and requirements outlined in the TDM Action Plan that all participants agree to by signing the CFS-355 replaces the original protection plan for the family.

For TDM meetings involving allegations of Garrett's Law for which no protection plan was put into place during the investigation, the CFS-355: Team Decision Making Meeting Summary Report signed by all participants will serve as the TDM Action Plan for that family. As per the CFS-355, each person's signature on that form means that he or she understands and agrees to the actions steps outlined on the CFS-355.

Privacy and respect are valued and practiced during TDM meetings. However, information from the meeting may be used, as applicable, for future case planning, in subsequent court proceedings, and/or in the investigation of any new allegations of abuse or neglect.

The Division maintains the legal responsibility to make decisions regarding children's placement and safety at all times. If the entire group involved in the TDM meeting cannot reach consensus, the Facilitator must at least ensure the Division staff involved in the TDM meeting reach consensus.

TEAM DECISION MAKING REVIEW PROCESS

A review process is available if Division staff members believe the decision puts the child at serious risk of harm or violates law or policy. A Division staff member who requests a review process must notify the group of his/her intent to seek review before the Team Decision Making meeting adjourns. The TDM Review will be conducted immediately by either a DCFS County Supervisor or the Area Director, as appropriate, prior to participants leaving. The TDM Review may be conducted in-person or by phone conference. The final decision is

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made by the TDM Reviewer after hearing summaries of the meeting and reason for review. Division personnel are responsible to implement the final decision and demonstrate full support.

TEAM DECISION MAKING FOLLOW-UP

Following all Team Decision Making meetings, the FSW, FSW Supervisor who approved the protection plan or supervisor of the primary FSW investigator involving a Garrett's Law allegation, and Facilitator will meet or conference call within 24 hours to debrief the TDM meeting. The debriefing meeting serves as a learning tool for Division staff by allowing them to give each other feedback regarding their interactions in the meeting specific to processes and roles. The debriefing meeting is not a time to revisit the content of the discussion or reconsider the decision made during the TDM meeting.

The DCFS Facilitator will enter all required TDM data elements into CHRIS within ~~three-72~~ business ~~day~~hours of the TDM meeting. If a back-up Facilitator participated in the meeting, that back-up Facilitator must provide all data elements to the DCFS Facilitator within ~~three-72~~ business ~~day~~hours. The DCFS Facilitator will enter the TDM data elements into CHRIS within ~~three-72~~ business ~~day~~hours of receipt of the data elements from the back-up Facilitator.

The FSW who put the protection plan into place will continue to be responsible for monitoring the protection plan and any other elements necessary, as determined during the TDM meeting, throughout the completion of the investigation.

For Garrett's Law referrals involving two counties (e.g., parents reside in one county but give birth to the infant in a neighboring county), the secondary FSW investigator who initiates the investigation will also interview any other collaterals available at the time of initiation in the county where the infant was born (if applicable) based on when infant was discharged from the hospital and when the hotline report is accepted.

The primary FSW investigator in the county where the family resides will conduct a home visit before the TDM meeting takes place, if possible. However, the primary FSW investigator must conduct a home visit prior to the infant's discharge from hospital (if applicable depending on when hotline report was made). If the home visit is conducted before the TDM meeting occurs *and* prior to the infant's discharge from the hospital, then that home visit will meet the requirement for both. The primary FSW investigator will also interview all other necessary collaterals who were not interviewed during the investigation initiation.

The primary and secondary investigators must share all information regarding the investigation prior to the TDM meeting. The secondary investigator is not required to attend the TDM meeting but is encouraged to do so. The primary investigator must attend the TDM meeting.

If a protective services or foster care case is subsequently opened, the FSW who initially put the protection plan into place and participated in the TDM meeting will communicate all information regarding the plan and TDM meeting to the appropriate FSW caseworker. The newly assigned FSW caseworker will then have the primary responsibility of monitoring the protection plan, any other associated elements, and case plan (i.e., the case plan is separate from the protection plan).

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Procedure II-F1: Team Decision Making Initiation and Referral

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After establishing a protection plan and/or initiating an investigation involving a Garrett's Law allegation (regardless of whether the child is left in the home or removed), the FSW will:

- A. Inform parents (or person responsible for care, as applicable) and youth (as appropriate) of:
 - 1) The purpose of a Team Decision Making (TDM) meeting;
 - 2) That they will be required to attend the next scheduled TDM meeting; and,
 - 3) What will be expected of them during the TDM meeting (e.g., to share their understanding of the safety and risk issues as well as strengths in their home, their understanding of the protection plan as applicable, etc.).
- B. Tell the parents (or person responsible for care, as applicable) that, if they would like, the assigned facilitator can also contact the family by the next business day to explain more about the process.
- C. Ask parents (or person responsible for care, as applicable) and youth (as appropriate) to identify extended family members, fictive kin, or community partners who they would like to attend the upcoming TDM and ask the family to contact those individuals with information about the upcoming TDM meeting.
 - 1) Collect names, phone numbers, and addresses of family identified team members.
- D. Leave PUB-35: "What is Team Decision Making?" with the family.
- E. Discuss whether family will need assistance with transportation and help coordinate transportation as appropriate.
- F. Contact the area DCFS Facilitator by phone or email within two hours of putting the protection plan in place and/or within two hours of initiating an investigation involving a Garrett's Law allegation to refer the family for a Team Decision Making meeting.
 - 1) When the FSW emails or leaves a voicemail referral with the area TDM Facilitator during normal business hours and has not heard back from the facilitator by 4:00 p.m. that same business day, then the FSW will contact the DCFS Facilitator Supervisor by phone or email with the referral information.
 - 2) If TDM referral is made after hours, on the weekend, or during a holiday, an email must be sent or a voicemail must be left to make the referral.
 - a) When the FSW emails or leaves a voicemail with the area TDM Facilitator after hours and has not heard back from that facilitator by 9:00 a.m. the next business day, then the FSW will contact the DCFS Facilitator Supervisor by phone or email with the referral information.
 - 3) Provide the DCFS Facilitator (or DCFS Facilitator Supervisor, as applicable) with:
 - a) Names of family members
 - b) Family address and phone number
 - c) Dates of birth of family members
 - d) Protection plan, if applicable
 - e) Any special information or needs regarding safety (e.g., domestic violence issues), language interpretation, physical accommodations, child care for very young children, etc.
 - f) Contact information and family request to be contacted by the facilitator to provide more information about the TDM process, if applicable.
- G. Work with the assigned facilitator and family to confirm exact date, time, and location of TDM meeting within twenty-four hours of establishing protection plan and/or within twenty-four hours of initiating an investigation involving a Garrett's Law allegation.

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- H. Enter family's demographic information into CHRIS within twenty-four hours of receiving referral.
- I. Document date and time family is informed of agreed-upon TDM meeting date, time, and location in CHRIS.

The FSW Supervisor who approved the protection plan and/or the supervisor of the primary FSW investigator involving a Garrett's Law allegation will:
Conference with FSW as needed.

The Facilitator will:

Work with FSW to confirm exact date, time, and location of meeting.

~~A.~~

The Facilitator Supervisor will:

- A. Conference with the DCFS Facilitator as needed.
- B. Make any needed TDM referrals to the back-up facilitator by the next business day.

Procedure II-F5: Team Decision Making Follow-Up

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The FSW will:

- ~~A.~~ Meet or conference call with the Facilitator and FSW Supervisor who approved the protection plan or supervisor of the primary FSW investigator involving a Garrett's Law allegation within 24 hours of the conclusion of the TDM meeting.
- ~~A-B.~~ ~~If applicable, provide OCC with a copy of the protection plan and corresponding Team Decision Making Meeting Summary Report and request OCC to file a dependency-neglect petition with the court that will accompany the protection plan, and for which immediate court intervention is necessary.~~
- ~~B-C.~~ Continue to monitor family's progress until the investigation is completed.
- ~~C-D.~~ Share all relevant information regarding the family's protection plan, if applicable, and progress with the FSW assigned to the family's protective or foster care case, if applicable.

The FSW Supervisor who approved the protection plan or the supervisor of the primary FSW investigator involving a Garrett's Law allegation will:

Meet or conference call with the FSW and facilitator within 24 hours of the conclusion of the TDM meeting and as needed.

The DCFS Facilitator will:

- A. Meet or conference call with the FSW and FSW Supervisor within 24 hours of the conclusion of the TDM meeting.
- B. Enter all required TDM data elements into CHRIS within ~~three 72~~ business ~~day~~hours of the conclusion of the TDM meeting and within ~~three72 business days~~hours of receipt of TDM data elements from the contracted facilitator when the TDM meeting is facilitated by a contract provider.
- C. Provide copies of the Team Decision Making Meeting Summary Report printout from CHRIS to all participants, ~~including~~including the family, as soon as possible following the TDM meeting.
 - 1) DCFS Facilitator is also responsible for providing copies of the Team Decision Making Meeting Summary Report printout from CHRIS to all participants, including the family, as soon as possible following the TDM meeting when that TDM meeting was facilitated by a back-up facilitator.

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The back-up facilitator (if applicable) will:

Provide the TDM data elements to the area DCFS Facilitator within ~~three~~⁷²-business ~~day~~^{hours} of the conclusion of the TDM meeting.

The Facilitator Supervisor will:

Conference with the DCFS facilitator as needed.

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POLICY II-F: TEAM DECISION MAKING

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The policy and related procedures in this section only apply to those counties in which Team Decision Making has been implemented.

OVERVIEW

Team Decision Making (TDM) provides a facilitated forum for families, community members, and DCFS to collaboratively problem solve and make decisions regarding children's safety and placement using the most information possible. TDM has proven to be an effective intervention in ensuring that all placement decisions are a shared responsibility and in the best interest of children. TDM also assists in establishing a network of support for children and the adults who care for them. As such, the consistent and effective use of Team Decision Making promotes family engagement and helps to maintain safe family relationships that are crucial to minimizing trauma to children.

TEAM DECISION MAKING INITIATION AND REFERRAL

A Team Decision Making (TDM) meeting is held within three business days of the establishment of a protection plan due to a safety factor (see Appendix IX: Arkansas Health and Safety Factors) being identified in the home and always before the case is brought to court. However, a dependency-neglect petition related to a protection plan may be filed with the court when necessary. The protection plan will be filed with the court within 30 days of an initial protection plan being put in place if a dependency-neglect petition was not previously filed in association with the protection plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the protection plan must stay in place to ensure the health and safety of the child. TDM meetings referrals are made by the DCFS FSW who put the protection plan in place to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the DCFS FSW who put the protection plan in place will contact the DCFS Facilitator Supervisor. The DCFS Facilitator Supervisor will then make a referral to a back-up facilitator who can facilitate the TDM meeting within three business days of the establishment of a protection plan.

A TDM meeting is also held within three business days of receipt of any Garrett's law allegation – regardless of whether the child is left in the home or removed – to the hotline and always before the case is brought to court. However, if a protection plan is put into place at the initiation of an investigation involving a Garrett's Law report, a dependency-neglect petition may be filed with the court in association with that protection plan as necessary. The protection plan will be filed with the court within 30 days of an initial protection plan if a dependency-neglect petition was not previously filed in association with the protection plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the protection plan must stay in place to ensure the health and safety of the child. TDM meeting referrals related to Garrett's Law allegations are made by the primary DCFS FSW investigator to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the primary DCFS FSW investigator will contact the DCFS Facilitator Supervisor. The DCFS Facilitator Supervisor will then make a referral to a back-up facilitator who can facilitate the TDM meeting within three business days of an accepted report of a Garrett's Law allegation to the hotline.

The TDM Supervisor may waive the TDM Meeting requirement for extenuating circumstances that render a TDM Meeting unnecessary (e.g., a foster care case is already opened, a hotline referral involving a child death with no siblings or other children under the care of the alleged offender, a Garrett's Law referral in which the biological mother is already working with the Office of Chief Counsel to put the infant up for adoption, etc.).

TEAM DECISION MAKING PREPARATION

All Team Decision Making meetings will be held outside of the DHS county office in an effort to conduct the meetings in a more family-friendly environment. Only the TDM Supervisor may approve for a TDM meeting to be held in the DHS county office for special circumstances such as safety concerns, inclement weather, etc.

Prior to the Team Decision Making meeting, the FSW and the FSW Supervisor who approved the initial protection plan or the primary FSW investigator involving a Garrett's Law allegation and that FSW's Supervisor will conference with the Facilitator who will moderate the TDM meeting in order to prepare for the TDM. This conference will allow these Division staff members to review the TDM process as necessary and review information gathered at that point in time regarding the family with particular attention to the identified safety factors and/or other information gathered during the investigation involving a Garrett's Law allegation. During this meeting DCFS staff will assess whether the children involved in the protection plan and/or the children involved in an investigation involving a Garrett's Law allegation should be present at the TDM meeting based on the children's preferences and the children's ability to handle the emotional impact of the meeting.

A safety check-in meeting will also occur per TDM protocols with the biological parent(s) and children who plan to participate in TDM prior to the TDM meeting. The safety check-in is conducted to learn about any safety concerns the parents and/or children may have regarding the meeting proceedings and/or other participants. If safety concerns exist, DCFS will ensure the appropriate precautions are put in place.

TEAM DECISION MAKING PARTICIPANTS

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The biological parents (or other person responsible for care, as applicable) and children are recognized as the experts regarding their family's needs and strengths. The FSW serves as the representative to speak to the protection plan and/or his/her initial assessment of family functioning for those families involved in an investigation with a Garrett's Law allegation. The Facilitator is a trained process expert with extensive knowledge of agency history, policies, procedures, and best practices. He or she works with everyone present at the TDM meeting to lead that group through solution-focused discussion that provides all participants with opportunities to voice their thoughts, concerns, and suggestions.

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- C. Community partners who are defined as such by the family or the Division, whether based on neighborhood, faith/religion, or other connection, to provide support, resource expertise, and external perspective in decision-making.

- D. Service providers who are currently involved with family and can provide insight regarding family functioning and assist in problem solving.
- E. Other public agency staff such as representatives from Division of Behavioral Health Services, Division of Developmental Disabilities Services, Division of Youth Services, Department of Education, Department of Workforce Services, Public Housing Authority, etc. to provide expertise and information.

TEAM DECISION MAKING MEETING GOALS AND PROCESSES

During the Team Decision Making meeting the group:

- A. Engages the family to discuss family's needs and strengths;
- B. Reviews the family's protection plan, as applicable;
- C. Assesses the effectiveness of the protection plan thus far, as applicable;
- D. Assesses any risk factors;
- E. Determines if any changes to the protection plan are needed, as applicable;
- F. Decides if other appropriate services and supports are available to strengthen the family; and,
- G. Reaches consensus regarding the child's placement that protects the child and preserves the family.

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Privacy and respect are valued and practiced during TDM meetings. However, information from the meeting may be used, as applicable, for future case planning, in subsequent court proceedings, and/or in the investigation of any new allegations of abuse or neglect.

The Division maintains the legal responsibility to make decisions regarding children's placement and safety at all times. If the entire group involved in the TDM meeting cannot reach consensus, the Facilitator must at least ensure the Division staff involved in the TDM meeting reach consensus.

TEAM DECISION MAKING REVIEW PROCESS

A review process is available if Division staff members believe the decision puts the child at serious risk of harm or violates law or policy. A Division staff member who requests a review process must notify the group of his/her intent to seek review before the Team Decision Making meeting adjourns. The TDM Review will be conducted immediately by either a DCFS County Supervisor or the Area Director, as appropriate, prior to participants leaving. The TDM Review may be conducted in-person or by phone conference. The final decision is made by the TDM Reviewer after hearing summaries of the meeting and reason for review. Division personnel are responsible to implement the final decision and demonstrate full support.

TEAM DECISION MAKING FOLLOW-UP

Following all Team Decision Making meetings, the FSW, FSW Supervisor who approved the protection plan or supervisor of the primary FSW investigator involving a Garrett's Law allegation, and Facilitator will meet or conference call within 24 hours to debrief the TDM meeting. The debriefing meeting serves as a learning tool for Division staff by allowing them to give each other feedback regarding their interactions in the meeting specific to processes and roles. The debriefing meeting is not a time to revisit the content of the discussion or reconsider the decision made during the TDM meeting.

The DCFS Facilitator will enter all required TDM data elements into CHRIS within three business days of the TDM meeting. If a back-up Facilitator participated in the meeting, that back-up Facilitator must provide all data elements to the DCFS Facilitator within three business days. The DCFS Facilitator will enter the TDM data elements into CHRIS within three business days of receipt of the data elements from the back-up Facilitator.

The FSW who put the protection plan into place will continue to be responsible for monitoring the protection plan and any other elements necessary, as determined during the TDM meeting, throughout the completion of the investigation.

For Garrett's Law referrals involving two counties (e.g., parents reside in one county but give birth to the infant in a neighboring county), the secondary FSW investigator who initiates the investigation will also interview any other collaterals available at the time of initiation in the county where the infant was born (if applicable) based on when infant was discharged from the hospital and when the hotline report is accepted.

The primary FSW investigator in the county where the family resides will conduct a home visit before the TDM meeting takes place, if possible. However, the primary FSW investigator must conduct a home visit prior to the infant's discharge from hospital (if applicable depending on when hotline report was made). If the home visit is conducted before the TDM meeting occurs *and* prior to the infant's discharge from the hospital, then that home visit will meet the requirement for both. The primary FSW investigator will also interview all other necessary collaterals who were not interviewed during the investigation initiation.

The primary and secondary investigators must share all information regarding the investigation prior to the TDM meeting. The secondary investigator is not required to attend the TDM meeting but is encouraged to do so. The primary investigator must attend the TDM meeting.

If a protective services or foster care case is subsequently opened, the FSW who initially put the protection plan into place and participated in the TDM meeting will communicate all information regarding the plan and TDM meeting to the appropriate FSW caseworker. The newly assigned FSW caseworker will then have the primary responsibility of monitoring the protection plan, any other associated elements, and case plan (i.e., the case plan is separate from the protection plan).

Procedure II-F1: Team Decision Making Initiation and Referral

11/2018

After establishing a protection plan and/or initiating an investigation involving a Garrett's Law allegation (regardless of whether the child is left in the home or removed), the FSW will:

- A. Inform parents (or person responsible for care, as applicable) and youth (as appropriate) of:
 - 1) The purpose of a Team Decision Making (TDM) meeting;
 - 2) That they will be required to attend the next scheduled TDM meeting; and,
 - 3) What will be expected of them during the TDM meeting (e.g., to share their understanding of the safety and risk issues as well as strengths in their home, their understanding of the protection plan as applicable, etc.).
- B. Tell the parents (or person responsible for care, as applicable) that, if they would like, the assigned facilitator can also contact the family by the next business day to explain more about the process.
- C. Ask parents (or person responsible for care, as applicable) and youth (as appropriate) to identify extended family members, fictive kin, or community partners who they would like to attend the upcoming TDM and ask the family to contact those individuals with information about the upcoming TDM meeting.
 - 1) Collect names, phone numbers, and addresses of family identified team members.
- D. Leave PUB-35: "What is Team Decision Making?" with the family.
- E. Discuss whether family will need assistance with transportation and help coordinate transportation as appropriate.
- F. Contact the area DCFS Facilitator by phone or email within two hours of putting the protection plan in place and/or within two hours of initiating an investigation involving a Garrett's Law allegation to refer the family for a Team Decision Making meeting.
 - 1) When the FSW emails or leaves a voicemail referral with the area TDM Facilitator during normal business hours and has not heard back from the facilitator by 4:00 p.m. that same business day, then the FSW will contact the DCFS Facilitator Supervisor by phone or email with the referral information.
 - 2) If TDM referral is made after hours, on the weekend, or during a holiday, an email must be sent or a voicemail must be left to make the referral.
 - a) When the FSW emails or leaves a voicemail with the area TDM Facilitator after hours and has not heard back from that facilitator by 9:00 a.m. the next business day, then the FSW will contact the DCFS Facilitator Supervisor by phone or email with the referral information.
 - 3) Provide the DCFS Facilitator (or DCFS Facilitator Supervisor, as applicable) with:
 - a) Names of family members
 - b) Family address and phone number
 - c) Dates of birth of family members
 - d) Protection plan, if applicable
 - e) Any special information or needs regarding safety (e.g., domestic violence issues), language interpretation, physical accommodations, child care for very young children, etc.
 - f) Contact information and family request to be contacted by the facilitator to provide more information about the TDM process, if applicable.
- G. Work with the assigned facilitator and family to confirm exact date, time, and location of TDM meeting within twenty-four hours of establishing protection plan and/or within twenty-four hours of initiating an investigation involving a Garrett's Law allegation.
- H. Enter family's demographic information into CHRIS within twenty-four hours of receiving referral.

- I. Document date and time family is informed of agreed-upon TDM meeting date, time, and location in CHRIS.

The FSW Supervisor who approved the protection plan and/or the supervisor of the primary FSW investigator involving a Garrett's Law allegation will:

Conference with FSW as needed.

The Facilitator will:

Work with FSW to confirm exact date, time, and location of meeting.

The Facilitator Supervisor will:

- A. Conference with the DCFS Facilitator as needed.
- B. Make any needed TDM referrals to the back-up facilitator by the next business day.

Procedure II-F5: Team Decision Making Follow-Up

11/2018

The FSW will:

- A. Meet or conference call with the Facilitator and FSW Supervisor who approved the protection plan or supervisor of the primary FSW investigator involving a Garrett's Law allegation within 24 hours of the conclusion of the TDM meeting.
- B. If applicable, provide OCC with a copy of the protection plan and corresponding Team Decision Making Meeting Summary Report and request OCC to file a dependency-neglect petition with the court that will accompany the protection plan..
- C. Continue to monitor family's progress until the investigation is completed.
- D. Share all relevant information regarding the family's protection plan, if applicable, and progress with the FSW assigned to the family's protective or foster care case, if applicable.

The FSW Supervisor who approved the protection plan or the supervisor of the primary FSW investigator involving a Garrett's Law allegation will:

Meet or conference call with the FSW and facilitator within 24 hours of the conclusion of the TDM meeting and as needed.

The DCFS Facilitator will:

- A. Meet or conference call with the FSW and FSW Supervisor within 24 hours of the conclusion of the TDM meeting.
- B. Enter all required TDM data elements into CHRIS within three business days of the conclusion of the TDM meeting and within three business days of receipt of TDM data elements from the contracted facilitator when the TDM meeting is facilitated by a contract provider.
- C. Provide copies of the Team Decision Making Meeting Summary Report printout from CHRIS to all participants, including the family, as soon as possible following the TDM meeting.
 - 1) DCFS Facilitator is also responsible for providing copies of the Team Decision Making Meeting Summary Report printout from CHRIS to all participants, including the family, as soon as possible following the TDM meeting when that TDM meeting was facilitated by a back-up facilitator.

The back-up facilitator (if applicable) will:

Provide the TDM data elements to the area DCFS Facilitator within three business days of the conclusion of the TDM meeting.

The Facilitator Supervisor will:

Conference with the DCFS facilitator as needed.

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