



OUTCOMES MATTER:

Enhancing Practice-Transforming Lives

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FROM THE DIRECTOR: Team Decision Making Initiative Rolls Out!

The last 18 months or so have been a whirlwind of new things under the Outcomes Matter initiative. We are happy to be able to announce that the final major practice change of this initiative is here with the introduction of Team Decision Making (TDM). Consequently, I wanted to take this opportunity to summarize why we have chosen to implement this model and the outcomes it will help us reach.

Team decision making, as a structured process, was first developed in the military to support comprehensive decisions in complex situations when the stakes were high. This approach to decision making has been found especially important when predictions need to be made about the consequences of different options. This approach has now been adapted to support decisions in child welfare, because our work similarly involves increasingly complex situations where the decisions have high risk consequences. Team decision making provides a structured and comprehensive process of gathering, processing, integrating and communicating about complex information so that the best decisions can be made.

TDM, as adapted by the Annie E. Casey Foundation for child welfare, is at its heart a family engagement strategy. Research is clear that when families are effectively engaged, the outcomes for children improve. Many of our practice changes share the common theme of family engagement, but TDM provides a uniquely structured process in which information from various strategies can be integrated. We will be implementing a version of TDM called Considered Removal TDM, which is a front end strategy to help prevent unnecessary placements. It begins with a focus on the findings of the worker, so that the safety concerns are made the priority. This helps reinforces the frank conversations with families we need to have about the safety risks their children face and our duty to ensure their protection. However, the TDM process then also provides a structure for a discussion of broader issues about the family's functioning and possible protective factors, which are critical in predicting the consequences of the various options. This structured and comprehensive process promotes a rigorous assessment and shared understanding of all factors. The worker and supervisor then make the final decision about placement. If the decision is instead an alternative plan to placement, they make that decision with the support of the TDM process.

The TDM meetings are led by a trained facilitator and include the worker, supervisor, youth (as appropriate), parent(s), and members of the family's support system. By drawing on the different perspectives, experiences, and knowledge of these individuals, we can ensure that we have the most comprehensive information available to support good decisions for the unique factors in each family. Workers are charged with completing the child protection casework, along with all of its legal and policy required tasks. Their excellent work supports our track record of strong safety outcomes. Under the current process, expecting workers to do extensive additional work in identifying and interviewing the family's support system is not fair or feasible. Yet, more comprehensive planning on the front end might help us prevent placements of children who come into care for only a short time (e.g., 14% are in care less than 1 month; 10% are in care 1 – 3 months).

TDM has been proven to improve safety outcomes, decrease the length of stay in care, and increase cooperation of families served and their connection to community resources. This approach has been the single most powerful strategy in safely reducing placement caseloads in other jurisdictions. It is a practice strategy we expect to help transform both your lives and the lives of the families you serve. I hope you will support your colleagues on the statewide TDM team as they begin implementation. We will look forward to hearing about your experiences and questions. Thank you!

Vicky Kelly,
Director, DFS

JUST AROUND THE CORNER

Safety Organized Practice (SOP) is having a Train the Trainer 3-Day training starting November 12th.

Structured Decision Making (SDM) is having a training for Treatment workers in December.

If you are interested in these trainings or have questions contact Donna Blakey at 302- 526-5704



OUTCOMES MATTER: Interviewed Mike Casey – Family Search and Engagement

OM: Tell us how long you have been with DFS and in what capacity have you worked?

MC: I began working for DFS/Elwyn in July 2002. I was an APPLA worker until April 2011, at which time I became supervisor of the Adolescent Treatment Unit. In April 2013, I became supervisor of a Permanency Unit at Beech Street that includes both adoption and APPLA workers.

OM: When the FSE pilot was first rolled out at Beech Street, what was in your 'house of worries'?

MC: Many thoughts went through my mind when the FSE pilot was rolled out at Beech Street. The Annie E. Casey Child Welfare Strategy Group spent a considerable amount of time and effort gathering data in our state through interviews and records review. They highlighted some FSE strengths in the current DFS system while also pointing out opportunities for growth and improvement, both in case planning and worker's perceptions about FSE. It is natural to feel anxious about a new approach to case work. The change process can be difficult even under the most mundane circumstances, let alone something of this magnitude. I was concerned that the workers would feel overburdened by this new approach, but it was made clear that DFS workers do not operate in a bubble. I also had concerns about confidentiality and undertaking this work in cases where parental rights are terminated. FSE is an approach that must be embraced by all involved professionals and stakeholders in order for it to be effective.

OM: What was your personal turning point when you realized the FSE approach could help your work?

MC: I do not want to limit myself to one case in response to this question. FSE affects all cases differently because each case is unique. The tools are universal, but they are a jumping off point. Case work is not science; therefore, there must be thought given to what, why and how the tools will be utilized. There has been successful use of tools in respect to engaging youth with foster parents as well as biological parents-ways in which relationships were more clearly defined. Different ways in which children engage with significant adults in their lives i.e. phone contact, written correspondence, face to face contact, social media, etc.. There is a point in which one has to relinquish some sense of control in order to fully support family strengthening and permanency goals. That being said, we have had success with FSE in respect to a few children who are placed in residential treatment. The support of their respective treatment teams has aided this.

OM: What are some of the key components of FSE that you might see in each case?

MC: FSE is both simple and very complex at the same time. In each case, workers can mine the files for names and contact information of relatives or significant adults. Workers can speak with the child, biological parents, foster parents and siblings to gather information about known relatives or other significant persons. Workers can prepare timelines and conduct records searches. 3P Consultants stress the importance of being pro-active and provide a structure for the work. The goal is to engage youth in establishing or re-establishing family connections with the support network led by DFS. Adults can play a variety of roles in the life of a child, not just placement. These connections lead to increased long term stability and reduced trauma.

OM: What are your hopes for FSE?

MC: My hope is that FSE is implemented across all functions in combination with other newly adopted best practice approaches. There are opportunities to achieve better outcomes for children and families through reforms on the front end that support safety, permanence and well-being that will continue throughout the life of a case.

OM: What would you say to a fellow supervisor or caseworker who might express some skepticism?

MC: In response to skepticism, I would emphasize that FSE does require a mindset shift from previously established social work practice. Research and documentation that shows it is more beneficial for children to be supported in their understanding and connection to family members rather than doing it on their own. It is also important to acknowledge that circumstances do change and re-evaluation of those previously ruled out ensures that future options are not limited. We must keep in mind that we are responsible for the psychological safety of our children as well as the physical well-being our children. We must foster connections between our children and significant adults in order for them to feel the optimal degree of social, emotional and legal security and stability.

OUTCOMES MATTER: Interviewed Mike Langrell – Team Decision Making

OM: Tell us how long you have been with DFS and in what capacity have you worked?

ML: I've worked for DFS for a little over twenty one years and started as an investigator and later moved into the role of a FCT with the Intensive Family Reunification Unit. I currently supervise a treatment unit with six staff including one APPLA worker and the TDM Facilitator for Kent and Sussex counties.

OM: What is TDM in your experience?

ML: TDM has been an amazing experience since we launched on August 27, 2013. The process seeks alternative solutions to DFS custody and placement while empowering families to find strength based solutions to the issues that brought them to the Division's attention. The decisions are shared and geared to enhance a family's safety network and support system.

OM: How would you explain to a staff member the difference with TDM and a family meeting?

ML: TDM's are mandatory and are required when placement appears to be imminent. Post placement TDM's are held within two business days or prior to the PPH Hearing. Family Group meetings can be held at any point in the life of a case and don't necessarily focus on diverting placements.

OM: What benefits do you see children and families gaining from TDM?

ML: One of the major benefits of TDM is providing the child and family a voice. It's amazing to see the tension decrease throughout the meeting thus building the therapeutic relationship between the individuals participating. The three facilitators are very skilled in creating an atmosphere of trust and support for the family.

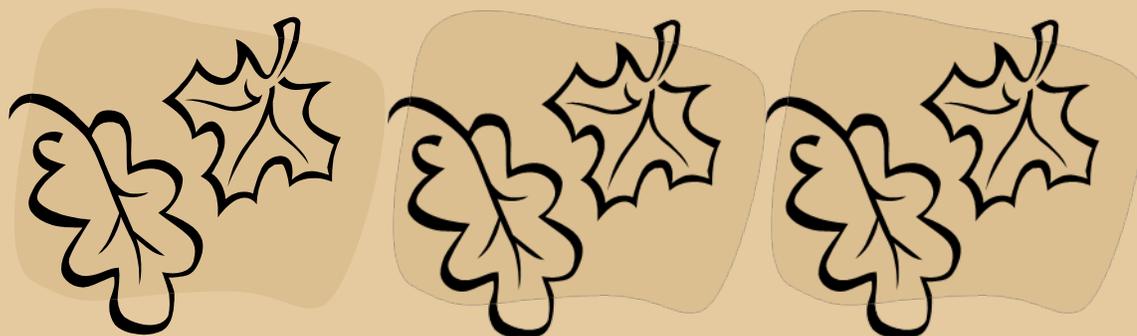
Anytime you can keep a family intact through building their safety network decreases trauma for all involved.

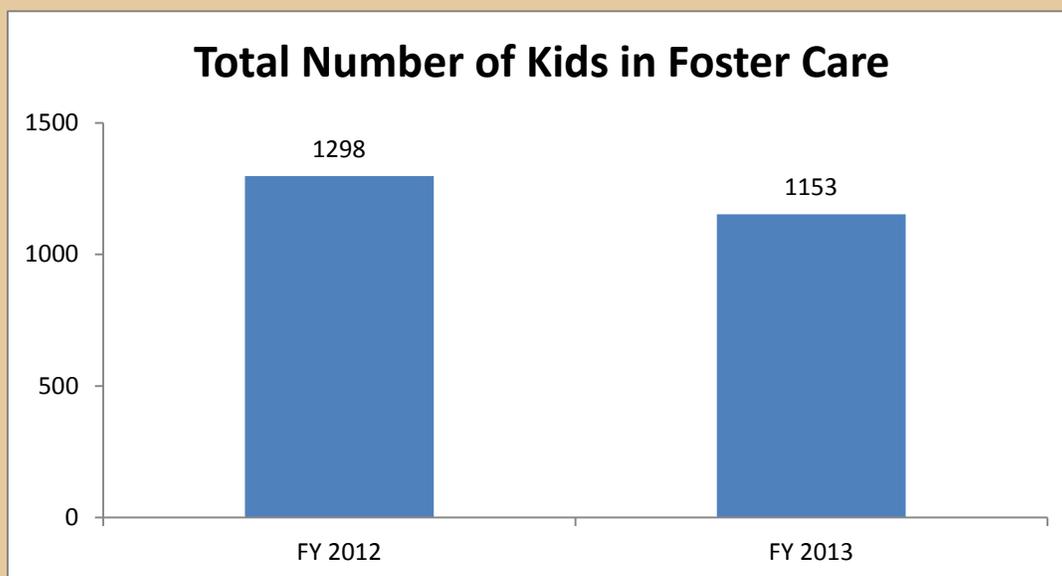
OM: With your work experience, can you think of a case that TDM would have had a positive affect?

ML: Since the launch of TDM, thirty seven referrals have been received. The majority of these families were able to remain intact or diverted DFS from taking legal custody. My hope is that we will see a gradual decline of children entering care and the ongoing shift in our philosophy to empower families.

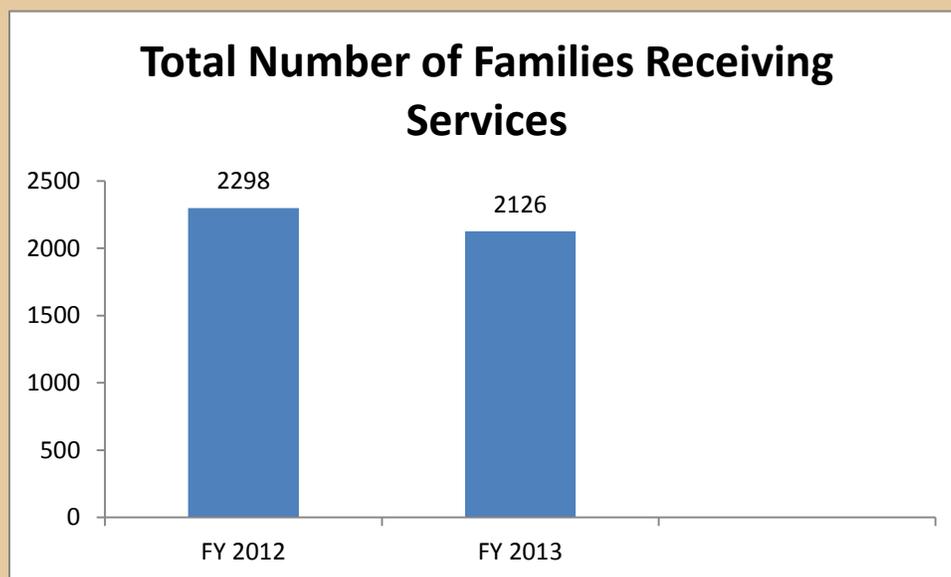
OM: What about TDM attracted you to volunteer to be the first supervisor to conduct TDM meetings?

ML: I've always tried to take a family focused approach in every role I've played within our agency. The three facilitators and my fellow TDM supervisors have been great to work with. The facilitators have displayed exceptional skill and organization. Their teamwork has led to a very successful start to this initiative and I'm sure many success stories in the future.





We have 145 fewer children in Foster Care in Fiscal Year 2013!



Additionally there are 172 fewer families receiving services from DFS!



WE WANT TO HEAR FROM YOU!

Have a comment or question about Outcomes Matter? Please send an email to Susan Lang, susan.lang@state.de.us or call (302) 633-2657.