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Critical Elements for Family Team Decision Making

Maryland has decided to implement a family-centered case practice. Such a practice can have a transformational impact on the lives of children by enabling more families to safely keep their own children and keeping more children out of foster homes or group care. Changing the way hundreds of caseworkers relate to families is no simple task, but everything depends on the degree to which caseworkers effectively use the new practice. Other states have succeeded by thinking through carefully the steps needed for case practice reform and providing caseworkers with the intensive, ongoing support they need. The following are some of the essential elements of a credible plan to expand family-centered case practice in Maryland.

One family-centered case practice model for the State

Maryland needs to establish one and only one uniform, family-centered case practice model. While some local enhancements can occur, the core model should be consistent across the State so that all of the important parties are on the same page about what the new practice should look like.

Family-centered case practice

The new case practice model of Maryland should utilize the best practices of partnering with families, including: teaming; engaging; assessing; planning; and intervening.

Strong team facilitation

Facilitators of team meeting need to be experts in the case practice model and how to facilitate team meetings. This requires intensive classroom training and field coaching provided by experienced trainers and coaches. Often external experts are brought in to develop the necessary training and coaching capacity. A decision is needed about whether caseworkers will serve as their own team facilitators or whether specialized facilitators will be used. There are significant advantages to having caseworkers as facilitators, including greater caseworker buy-in. But there are also challenges, including caseworker turnover. Since caseworkers require significant training regardless and need to be intimately involved in the new case practice, some of the extra burdens of having caseworker facilitators are exaggerated.

Well-trained caseworkers

If caseworkers will facilitate team meetings, they need all of the same training and coaching as facilitators (see above). If caseworkers are not facilitators, they still need significant training and coaching in family-centered case practice. Facilitators only facilitate team meetings; caseworkers carry most of the burden of the preparation for team meetings and the follow up, and they are the key to effective teaming and engaging of families. Team meetings are an important, and particularly visible, part of family-centered case practice, but they are only one part; all of the rest depends on the caseworkers. As such, all caseworkers require intensive classroom training and field coaching provided by experienced trainers and coaches. Child Protective Service workers often require specialized training and coaching, because they have to use the model under particularly tense conditions and very tight time pressure. Similarly, caseworkers involved in sexual abuse cases face extra challenges. Often external experts are brought in to develop the necessary training and coaching capacity.

Well-trained supervisors

Supervisors are keys to ensuring that caseworkers utilize the case model effectively. This means that supervisors need to know how to implement family-centered case practice at least as well as caseworkers and also receive specialized training in how to support their caseworkers in family centered-case practice. They need to attend team meetings regularly. They need an informal but robust system for measuring the ability of caseworkers to do the case practice effectively. Often external experts are brought in to develop the necessary training and coaching capacity.

Quality Service Reviews

A formal system for measuring case practice effectiveness is critical to encouraging caseworkers to take the new model seriously and provide them with the feedback they need to make improvements. A Quality Service Review (QSR) is the best system for doing this; it must cover enough cases and occur frequently enough—at least yearly—to reinforce the case practice. It requires development of a case review instrument, training of case



reviewers and training of internal quality assurance staff who handle the logistics of QSRs and help jurisdictions utilize the results constructively. QSRs take up considerable time on the part of caseworkers and case reviews. Often external experts are brought in to help a State develop the instrument, to train a critical mass of case reviewers and to train the quality assurance staff.

Training and Coaching Capacity

Professional development is critical to implement family-centered case practice. Significant classroom training and field coaching is needed for facilitators, caseworkers, supervisors, case reviewers and quality assurance staff. This requires an adequate number of well-trained trainers and coaches. Often external experts are brought in to develop the necessary training and coaching capacity.

Logistics

Team meetings can occur in many different settings; often the home of a team member creates a more constructive environment than a local agency office. Some food and refreshments are helpful; certain supplies are essential. Team meetings often take place in the evening to accommodate the schedules of team meetings.

Services

A fundamental benefit of family-centered case practice is that teams identify the services that can best address the underlying causes of the family crisis. These services are not likely to be the same services that are currently used; they will be more individualized, and families will need them quickly.

Rollout Strategy

Because of capacity limitations, the new case practice must be rolled out across the state, within jurisdictions and within individual caseworkers' caseloads. Rollout also enables tweaking of various systems based on initial implementation. A rollout plan is needed to develop training and coaching capacity and make maximize use of that growing capacity. Larger jurisdictions need their own rollout plans. Clear expectations are needed about how quickly caseworkers will implement the new case practice within their caseloads and how they will prioritize cases. At the state and local levels, strategic planning teams and case practice leaders are needed. The involvement of senior management is critical; this is not merely a project but an effort to transform the entire agency.

Engaging Partners

Many parties are critical in ensuring effective implementation of a family-centered case practice, including everyone involved in the court process and the

various community members who will serve on teams or provide services.

Ultimately: policies and personnel evaluations

Eventually, official policy documents and personnel evaluation systems need to reinforce the case practice. However, it is not helpful to create official expectations until caseworkers have the training or capacity to meet them.

External assistance

A state needs to bring in expertise to create the training, coaching and quality assurance capacities needed to implement family-centered case practice. The goal of this external assistance should be creating internal capacity that can allow a state to move forward on its own as quickly as possible.

Case Practice as Priority

It should be clear from all of the above that effective implementation of a new, family-centered case practice model is enormously challenging and require significant resources and focus. It is not possible for a child welfare agency to implement a family-centered case practice while also making numerous other reforms. An agency only has so much capacity, particular with regard to training and quality assurance. Caseworkers and supervisors can only be freed up for so much training and coaching; moreover, they can only absorb and be expected to make a limited number of changes to how they work. While the number of case practice changes needed might appear limitless and all may seem equally important, if Maryland wants to have an effective family centered-case practice well implemented across the State within a couple of years, it must view the new model as one of the one or two most significant changes, and this prioritization should be clearly and consistently reflected in everything the leadership of the agency does. The alternative—trying to do family-centered case practice along with dozens of other changes-- will result in little or no change in case practice.

Budgeting

There are significant initial costs in creating the capacity to do family centered-case practice. On an ongoing basis, a State will need to create new positions and fund new services. However, there are also cost savings that appear quickly and which much larger than the initial ongoing costs. Many fewer children will need to be removed from their homes; children who might be placed in foster care can stay with relatives. In freeing up foster home slots, fewer children are placed unnecessarily in group care. There is federal money available to pay for training in case practice and case management.