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ABSTRACT

The Family to Family initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care systems. By 1996, the initiative was being implemented in five states, five Georgia counties, and Los Angeles County, California. To implement necessary changes, Family to Family sites have designed and tested an approach called "team decisionmaking." Family to Family team decisionmaking takes place in a meeting that includes family members, foster parents (if the child is in placement), service providers, other community representatives, the caseworker, the supervisor, and, often, resource staff from the child welfare agency. Team decisionmaking can help prevent a child's removal or arrange a kinship placement. The team decisionmaking model recognizes and respects the birth family as an expert on its own children and, as a result, often builds an alliance with its members. Team decisionmaking can be sustained and further enriched through geographic assignment of cases, increased individualization of services, use of the process for prevention, and use of the process for quality assurance. Six appendixes are available on computer diskette from the Annie E. Casey Foundation. (SLD)

Family TO Family

TOOLS FOR Rebuilding Foster Care

Team Decisionmaking

Involving the Family and Community in Child Welfare Decisions

PART TWO

BUILDING COMMUNITY PARTNERSHIPS IN CHILD WELFARE

A Project of the Annie E. Casey Foundation

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BUILDING COMMUNITY PARTNERSHIPS IN CHILD WELFARE, PART TWO

Table of Contents

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This paper was written by Paul DeMuro, consultant to the Annie E. Casey Foundation.

INTRODUCTION

The Annie E. Casey Foundation's Mission in Child Welfare

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that better meet the needs of vulnerable families.

The Foundation's work in child welfare is grounded in two fundamental convictions. First, there is no substitute for strong families to ensure that children grow up to be capable adults. Second, the ability of families to raise children is often inextricably linked to conditions in their communities.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect. The Foundation believes that these community-centered responses can better protect children, support families, and strengthen communities.

Helping distressed neighborhoods become environments that foster strong, capable families is a complex challenge that will require transformation in many areas. Family foster care, the mainstay of all public child welfare systems, is in critical need of such transformation.

The Family to Family Initiative

With changes in policy, in the use of resources, and in program implementation, family foster care can respond to children's need for out-of-home placement and be a less expensive and often more appropriate choice than institutions or other group settings.

This reform by itself can yield important benefits for families and children, although it is only one part of a larger effort to address the overall well-being of children and families in need of child protective services.

Family to Family was designed in 1992 in consultation with national experts in child welfare. In keeping with the Annie E. Casey Foundation's guiding principles, the framework for the initiative is grounded in the belief that family foster care must take a more family-centered approach that is: (1) tailored to the individual needs of children and their families, (2) rooted in the child's community or neighborhood, (3) sensitive to cultural differences, and (4) able to serve many of the children now placed in group homes and institutions.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect.

The ***Family to Family*** Initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:

- ❒ To develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities where the children live;
- ❒ To assure that scarce family foster home resources are provided to all those children (and only to those children) who in fact must be removed from their homes;
- ❒ To reduce reliance on institutional or congregate care (in hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many more of the children in those settings through family foster care;
- ❒ To increase the number and quality of foster families to meet projected needs;
- ❒ To reunite children with their families as soon as that can safely be accomplished, based on the family's and children's needs, not the system's time frames;
- ❒ To reduce the lengths of children's stay in out-of-home care; and
- ❒ To decrease the overall number of children coming into out-of-home care.

With these goals in mind, the Foundation selected and funded three states (Alabama, New Mexico, and Ohio) and five Georgia counties in August 1993, and two additional states (Maryland and Pennsylvania) in February 1994. Los Angeles County was awarded a planning grant in August 1996. States and counties funded through this Initiative were asked to develop family-centered, neighborhood-based family foster care systems within one or more local areas.

Communities targeted for the initiative were to be those with a history of placing large numbers of children out of their homes. The sites would then become the first phase of implementation of the newly conceptualized family foster care system throughout the state.

6

The Tools of *Family to Family*

All of us involved in ***Family to Family*** quickly became aware that new paradigms, policies, and organizational structures were not enough to both make and sustain substantive change in the way society protects children and supports families. New ways of actually doing the work needed to be put in place in the real world. During 1996, therefore, the Foundation and ***Family to Family*** grantees together developed a set of tools that we believe will help others build a neighborhood-based family foster care system. In our minds, such tools are indispensable elements of real change in child welfare.

The tools of ***Family to Family*** include the following:

- ❒ Ways to recruit, train, and support foster families;
- ❒ A decisionmaking model for placement in child protection;
- ❒ A model to recruit and support relative caregivers;
- ❒ New information system approaches and analytic methods;
- ❒ A self-evaluation model;
- ❒ Ways to build partnerships between public child welfare agencies and the communities they serve;
- ❒ New approaches to substance abuse treatment in a public child welfare setting;
- ❒ A model to confront burnout and build resilience among child protection staff;
- ❒ Communications planning in a public child protection environment;
- ❒ A model for partnerships between public and private agencies;
- ❒ Ways to link the world of child welfare agencies and correctional systems to support family resilience; and
- ❒ Proven models that move children home or to other permanent families.

New ways of actually doing the work needed to be put in place in the real world.

We hope that child welfare leaders and practitioners find one or more of these tools of use. We offer them with great respect to those who often receive few rewards for doing this most difficult work.

OVERVIEW

Picture this: The most critical child placement decisions that a child welfare agency can make are often made by its newest and least experienced staff. Many times the caseworker is overworked, under-trained, and relatively isolated. The same worker may well be considering the future of 20 other families.

The worker can ask the supervisor for advice and/or direction and can complete a risk assessment on the family. If the supervisor or worker believes that the child falls into a high-risk category, the worker can call the "resource unit" to see if family preservation or the foster care unit has any openings.

If placement is pursued, the worker will have more to do in preparing for a court hearing. If successful in getting the court to approve a foster care placement, the worker in all probability will have to face an angry and hostile birth family, while attempting to supervise and support a foster care family. At the same time, the worker needs to develop and implement a permanency plan for the child, preferably one that results in reunifying the child with its primary family in a timely manner. The worker must do all this while managing a growing caseload.

Viewed from the community, the placement process seems equally problematic. Extremes dominate the perception. Agency workers are seen as child snatchers who remove children from poor families, or as overburdened (and uncaring) public employees who endanger children by attempting for too long a period to maintain them with their troubled and troublesome families. It is often hard for community members to understand the rules and regulations of the bureaucracy. If someone from the community calls the agency to request information about a child or family, he will in all probability have difficulty finding someone who knows the family and who can answer the question.

When mistakes are made or children are seriously hurt, the caseworker and the agency are blamed. No wonder many caseworkers burn out or seek employment outside of child welfare. The resulting staff turnover and vacancy rates serve only to compound the problem. The cycle begins again with another new worker.

While this picture may not be accurate in every case, too frequently it represents the state we have reached in child welfare today. In order to address the situation, ***Family to Family*** sites have designed and tested an approach called "team decision-making."

The goals of team decisionmaking are to improve the agency's decisionmaking process; to encourage the support and "buy-in" of the family, extended family, and the community to the agency's decisions; and to develop specific, individualized, and appropriate interventions for children and families. In these meetings, child welfare staff, family members, providers of services, and neighborhood representatives together assess a family's needs and strengths, develop specific safety plans for children at risk, and design in-home or out-of-home services and supports.

8

Benefits of Team Decisionmaking

Caseworkers, families, foster families, private agencies, and the community all benefit when team decisionmaking is implemented. Instead of having to make difficult decisions on their own, caseworkers concerned about a child's safety routinely have access to more experienced and knowledgeable fellow staff members who can help them solve the problem.

Families who are treated with respect can contribute more concretely to the identification of their family and children's needs. When families and extended families are part of the decisionmaking process, they are more likely to participate in services to keep their family together or to complete tasks in order to have their children safely returned.

Reunification is safer, quicker, and more lasting if foster parents and supporters from the neighborhood are involved in initial decisionmaking. Permanence can more readily be achieved when families and their supporters join professionals in deciding what services and interventions would best meet the child's needs.

Instead of being excluded from the process, the community, private service providers, and community representatives can participate in a discussion and partnership designed to keep the community's children safe. Where foster care is indicated, placements are more stable if foster parents participate as team members. Team decisionmaking helps improve communications among individual service providers, who often speak only their own language. Services designed with the cooperation and input of families in terms that the family understands are more effective when offered to the family.

Public child welfare agencies can use the team decisionmaking process when placement is a consideration and to educate the larger community about the legitimate role of child protection services. The team decisionmaking model can help define the child welfare agency's role as assisting communities and families to develop interventions to keep at-risk children safe. Team decisionmaking can thus clarify the child welfare system's role as neither unnecessary government intervention in children's and families' lives nor inept intervention that heedlessly returns children to troubled families likely to maltreat them again. When the family, community agencies, and potential foster parents participate in decisionmaking with child welfare workers, they learn more about the complexities of meeting children's needs. They learn first-hand that while children's safety remains the highest priority, children who are attached to their families are harmed by being separated from them.

For children whose need for safety requires separation from their families, the understandings and agreements that develop through team decisionmaking often facilitate reunification.

Picture this: The most critical child placement decisions that a child welfare agency can make are often made by its newest and least experienced staff.

In summary, child welfare agencies should implement team decisionmaking for all children being considered for placement because:

Team decision-making shares the agency's responsibility to keep children safe with parents, family, and the local community.

- ❒ It improves the decisionmaking process by including a variety of professional staff, family, extended family, and community members in the decisionmaking process; and it gives added support to individual caseworkers and supervisors.

- ❒ It helps the agency develop and sustain more consistent and accountable practices when placement is being considered, helping to assure that only those children who need to be placed are placed.

- ❒ It improves internal agency cooperation, communication, and teamwork.

- ❒ It helps make the agency's decisionmaking process more accountable to and understandable by families and the broader community. It helps to develop a specific, individualized intervention plan that has support from a broad-based group, not just the caseworker. It also insures that all relevant parties (family, extended family, agency workers, private providers, community, etc.) know and support the basic components of the plan.

- ❒ It makes a placement decision the responsibility of a larger group within the agency and the community at large. By regularly including the family, extended family, neighborhood advocates, community-based providers, and child welfare staff members in the most important decisions regarding the safety of the community's children, team decisionmaking shares the agency's responsibility to keep children safe with parents, family, and the local community.

- ❒ It helps the public child welfare agency avoid being perceived as either child-snatchers or public employees who return children to dangerous and dysfunctional families.

- ❒ It helps connect parents and families more efficiently and more quickly to accessible local service and supports, facilitating reunification efforts.

- ❒ It helps protect children by developing a specific safety plan for them.

10

Relevant Questions and Answers About Team Decisionmaking Meetings

What is a team decisionmaking meeting?

Family to Family team decisionmaking takes place in a meeting that includes family members, foster parents (if the child is in placement), service providers, other community representatives, the caseworker of record, the supervisor and, often, resource staff from the child welfare agency. "Everyone who participates in the meeting is treated with dignity and respect. The meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family. The goal is to reach consensus about a plan which protects the children and preserves or reunifies the family."

The following description of the team decisionmaking meeting model is largely based on the model as practiced in the Cuyahoga County (Cleveland, Ohio) child welfare agency.

A point about definitions. In this tool, the term "team decisionmaking meeting" is used to describe the multi-disciplinary meetings with families, extended families, community members, providers of services, and child welfare staff that are held when placement is contemplated, when a change in placement may occur, or when reunification is imminent. Team decisionmaking is the subject of this tool and is described in some detail. The term "family team meeting" refers to meetings among the caseworker, primary and foster family (and at times providers of services) that generally occur subsequent to foster care placement. The team meeting focuses on developing and maintaining a positive relationship between the primary parent and the foster parent. In the family team meeting the parties often make arrangements for family visits and discuss and resolve practical family issues — e.g., transportation for visits and doctor appointments. Neither of these terms should be confused with the New Zealand family team model. While the New Zealand model does have similarities with the team decisionmaking model (i.e. the convening of the extended family and decisions arrived at by consensus), the team decisionmaking model differs from the New Zealand model. In the team decisionmaking model, the meeting is convened to help the public agency make the best possible decision and to engage partners such as neighbors and the extended family in plans to help the family. With the team decisionmaking model, the public agency shares but does not hand off its responsibility for critical placement decisions.

11

When should team decisionmaking meetings be convened?

Team decisionmaking meetings should be convened:

- ❒ When agency staff believe that a child needs to be removed from its family;
- ❒ When agency staff recommend reunification;
- ❒ When any placement change is being contemplated. These team decisionmaking meetings are held to help prevent disruptions and unplanned moves in placement and to ensure that all less restrictive options are exhausted before considering a more restrictive setting.

A team decisionmaking meeting must be convened when a caseworker and supervisor believe a child is at imminent risk and needs to be removed.

Professionals and community members able to develop appropriate services or to track services are included more informally for less serious cases and for early intervention and prevention work. However, formal team decisionmaking meetings must be convened in all cases in which placement or change of placement is being recommended.

Who convenes the team decisionmaking meeting? Who attends?

After consulting with the supervisor, the caseworker requests the team decisionmaking meeting. The worker invites the birth family, extended family, foster parent (if the child is in care), private agency staff, and members of the community who know and support the family. In addition, resource staff from the agency (e.g., family preservation staff, specialists in independent living, placement specialists) and the worker's supervisor may attend. If the child is mature enough, and if it is appropriate, he or she should attend the meeting.

Where is the meeting held? How long are team decisionmaking meetings?

The team decisionmaking meetings are usually held at the child welfare agency's office. (As child welfare staff get assigned to neighborhoods, staffings should be held at neighborhood agencies.) An effort should be made to find a room in which parents and community members feel comfortable (pictures and curtains help to soften the "official" look of an office); distractions such as phone calls must be avoided. Meetings generally take from an hour and a half to two hours.

When are team decisionmaking meetings held?

A team decisionmaking meeting must be convened when a caseworker and supervisor believe a child is at imminent risk and needs to be removed. If a child's immediate safety is threatened, the caseworker must remove the child and convene a team decisionmaking meeting as soon as possible, but no later than the next working day. If a child is removed in the evening or during the weekend, team decisionmaking meetings must convene the next working day.

Non-emergency, change-of-placement, and reunification team decisionmaking meetings must be held before scheduling a legal filing.

Who facilitates the team decisionmaking meeting?

The team decisionmaking meetings are facilitated by trained senior child welfare staff members. *(See box on next page.)*

12

What is the meeting organization?

The following is a brief description of the essential parts of team decisionmaking meetings.

- ❒ Introductions. The facilitator introduces himself or herself, lets the participants introduce themselves (and explain their relationship to the case) and explains the purpose of the meeting. Participants are encouraged to be open and to work together to develop the best plan for the children and family.
- ❒ The caseworker presents the case. The caseworker reconfirms the purpose of the meeting (to develop, through consensus, the best possible plan for the child and family), presents the relevant family history, including (if applicable) prior referrals, investigations, and dispositions, and, if a case plan exists, reviews it.
- ❒ The family, extended family and other members of the team are invited and encouraged to give their perspective on the current situation.
- ❒ The caseworker recommends a plan of action.
- ❒ The family and the rest of the team are invited to react to the plan and to make suggestions and revisions.
- ❒ The facilitator leads a discussion identifying and clarifying the potential outcome of the proposed plan, including identifying the specific roles of each of the team members.
- ❒ The facilitator ensures that the team discusses fully the risk to the child and the family strengths.
- ❒ Action steps are developed that identify who is to do what and by when.
- ❒ If consensus cannot be reached, the agency staff will convene. If the agency staff cannot reach agreement, the caseworker will make the decision.
- ❒ At the conclusion of the team meeting, the facilitator verbally and in writing summarizes the team's decision, including the safety plan and action steps, identifying who is responsible to do what. All members of the team get a copy of the facilitator's report.

Team decisionmaking is a powerful intervention early in a case; it can help to prevent a child's removal or arrange a kinship placement.

Team decisionmaking is a powerful intervention early in a case; it can help to prevent a child's removal or arrange a kinship placement. Team decisionmaking serves an important gatekeeping function to ensure that children remain at home safely with appropriate services, or, in the event that foster care placement is decided upon, to ensure that the birth parents and foster parents and the entire team begin, at the onset of placement, to work cooperatively for reunification.

Team decisionmaking requires a skilled facilitator and initially takes time to arrange in order to get parents, extended family, friends, foster family, school staff, providers, and neighborhood organizations to the meeting. The family has to be prepared for the meeting, which can be done by the

caseworker or by a person from the community who is an advocate for the family during the meeting. The team that is formed improves outcomes and ultimately reduces the time spent in resolving crises and dealing with placement breakdown, which is common in cases where there is no real collaboration.

Because of the danger of making long-term placement decisions without involvement of family, extended family, and community, the team decisionmaking process avoids setting up a separate, unilateral child welfare agency "staffing" on cases. It encourages the inclusion of providers and community supporters so that all relevant parties can participate in decisionmaking. The open meeting operates as a forum to recognize strengths, assess needs (including safety), and design services collaboratively to keep children safe and meet the family's needs.

"We said, 'The heck with turf. We are going to communicate and work together.'"

[Family to Family caseworker]

How Team Decisionmaking Has Been Used: What Was Learned in *Family to Family* Sites

Eight essential elements of Team Decisionmaking can be distilled from the ***Family to Family*** experience:

- ❒ Teamwork
- ❒ Consensus
- ❒ Active Family Involvement
- ❒ Skillful Facilitation
- ❒ Safety Planning
- ❒ Strength-based Assessment
- ❒ Needs Driven Services
- ❒ Involvement of the Community into Long-Term Support Networks

Experience has shown that these elements are essential to the successful implementation of the model.

Teamwork

*"We said, 'The heck with turf. We are going to communicate and work together.'" [**Family to Family** caseworker]*

Flexibility and openness in an inclusive team setting are better for families and caregivers than a closed, bureaucratic decisionmaking process. Collaborative child protective planning is more effective and more lasting. Where in the past the caseworker might make separate telephone contacts with parents, extended family, foster parent, a parent's substance abuse counselor, etc., now all of them get together to operate as a team, understanding how each fits into the total network of support. More importantly, when the birth parents and foster parents are empowered to participate in the development of services, they see the importance of the services and tend to be more cooperative.

Team decisionmaking brings the family, extended family, community representatives, prospective providers, agency resource workers, and the caseworker together to design a combination of natural supports that can meet the child's need for safety, and the family's need for services. Weaving together the family's expertise and the knowledge of professionals produces a partnership that designs more effective services and offers the family a continuing network of support.

14

If the agency attorney attends these team decisionmaking meetings, care should be taken not to turn the meeting into a legal exercise. At least one ***Family to Family*** site does not encourage attorneys to attend. The purpose of the meeting is to assess the strengths, needs, and risks of the family with the family, extended family, community members, caseworker, and other agency staff so that the best possible safety and service intervention plan can be developed. It is not to prepare the agency's attorney for a court hearing or another legal proceeding.

Once children are in placement, foster parents are essential members of the team decisionmaking process. Including the foster parent on the team as soon as possible has numerous advantages: (1) foster parents can share their views about the child's needs with the team; (2) the foster parent can learn from the primary family about the child's needs, particularly the child's attachment to the birth family; and (3) foster parents can support the birth parents' efforts to achieve reunification, helping the child to make a safe transition home.

Placing a child with a foster parent who has the support of the team makes it possible for the first placement to be the child's only placement. For example, by being supported to respond therapeutically to the child's reactions to visits, foster parents can meet the child's attachment needs. By forming a partnership with the child's family, the foster parent can help them to meet their children's needs incrementally as reunification progresses. Through active involvement with the child's school (and bringing the parent to school meetings), the foster parent can ensure that the child's educational needs are met.

In many ***Family to Family*** cases involving children in foster care, family team meetings with parents and foster parents are held shortly after the larger team decisionmaking meeting. At times, if the foster parent is present, the larger staffing meetings blend right into family team meetings. In family team meetings, the birth parent, the foster parent, the caseworker, and, when appropriate, other service providers, work out concrete issues like timing visits with birth parents, arranging times and transportation for needed services, informing the foster parent of the specific likes and dislikes of the child, or discussing the child's special health or diet needs. In these family team meetings the openness established in the initial team decisionmaking meeting facilitates communication. Parents and foster parents are encouraged to resolve practical problems; these family team meetings help move the birth parent and child to reunification.

*In many **Family to Family** cases involving children in foster care, family team meetings with parents and foster parents are held shortly after the larger team decisionmaking meeting.*

Consensus does not mean that everyone is in total agreement; it does mean that everyone has consented to the plan and supports the decision reached by the team.

Consensus

Not everyone who attends a team decision-making meeting has to agree absolutely with the outcome of the meeting; however, he or she does need to agree to keep the proceedings confidential and to support the decision of the group. Consensus does not mean that everyone is in total agreement; it does mean that everyone has consented to the plan and supports the decision reached by the team.

As discussed below, it is the role of the facilitator to see that each participant has the opportunity to state his view of the case, including his opinion on the recommendations reached.

"I feel heard and understand that most members of the group prefer a conclusion other than my preference. Given the limitations of time and the need to get to other priorities, I fully support the conclusion preferred by most of the group and I will demonstrate that full support once I leave this meeting."

If the group cannot reach a consensus, then the caseworker of record will make the decision. Once a decision has been reached, preferably through consensus, "it becomes the agency's official position regarding the family's case. It is binding upon all participants who are obligated to support it..."

If an agency staff member feels that the plan that emerges from a team decision-making meeting may place a child at risk, the staff member may appeal the decision to an identified agency official who will review the decision in a timely manner. The following are the steps outlined in Cuyahoga County's appeal process:

- ❒ Case decisions can only be appealed by agency staff. It is their duty to appeal if the decision leaves a child at serious risk of harm or if agency policy has been violated.
- ❒ The staff person should state his/her intention to appeal at the meeting (or within one business day) by informing the case review supervisor or chief.
- ❒ The deputy director or designee will schedule an appeal that will include agency participants who attended the original meeting.
- ❒ The appeal process will follow the format of a meeting.

The appeal process should take place in as timely a manner as possible. Ideally, if the appeal is made during the team decisionmaking meeting, the deputy director (or designee) can join the meeting and resolve the issue while the team is still convened.

According to the team decisionmaking facilitators in ***Family to Family*** sites, very few decisions of team decisionmaking meetings are appealed. If the facilitator works hard to ensure that each member has an opportunity to voice his concerns and if the team has an honest discussion regarding the need to ensure the safety of the child, the consensus model works very well.

Family Involvement

The team decisionmaking model recognizes and respects the birth family as an expert on its own children and, as a result, builds an alliance with its members. This is a shift away from traditional child welfare assessment and service planning, which all too often focuses on parenting deficits, often alienating families. One ***Family to Family*** staff described the impact of open staffings and team meetings on child welfare practice:

> "...real communication, not talking at someone or handing something to someone... 'We've developed this for you and, here, sign it.' Unfortunately, when I first started, that's pretty much the way I did it. I would come in with a family and I had already decided, being a very wise person, what they needed to do, what the problem [was]. And I didn't really listen to what anyone said. And I felt like I was doing a very good job... [now] all the people who attend [staffings] have input, and if the committee felt like the decision for a family was something that maybe we normally wouldn't have done, and we made that commitment that this is a community problem, we're going to let the community help us decide what to do...it was okay for the parents to be there. It was okay for the foster parents and the parents to meet each other early on, for there to be communication between the two."

The team decisionmaking model recognizes and respects the birth family as an expert on its own children and, as a result, builds an alliance with its members.

Genuinely engaging families in the planning process – instead of imposing services on them – means appreciating their strengths and reaching agreement with them about their children's needs. The less accused the family feels, the less defensive they will be. Although the team decisionmaking meeting is not an appropriate occasion for in-depth family counseling, it is the occasion for the worker to begin building a respectful relationship with the family. As the family reaches agreement with the caseworker and service providers, its members feel appreciated and capable. Team decisionmaking is a critical, initial part of the process of developing a partnership with families so that they are motivated to get their needs met. Getting the agreement of parents about their needs also helps to place responsibility on them to participate fully in services they have helped to design.

Even with special effort, some meetings are difficult for family members, who become withdrawn or angry or find the process too lengthy. More support for them during meetings may be necessary. Informal discussions may help them prepare for a larger meeting. Involving the family, extended family, natural supports, neighborhood organizations, foster parents, and providers in collaborative decisionmaking early in a case sets a positive, collaborative tone before resentment has a chance to develop.

Team decisionmaking mobilizes extended family, friends, and other supporters (such as clergy) to become involved early to help the child and parents. In a separate conversation an extended family member may tell a caseworker that she or he cannot care for a child for financial reasons or because of poor health or because of the child's behavior problems. But when the whole family gets together with potential service providers, they often can work out ways to care for the child to avoid placement. The family's support network will also often come forward to offer respite, transportation, and other vital "glue" that can hold a service package together.

A good example of how to engage the family's support network is the written guidelines developed by the New Mexico ***Family to Family*** site. They describe the involvement of parents, family members, and friends whom the family can invite to the team decisionmaking meeting. Teachers, counselors, and

It is critical that experienced staff be chosen as facilitators.

medical professionals who know the child and family are also invited. New Mexico ensures that information on cultural norms is presented at staffings by inviting two African Americans, Mexican Americans, or Native Americans when a family from one of these cultures is asked to attend an open staffing. Before each meeting, a community member trained in the process meets with the parents to acquaint them with the team decisionmaking process. This community representative serves as an advocate for the family during the meeting. In the information sheet, the meeting is described as a place where people "together make the decision about whether your children should be placed in temporary foster care or could safely remain in the home with services." For team decisionmaking to work, it is not enough to invite "guests" and allow the meeting to be agency-dominated.

Although the group needs to discuss honestly the allegations of abuse and neglect and to develop a concrete safety plan for the child, the group also needs to identify the family's strengths. A full and open discussion of risks to the child and the family's needs and strengths should logically lead to the development of a detailed, individualized service plan, including a specific safety plan for the child. In some cases (when emotions get heated or when there is need to caucus on technical issues), the facilitator may call for a short break. Agencies, however, should not use these breaks to reach a decision about placement and then reconvene the meeting to inform the others about the agency's official decision. Such a practice defeats the objective of including and empowering the family in the development of the most appropriate intervention that will ensure the safety of the child.

Skillful Facilitation

In the *Family to Family* sites, a senior child welfare staff person facilitates team decision-making meetings. It is critical that experienced staff be chosen as facilitators. Facilitators should have solid experience as caseworkers and good clinical and communications skills, and should be perceived by their fellow workers as having leadership skills. They should also be familiar with the formal and informal services available in the community. Quite often, effective facilitators have had years of experience as caseworkers but do not wish to become supervisors.

The facilitator does not just manage the team meeting: he/she models the respectful and inclusive process of the team decision-making model. The facilitator builds trust in the team process, especially with families who may feel uncomfortable with professionals and among providers who may be turf-conscious. The facilitator makes sure that all parties feel safe and that communication is honest. The facilitator makes sure that all points of view are heard and that professionals talk in language that parents and community participants can understand. The facilitator pushes the team to generate creative ways to keep children safe and maintain their attachments. And the facilitator works to develop consensus among the group.

An important element of implementing the team decisionmaking model is training and support for facilitators. Facilitators must be able to find common ground among diverse individuals so they can focus on building the family's strengths, negotiating services, and developing safety plans. Facilitators need to help individual caseworkers see the team decisionmaking meeting as a way to support their own work and as an active resource for their families, particularly for definition of necessary services and concrete provisions of the child's safety plan.

18

One of the complex aspects of training facilitators is helping them to listen to and support the entire team. The facilitator needs to ensure that the protective service worker clearly and respectfully identifies the real risk to the child so that the parent understands the agency's concerns. The facilitator needs to be able to solicit and help crystallize the concerns of extended family members and other community members – helping to guide them in specific ways to support the birth parent and child and the eventual treatment plan. The facilitator might help a parent, foster parent, school counselor, home health provider, and neighborhood mentor work together to offer enough intensive support that a child exhibiting difficult behaviors is not placed in a residential facility. The facilitator might help a worker, parent, grandparents, therapist, and family friend work out a permanent guardianship, with the parent continuing to celebrate birthdays and holidays with the child. The facilitator flexibly responds to these very different team members while orchestrating an inclusive process.

The facilitator must be: (1) committed to best practices and the agency's values, (2) able to focus participants' attention on identifying and building on the family's strengths, (3) skilled at negotiating/developing a collaborative service intervention that will ensure the safety of the child, (4) talented at finding common ground among diverse individuals, who may initially not talk at the same level or share the same viewpoint or treatment philosophy, (5) knowledgeable about helping participants present risks without making the family defensive, and (6) able to keep participants on task, without blaming or dwelling on past history.

Most importantly, the facilitator must be respectful of others and at the same time feel confident about his/her role as a leader to guide the process so as to accomplish the desired outcomes.

The facilitator has to ensure that the team openly discusses the child's need for safety. Without being accusatory, the team needs to discuss any past history of abuse. Often it takes special effort by a facilitator to reframe the insistence of some participants that the family "confess" to maltreating the child. Some parents may only get to the point of understanding the harm of their actions after their strengths are appreciated, and after they participate in helping to design their own service interventions.

On the other hand, workers and others cannot consider the collaborative decision-making process to be a "make nice" session: they must be encouraged by the facilitator to talk straight, to voice their safety concerns completely and in a way that can be used to develop a safety plan. It is often challenging to design needs-based services when the family and child have needs that appear competing, especially if team members take sides. When a child needs to be with a family member to whom he/she is attached and the child needs more nurturing and/or protection than the family has previously provided, a choice is often made between the two needs. While one need is focused on and another neglected, the case usually deteriorates. Both needs must be clarified and not viewed as either-or. The facilitator needs to reframe the issue as "What can we do to ensure that both these important needs are effectively met?" Participants must be helped by the facilitator to feel satisfied with services that have been collaboratively designed to meet both needs. In short, the facilitator has a very difficult job, but one that is critical to the success of open staffings.

One of the complex aspects of training facilitators is helping them to listen to and support the entire team.

During the team decisionmaking meeting, the facilitator must ensure that the group fully discusses the safety needs of the child.

Safety Planning

A concrete safety plan must be developed for children who remain at home or are returned home after placement. During the team decisionmaking meeting, the facilitator must ensure that the group fully discusses the safety needs of the child.

For children who remain at home or are returned home, the team decisionmaking process must include the development of a safety plan. It must be specific, measurable, and achievable. The responsibility of the parents, relatives, neighbors, providers, and the caseworker should be concretely identified. In most cases, a safety plan is developed for the first few weeks that a child will remain home; it can of course be subsequently modified. The safety plan should be frequently monitored. As time goes by, the safety plan can be changed to match the needs and performance of the family. The original investigative worker and/or supervisor should take part in reunification team decisionmaking meetings so that the team can assess how much the initial risk of harm has been alleviated.

Safety plans often rely on a series of supports, services, and safeguards. Formal interventions (e.g., drug treatment) are combined with supports from the extended family and neighborhood agencies, often with intensive monitoring by a community agency or caseworker.

If a thorough team decisionmaking process occurs early in a case, and if the initial plan is not successful, the team will have discussed other options that can be quickly implemented, thus reducing further trauma to the child.

It is very important that the team decisionmaking and a strengths/needs-based philosophy not be misconstrued as requiring that all children be returned to their families. There will always be children who cannot safely return home; for these children, foster homes – preferably neighborhood-based foster homes – must be found. For children likely to be reunited with their families, safety needs must be central in designing visits and providing services to parents.

Team decisionmaking provides a process for openly discussing the risks for the child and developing a plan in which all participants can play a role in keeping the child safe. The meeting must produce a specific safety plan that ensures that the child will be safe. In addition, work should begin on identifying (and connecting the family) to appropriate services that will help the parent keep the child permanently safe.

In discussing the risks to children, it is imperative that agency personnel not use the technical language of the various child welfare risk assessment instruments. The facilitator needs to encourage all parties to speak frankly (straight talk) in order to identify and discuss the specific risks that the child faces in language that the family and extended family can understand.

Engaging the parents (and extended family) in talking about the child's needs and risks is often difficult. However, engaging the parents in developing services aimed at keeping their child safe helps build support for whatever intervention comes about as a result of the team decisionmaking meeting. As one perceptive ***Family to Family*** staff member noted: "We cannot begin to build trust among one another unless we feel personally safe." This is particularly true for children. Framed in such a fashion, the birth parents, relatives, foster parent, community providers, and agency staff can concretely identify and talk about their concern for the child's safety. If and when placement occurs, this process enables the birth parent to see that it occurred to keep the child safe, not to punish the parent. Such an approach can help encourage timely and effective reunification.

20

Capitalizing on Strengths

Team decisionmaking works best when good points are recognized and interventions are designed to build on the unique strengths of a particular child and family. Children and parents feel more capable when their strengths are appreciated. Furthermore, services that build on strengths are more effective than those driven by deficits. Nevertheless, finding strong points is not always easy, especially in families facing problems associated with poverty, lack of opportunity, substance abuse, and domestic violence. Professional training and experience with children who have been hurt may cause an over-awareness of the deficits of families, which can get in the way of the child welfare practice of making use of strengths.

Participants in ***Family to Family*** team decisionmaking meetings explicitly appreciate strengths in children and families. In one ***Family to Family*** team meeting, recognizing strengths clearly contributed to a successful outcome. The children's hearing-impaired maternal grandmother attended the meeting with sign interpreters, three community agency workers, two agency resource staff, the caseworker, and supervisor. The children, ages two and five, had been neglected by their mother, who left them unsupervised in a motel. Their mother was homeless, dropped her children with a friend, and disappeared. She had drug problems and had herself suffered the effects of fetal alcohol; she was adopted.

The grandmother was assigned a knowledgeable community advocate who knew the system and acted as an ombudsman for the family; the grandmother was treated with respect; the friend of the family caring for the children was involved in the meeting. The strengths of the family were recognized: the grandmother's support; the fact that the mother got her GED, knew she had a drug problem, and had worked for brief periods in the past; the fact that the children's basic needs (food, shelter, and medical) had been met. The group also did a good job identifying risks: one child was developmentally delayed and the mother's substance abuse and self-destructive relationships interfered with meeting her children's needs. Careful attention was paid in the meeting to developing a safety plan for the children. The grandmother agreed to provide a home for the children for several months, if a family friend attending the meeting could care for them during the day.

Everyone agreed that the agency needed to take custody and place the children formally with the grandmother. The family friend would be subsidized for daycare by the agency, and she planned to enroll in foster parent training – in case the mother did not complete substance abuse treatment and/or the grandmother could not permanently care for the children. The friend and grandmother were supportive of each other. They both hoped that the mother would connect with the appropriate substance abuse treatment.

Needs-Driven Services

Team decisionmaking helps families, foster parents, and other providers meet children's needs more effectively. This approach differs from a slot-driven system that puts a client into the next available service slot and allows providers to deliver the same service day after day regardless of the client's unique needs and characteristics. Instead, everyone involved in collaborative decisionmaking recognizes the uniqueness of the child's needs and that these needs must be met in every aspect of the child's life.

Child welfare workers, families, and providers often do not work from the same starting point in designing services. In team decisionmaking, workers and providers and families all have the opportunity to share the same information. In effect they become

"Many of you may have been like me when you started out: success was building the case and taking the child out of the family..."

[Family to Family caseworker]

partners in the creation and implementation of a service plan. Collaborating on needs identification leads to a shared view of the services that will meet those needs. Instead of imposing a standard service plan on the parents, the family and foster family are encouraged to speak up about how the services can best fit their needs. The provider offering the service can be actively involved, hearing the needs that the family has agreed on and shaping the service collaboratively to fit those needs.

Family visits are an example of how services designed collaboratively to meet an individual child's needs can be much more effective than services in the past. Case workers, case aides, foster parents, extended family, community supports, therapists, and other providers can prepare the parent for visits, coach the parent in meeting the child's needs during visits, provide feedback to the parent after visits, and provide support for foster parents in handling the child's reactions to visits therapeutically. Furthermore, visiting time can gradually be increased. When the birth parent and foster parent collaborate on designing the services (and when the foster home is in the parent's neighborhood), reunification will be logistically simpler and is likely to be more culturally competent. Furthermore, neighborhood-based foster parents and providers can be woven into the web of lasting supports for the family after child protective services is out of their lives.

Rather than perceiving the child welfare agency as uncaring and unconnected to the community, the providers develop a working partnership with the agency through team decisionmaking meetings.

The Involvement of the Community

Team decisionmaking encourages the development of enduring supports for families in their own neighborhood after the child welfare case is closed. By developing working partnerships with community participants at the decisionmaking meeting, the process helps to connect families to services in their community. When families are connected to neighborhood providers, the services themselves are more readily available. Rather than considering themselves as clients, families often form enduring, longer-term relationships with neighborhood providers that will be maintained after the formal case is closed.

Team decisionmaking offers a common frame of reference for professionals, agencies, and community advocates. Housing advocates, employment programs, substance abuse treatment providers, and child welfare agencies often have difficulty communicating with each other on system issues because their language and backgrounds are so different. It often takes time for them to work together on system collaborations, but when invited to become engaged in a specific case, involved with a specific family to help keep children safe and reunite families, then a better understanding and appreciation of the child welfare system's role can be accomplished in the broader community. This is particularly true when service providers are from the same neighborhoods and when they serve families within those neighborhoods. Finally, over time, the development of a shared responsibility for neighborhood children will lead to development of a web of formal and informal community supports for families that will remain in place after the case is closed.

The involvement of community representatives and neighborhood-based providers also offers support to the agency. Community providers begin to see, on a case-specific basis, the complexity of most child welfare decisions. Rather than perceiving the child welfare agency as uncaring and unconnected to the community, the providers develop a working partnership with the agency through team decisionmaking meetings.

22

NEXT STEPS

The team decisionmaking tool developed by the ***Family to Family*** Initiative can be sustained and further enriched in the following ways: 1. Geographic assignment of cases and neighborhood-based staffings; 2. Increased individualization of services; 3. Use of the process for prevention; and 4. Use of it for quality assurance.

1. Geographic-based child welfare services.

When cases are assigned geographically, workers can develop a richer understanding of the formal and informal supports available in the neighborhoods where their families reside. Community members and neighborhood-based providers of services can become more familiar with the mission and functioning of public child welfare agencies. These community supports can be invited to participate in staffings with host families.

Formal and informal meetings can occur in neighborhood sites. Families can feel connected to local support groups as well as to readily available service interventions. When team decisionmaking meetings and family team meetings occur in a neighborhood site, they are more accessible for the family, and family and neighborhood supporters feel more at ease. In a real way, community members become "owners" of the responsibility to keep neighborhood children safe.

In ***Family to Family*** sites, child welfare workers are being assigned to the neighborhoods of the families they work with. As neighborhood-based work increases, families can more readily access neighborhood providers of services. These neighborhood supports can prevent less serious cases from entering the system and be involved in helping to shape better decisions for more serious cases in team decisionmaking meetings. The entire effort helps ensure that services are culturally relevant and accessible to children and families. (For an extensive discussion regarding the child welfare system's need to build partnerships with the community, see the tool "Building Partnerships with Neighborhoods and Local Communities.")

Neighborhood-based child welfare should be allowed to unfold uniquely in each community. It is important to stress two concerns in developing these services. First, if a specific neighborhood does not have a needed service available, care has to be taken that the family has access to the nearest source and is comfortable in using it. For example, if a mother cannot attend an NA/AA meeting in her own public housing project or nearby church, and if the nearest meeting is ten blocks away in a different part of town, the team should provide assistance for her to attend and help her connect with a local sponsor.

Second, facilitators in a local child welfare system jurisdiction need to be trained uniformly and meet regularly for support and supervision as a group to ensure that their work, while remaining flexible, results in consistent practices across the agency in regard to the rates of foster care placement. This can be ascertained by comparing rates of entry into foster care, length of stay in foster care, and success rates of safe reunification across neighborhood sites.

2. Increased individualized services – expanding services beyond what already exists.

Ideas for services and supports should not be limited to traditional providers. In strengths/needs-based planning, every service/support is unique to each family and child, crafted collaboratively by the worker, family, and providers. This is a step-by-step process of tailoring each service by asking, "What would it take

23

to meet this need?" Services and supports should be designed to guide what comes naturally to family members to ensure safety and permanency for their children. Services may also be provided directly to the child to meet his/her needs or to the foster parent to meet the child's needs. Providers can include neighborhood groups, foster parents, church groups, teachers, in-home parent support providers, residential and non-residential public and private agencies, substance abuse treatment staff, health care workers, etc. Services must be within reach, acceptable to the child and family, compatible with the child and family's culture, and timely.

Child welfare workers should also be encouraged to reach out to volunteer supports for children and families. These can include NA/AA and domestic violence recovery meetings in churches and other sites in clients' neighborhoods, matching former clients to current clients to provide individual support, and teaching neighbors to be respite providers and in-home parent supporters. This diversification is well worth the effort, for it will yield long-lasting neighborhood supports. And as formal and informal services are increased, the team decisionmaking model will have those additional resources available.

Ideas for services and supports should not be limited to traditional providers.

3. Neighborhood-based prevention.

When child welfare cases are assigned to neighborhoods, links can be developed by child welfare workers who use a team decisionmaking approach to churches, social service organizations, and schools. These community agencies can often help prevent formal referrals to the public child welfare agency. For example, schools can often identify a potential problem. By using the technique of team decisionmaking meetings – asking for all relevant players to participate in identifying and addressing potential problems – children and families can more readily have access to relevant services. These informal meetings can take place at the local school or neighborhood-based agency:

> "If the school identifies a problem early on, we're not going to wait for it to burst open. We are going to go in and deal with that family. We don't have the need for formal staffings on every case...communication is the key to good case work and to working together with all the players."
>
> *[**Family to Family** neighborhood-based worker]*

The school liaison from the same community added:

> "We now have more service providers available and visible in the school. I'm finding space in what used to be broom closets, and I'm putting up tables and chairs in there so mental health counselors can come in and see the kids at school...we are all at the table. The biggest benefit for children is that we're all working with that family on the same issues."

4. New approaches to quality assurance.

The team decisionmaking meeting can serve as quality assurance in child protection agencies, helping first to ensure that children are not needlessly removed from families, and – for those who are removed from families – helping to ensure reunification efforts in a timely and concrete manner. When the same team is reconvened periodically to review a case, it can take the place of a formal administrative review as well as build consensus for recommendations to be presented at a forthcoming court hearing. In one ***Family to Family*** site, the original facilitator does the six-month administrative reviews for cases in which children enter foster care.

If a child and family re-enter the system, the original facilitator should be assigned the case, thus helping to assure continuity. Over time, with consistent geographic assignment and with consistent use of the same facilitator for a neighborhood caseload, the public agency will be better able to assess the short- and long-term outcomes of its decisions. At regular intervals, families, foster families, and community providers should be interviewed about whether they felt included in decisionmaking and were satisfied with the teamwork and the outcomes of cases. Feedback from these efforts could be provided to child welfare staff and team members to reinforce aspects of the inclusive process and gatekeeping function that were found to be most effective.

24

WHAT YOU NEED TO GET STARTED

To implement the team decisionmaking model an agency needs to identify and train a sufficient number of facilitators; develop clear and consistent team decisionmaking policies; and engage in an inclusive and thoughtful planning/ implementation process.

Better child welfare decisions are made in an open, inclusive process that brings together the family, extended family, agency staff, private providers, and the community. At team decisionmaking meetings, everyone involved in a child and family's life may have something valuable to contribute in designing supports that protect the child's safety and enhance the child's attachment to his family.

To implement team decisionmaking a child welfare agency has to identify and train a sufficient number of facilitators. As discussed in this paper, the facilitator's role is critical to success. It is imperative that the agency has enough facilitators to handle all critical meetings (i.e. initial placement decisions, change in placements, and reunifications). The agency also needs to ensure that the facilitators have adequate space, time, and support to conduct effective team decisionmaking meetings.

In addition, the agency should develop specific and detailed team decisionmaking policies that will guide the implementation process. And finally, the agency needs to involve line workers and supervisors in a careful planning/ implementation process that anticipates every situation that requires placement, identifying how the team decisionmaking meeting will handle each situation. There can be no exceptions. No child can enter placement without a team decisionmaking meeting.

It will not be easy. Old habits and traditions do not change overnight. Jurisdictions thinking about implementing the team decisionmaking model might do well to keep the following chart in mind. The chart compares the major differences between the traditional child welfare staffings and the team decisionmaking model developed in ***Family to Family*** sites.

Comparison of Traditional Staffings to *Family to Family* Staffings

Traditional	***Family to Family***
Deficit focused	Strength focused
Community uninvited	Community welcomed
Agency dominated	Multiple players
Family passive	Family & extended family empowered
Small, quiet meetings	Larger meetings, creative discussion
Predictable outcomes	Imaginative & diverse outcomes
Categorical funding	Creative use of $$$ – Wraparound
Professionals dominate	Paraprofessionals & volunteers
Hierarchical decisions	Team decisions
Owned by agency	Owned by team & community

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APPENDICES

(on computer disk)

Relevant Policies, Forms, and Other Materials

- ❑ Cuyahoga County, Department of Children and Family Services. *Case Staffing Review Policy*. The agency's policies and procedures for conducting staffings are discussed in detail, including the policy governing appeals.
- ❑ Cuyahoga County, Department of Children and Family Services. *Case Staffing Forms*. This appendix includes a copy of the forms used to document the results of the staffing process, including the forms used by facilitators and forms for the appeal process.
- ❑ Cuyahoga County, Department of Children and Family Services. *Goals for Family Team*. The specific objectives for family team meetings are enumerated.
- ❑ New Mexico, Children, Youth and Families Department. "Welcome," Description of Placement Review Team. Included is information regarding the staffing model presently being used in New Mexico (i.e., describes membership of the placement review team, format for conducting meeting, safety plan form, etc.).
- ❑ New Mexico, Children, Youth and Families Department. *Placement Review Team: Resource Directory*. Brief descriptions of the services of the community-based agencies and churches that are members of the placement review team in New Mexico.
- ❑ "Consensus." ***Family to Family*** site definition of "Consensus."

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