

**Preserving Families, Protecting Children**

*Analysis of Maryland's Efforts to Keep Maltreated Children Out Of Foster Care*

**Executive Summary**

Advocates for Children and Youth has determined that during the last 12 months 839 children in Maryland were left in their homes or with relatives following findings of abuse or neglect but without any increase in the number of children receiving in-home services or ongoing support from a caseworker as would be expected. Reducing out-of-placements is a very positive goal, but it must be achieved through proven strategies that protect children.

Family-centered case practice can result in a safe reduction in home removals by creating teams of family, relatives and friends that identify the services most needed by a family. However, only a small number of cases in Maryland are benefiting from this new case practice so far. Effective implementation requires in-home services and caseworker involvement for many families. Without better case practice and more in-home services, there is an unnecessarily higher risk of repeat maltreatment.

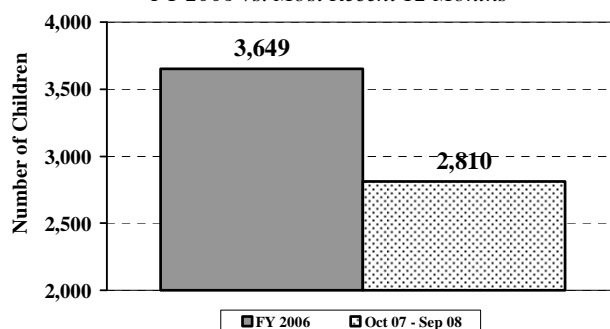
The Maryland Department of Human Resources needs to: provide more information about efforts to protect the safety of these 839 children; develop a full plan for the implementation of family-centered case practice reform; expand the quality and quantity of in-home services; track reoccurrence of maltreatment of children not placed in foster care; and invest in training and quality assurance needed for effective case practice reform.

**Introduction**

Over the past 12 months, the Department of Human Resources determined that 5,994 children were abused or neglected, following a formal investigation. The Department placed 839 fewer maltreated children in foster care than in FY 2006—from 3,649 down to 2,810, a 23-percent reduction (Table I).<sup>1</sup>

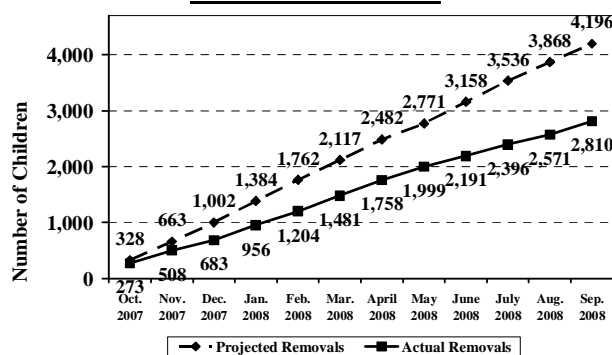
**Table I: Foster Care Placements of Maltreated Children**

*FY 2006 vs. Most Recent 12 Months*



This number is a conservative estimate, since if the Department had continued to remove maltreated children at the same percentage as prior to October 2007, the difference would be 1,386—4,186 children instead of 2,810 (Table II).<sup>2</sup>

**Table II: Actual vs. Projected Foster Care Placements**



<sup>1</sup> Department of Human Resources, *StateStat Reports*, Oct. 2007-Sept. 2008; Citizens Review Board for Children, *Fiscal Year 2006 Annual Report*. As far back as we can determine, the number of findings of abuse or neglect has remained consistent for each 12-month period

<sup>2</sup> The Department says that there are inaccuracies in its data for July through September 2007; however, the Department relies on this data in public documents.



These reductions have occurred throughout the State; however, the Department has refused to provide jurisdictional breakdowns to enable a full examination of the situation at the local level.<sup>3</sup>

These reductions are an extremely good development if they are the result of positive changes in policy and practice. It is both possible and highly desirable for many more abused or neglected children in Maryland to remain safely in their homes. This notion is a centerpiece of the Maryland Can Do Better for Children campaign, an effort by Advocates for Children and Youth, which has secured a formidable array of influential endorsers committed to strengthening families.

One particularly effective way to reduce out-of-home placements is improved case practice that helps families build supportive teams of relatives and friends, which can access a more individualized array of in-home services. Leaving maltreated children in their homes without first improving case practice or expanding access to in-home services can increase the risk to children and hurts prospects for real reform.

This issue brief examines the recent reductions in out-of-home placements.

### **Analysis**

The Department says that the drop in out-of-home placements is the result of the use of “family involvement meetings.”<sup>4</sup> These meetings, also called family team decision meetings, are used to help a family form a network of supportive relatives and friends that can result in a safe reduction in home removals.

Over the past year, ACY has examined the use of family involvement meetings in Maryland. We are highly supportive of the use of these meetings as part of case practice reform. During this period, there were nearly 6,000 new findings of abuse or neglect. Our research found that less than 3 team meetings were taking place each week in Baltimore City, which

accounts for the majority of new findings in the State.<sup>5</sup> Anne Arundel and Baltimore County were using team meetings for some cases, but they have a relatively small number of new cases. The use of team meetings is only beginning in other jurisdictions.<sup>6</sup> To the best of our knowledge, team meetings did not occur at nearly the volume to account for the 839-child reduction in foster care placements. The Department has not provided any information to the contrary.

Moreover, the initial family involvement meeting is only the first stage of better case practice that can keep a child safely in their home or with relatives. Ongoing casework is often needed to ensure that a family team continues to meet and function effectively and that services identified by the team as needed are actually provided.

It is not the case that every child staying at home needs a prolonged period of continued casework or services. However, it is beyond dispute that *some* of the additional children kept at home would need the continued attention of a caseworker and that *some* of the families would benefit from services.

In Maryland’s data tracking system, this should be reflected as an increase in the total number of children receiving “in-home services.”<sup>7</sup> This does not mean that for every additional child kept at home, there should be an extra child receiving in-home services. It does mean that the overall number would increase by some amount.

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<sup>3</sup> The Department maintains jurisdictional data as part of the Governor’s StateStat process and has selectively published some it; however, the Department has asked ACY to seek jurisdictional data under the Maryland Public Information Act.

<sup>4</sup> Meeting with Cathy Mols, Executive Director of the Social Services Administration (Nov. 7, 2008).

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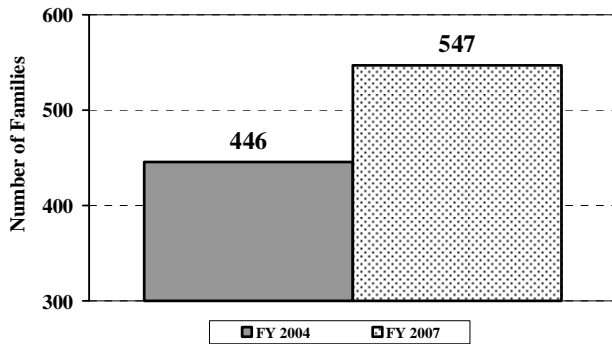
<sup>5</sup> See Attachment A: Advocates for Children and Youth, *Initial Review of “Strong Families, Strong Communities:” Team Decision Making in Baltimore City* (June 2008). ACY did not publish this study but presented its results to the Baltimore City Department of Social Services.

<sup>6</sup> ACY has spoken with officials in numerous jurisdictions about the implementation of team meetings.

<sup>7</sup> This does not mean that a child is actually receiving any services, only that the case remains open.

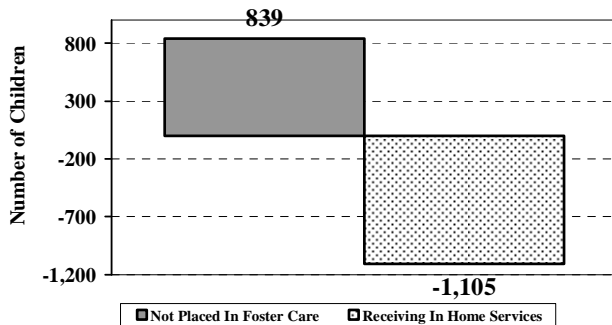
Anne Arundel County, for example, has used team meetings, and the number of in-home service families increased by 23 percent from 446 to 547 (Table II).<sup>8</sup>

**Table III: Families Receive In-Home Services  
In Anne Arundel County**



In contrast, while the number of children placed in foster care statewide has decreased by 839 children during the past 12 months, the number of in-home service children dropped by about 1,105 children – from 10,688 to 9,583, a decrease of more than 10 percent (Table IV).<sup>9</sup>

**Table IV: Change In Foster Care Placement vs.  
Receiving In-Home Services  
October 2007 through September 2008**



The Department is unable to indicate how many maltreated children actually received in-home services; these services are also provided to children for whom no abuse or neglect was found, if a need exists. The Department also cannot provide

<sup>8</sup> Data reports provided by Anne Arundel County Department of Social Services.

<sup>9</sup> The number of families has dropped by 442 families; this translates into 1,105 children at 2.5 children per family. The Department says that the number of *new* families receiving in-home services each month has increased. However, even more families have stopped receiving services each month. As reflected in Anne Arundel County, the total number of families receiving in-home services should have increased.

information about the nature or duration of any services provided. Services can be cookie cutter and superficial or they can be individually tailored and intensive.

Finally, and of particular significance, the Department is unable to provide any data on the reoccurrence of maltreatment of children who were not removed.

### Discussion

We do not want to suggest that specific children are being harmed. However, we are perplexed about why the Department cannot offer a clearer explanation about what changes in policy or practices have occurred that allowed for a safe reduction in out-of-home placements, cannot show an expanded capacity to provide in-home services and cannot provide data on reoccurrence of maltreatment. It is important for these reforms to be data-driven, transparent and collaborative.

During the 2008 legislative session, the Department submitted a proposal to keep more children at home but without an expanded capacity to provide in-home services for some of these children.<sup>10</sup> Because of this lack of in-home service capacity, the proposal was opposed unanimously by advocates, criticized by the Department of Legislative Services and rejected by legislature.<sup>11</sup>

Maryland's child welfare officials unquestionably care deeply about child safety. They also wish to keep as many families together as possible, and we applaud and support that goal and the effort to implement family-centered case practice.

However, there are no short cuts. It takes time to train caseworkers properly so that they support the new case practice and understand that family involvement meetings are not one-time events. It takes time to change and expand the array of services available to families.

<sup>10</sup> That proposal required statutory approval because the Department did not want to complete an official investigation of the alleged abuse or neglect.

<sup>11</sup> See Department of Legislative Services, *Analysis of the FY 2009 Maryland Executive Budget, Child Welfare Budget* at pp. 17-18.

Based on the experiences of other states, case practice reform can occur most effectively if there is a good plan to address the following critical elements:

- Strong team facilitation
- Training of caseworkers and supervisors
- Quality assurance through a Quality Service Review system and outcomes tracking<sup>12</sup>
- Training and coaching capacity
- Meeting logistics
- In-home services
- Rollout strategy
- Engaging partners
- Policies and personnel evaluations
- External assistance
- Prioritizing case practice reform
- Budgeting.<sup>13</sup>

While reform itself can take years to occur, it should not take an extended period of time to develop such a plan. The Department first pledged to implement family team decision making in January 2008, after the death of two-year-old Bryanna Harris highlighted multiple failures in case practice. The Department is still working on an implementation plan; many critical issues remain unaddressed, and the process is not transparent or inclusive.

## Recommendations

Moving forward, we recommend that the Department take the following actions:

1. By December 15, 2008, provide data on the maltreated children who were not removed from their homes during the past 12 months, including: types of services provided, if any; the duration of these services; and whether any new instances of maltreatment have occurred;
2. By December 15, 2008, review a significant sample of the cases of maltreated children who were not removed to determine what changes in policy or practice resulted in reduced home removals; make clarifications to maximize child safety;
3. By December 15, 2008, and every month thereafter, provide a report on the number of maltreated children left in their homes for whom there is an allegation or instance of maltreatment;
4. By December 15, 2008, and every month thereafter, provide jurisdictional breakdowns for all of the indicators in its StateStat reports so the handling of cases can be tracked at the local level;
5. Develop by January 31, 2009, a full plan for implementation of family-centered case practice, working collaboratively with various stakeholders, including the advocacy community;
6. By January 31, 2009, significantly expand in-home services available to maltreated children, using the savings from the reduction in out-of-home placements;<sup>14</sup>
7. Defer the proposed use of alternatives to formal investigations (“alternative response”) until the Department can improve casework, expand and improve in-home services and track child safety;<sup>15</sup>
8. Invest up to \$5 million in FY 2010 in the training and quality assurance need for effective family-centered case practice; this increase will be completely offset by savings from reduced out-of-placements during the fiscal year.

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<sup>12</sup> In a Quality Service Review, trained reviewers evaluate case practice for a sample of cases by interviewing everyone involved in the case.

<sup>13</sup> ACY has provided the Department with more details concerning these elements. See Attachment B.

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<sup>14</sup> By our estimates, the reduction in placements in foster and group homes may have saved up to \$12 million.

<sup>15</sup> A change in state law is needed to permit alternative response.

## MEMORANDUM

Date: October 6, 2008

To: Cathy Mols  
Social Services Administration Director  
Maryland Department of Human Resources

From: Ameerjill C. Whitlock, MSW  
Child Welfare Director  
Advocates for Children & Youth, Inc.,

Re: Case Practice Reform: Expanding Family Involvement Meetings in Maryland

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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 and questions that relate to each of these elements.

### **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.

*Has State established one, uniform model or does it plan to do so? What is the process for finalizing the model?*

### **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.

*What documents exist that set forth the model? How were they developed? Do they adhere to the best practices of teaming, engaging, assessing, planning and interventions?*

## **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.

*What are the training and coaching requirements needed to become a team facilitator? Who is providing this training and coaching? What are the training requirements for the trainers and coaches of the facilitators? Will caseworkers serve as facilitators, or will there be specialized facilitators? How was this decision made and did it recognize the significant caseworker training requirements under either approach? Can some jurisdictions have caseworker facilitators, while others not? How many facilitators are needed for each jurisdiction, ultimately and over the course of a rollout? How will they be selected? Will they receive some incentives for becoming facilitators?*

## **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.

*What are the training and coaching requirements for caseworkers in implementing the new family-centered case practice? Who is providing this training and coaching? What are the training requirements for the trainers and coaches of the caseworkers? Are Child Protective Service workers receiving specialized training and coaching? Are caseworkers involved in sexual abuse cases receiving specialized training and coaching?*

## **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.

*What are the training and coaching requirements for supervisors in the new case practice model? Who is providing this training and coaching? What are the training requirements for the trainers and coaches of the supervisors? What system will supervisors use to measure case practice effectiveness? What will be expectations for attendance of team meetings by supervisors?*

## **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.

*How is Maryland developing the capacity to do an adequate Quality Service Review system? What are the anticipated costs of implementing this system? How is the instrument being established, and how does this instrument compare to instruments used by other states? What are the requirements for becoming a case reviewer? Are these requirements adequate? How many cases will be reviewed in each jurisdiction? Is that number enough? Are the reviews occurring at least yearly in each jurisdiction? Who is overseeing the QSR in each jurisdiction, and what training and experience do they have? What system is in place for using the results constructively?*

## **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.

*How many trainers and coaches is the State planning to have? What are the training requirements for the trainers and coaches? Who will provide this training? What is the anticipated cost of creating and maintaining adequate 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.

*Will facilitators have access to supplies they need? Who will handle the logistics of a meeting, including food and refreshments? Will meetings take place at the homes of team members and during times convenient to team members? How will the work schedules of facilitators, caseworkers and supervisors accommodate evening 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.

*To what extent will caseworkers be able to access services identified by the teams? How will resources currently spent on cookie cutting services be shifted to enable easy access to more individualized services, e.g., through flexible funding?*

## **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.

*How is a rollout plan being developed? What issues will be address? How are individual jurisdictions involved? How fast will rollout occur within the state, within each jurisdiction and within caseloads? How will the State capture early lessons?*

## **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.

*How are the various court parties and community members being involved in the development and implementation of the new case practice? What training will be provided to them about family-centered case practice and how they can play a critical role in its success?*

### **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.

*Are there plans to adopt policies and personnel evaluation systems to conform to family-centered practices? Will these systems be deferred until caseworkers have enough training and an opportunity to do the new case practice?*

### **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.

*What are the nature, scope, duration and cost of external assistance that the State will utilize in implementing its family case practice? Has the state identified the internal capacities it needs and charged external consultants with the development of those capacities?*

### **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 requires 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, particularly 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.

*To what extent has the Department's leadership determined that family-centered case practice is a priority? Does being a priority mean that it is one of one or two significant changes in case practice that caseworkers will be expected to make over the next two years?*

## **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.

*How much money does the State plan to spend for initial planning and capacity building? How much money will be needed for ongoing positions and services? Has the State determined and considered the cost savings from fewer foster home and group care placements? Has the State established a plan to maximize use of federal funding?*

**Attachment B**



# **Initial Review of “Strong Families, Strong Communities:” Team Decision Making in Baltimore City**

**Ameejill C. Whitlock, MSW  
Child Welfare Policy Director  
Advocates for Children & Youth, Inc.**

**June 2008**

# Team Decision Making

- ✓ Collaborative decision making serves an important gate keeping function to ensure that children safely remain at home 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 to work cooperatively for reunification at the onset of placement.
- ✓ This case practice reform provides an opportunity for Maryland and its communities to reconceptualize, redesign, and reconstruct the child welfare system to achieve better outcomes for children and families.

# Methodology

- Team of 5 Researchers
  - ACY Child Welfare Policy Director
  - Morgan State University -Social Work
  - UMBC -Psychology
  - Johns Hopkins -Bloomberg School of Public Health
- Random Sample of 95 cases
- Staff Interviews
- TDM Observations
- Program Materials (Policies, Training Manual)

## Key Findings

- Facilitators are well-trained and effective but underutilized.
- Caseworkers are not referring cases early or frequently enough and are not involved enough in initial team meetings or follow up to them.
- Fewer removals are occurring, but families have inadequate access to services.
- There is inadequate tracking of indicators and outcomes relating to family-centered practice.

# Top Recommendations

1. Provide additional training for caseworkers and require them to handle team meeting preparation and follow up and set referral goals.
2. Provide additional training for supervisors and require them to assess the extent to which cases under their supervision are effectively using family-centered practice.
3. Examine existing standard services offered to families where the child remains at home to determine their effectiveness and to maximize the extent to which funding is available for the specific services identified by teams.

4. Develop a user-friendly system for tracking indicators and outcomes.
5. Include referrals for placement changes and reunification and expand to 21 facilitators.
6. Create sufficient positions for training and quality assurance, including senior managers for these functions.

**Initial Review of “Strong Families, Strong Communities:”  
Team Decision Making in Baltimore City**

Advocates for Children and Youth  
June 2008

Essential Elements	Findings	Recommendations
<b>Effective Facilitation</b>		
1. Adequate number of team facilitators	There are 5 facilitators. If caseworkers referred all appropriate cases, this would be an inadequate number.	Increase to a minimum of 21 facilitators to accommodate all placement types; specialize staff based on type of placement-related decision.
2. Adequately trained facilitators	All the facilitators have taken the initial Team Decision Making training. However, the majority facilitators expressed the need for more training and coaching	Provide additional training and coaching of facilitator; develop an ongoing capacity to do this.
3. Fully utilized team facilitators, e.g., doing at least 15/week	The 5 facilitators are facilitating less than 3 meetings per week after more than 22 months of activity. As such, the facilitators are underutilized. The main reason is lack of referrals.	Phase in referrals for change of placement and reunification.
4. Meetings occur as soon as possible	According to the case file review, too many meetings occur after removal or court decisions, even though they are reported as initial removal meetings.	Require initial removal meetings to occur <i>prior to</i> placement, or if this is not possible, prior to any legal involvement on the part of the agency and/or court.
5. Team meetings well attended	Meetings are not very well attended, particularly by staff and service providers. Because the facilitators are organizing the meetings, they are missing important information to which only the caseworker has access.	Require caseworkers to do the preparation for the meetings.
6. Meetings identify strengths, needs and solutions	Based on observations and case file review, the meetings are addressing these issues.	
7. Opportunity to have meetings in the community	Based on the case file review and observations, very few cases have had meetings at non-DSS sites.	Require caseworkers and facilitators to consider community locations for each meeting.
8. Regular follow up team meetings	Based on the case file review, follow-up team meetings are not occurring on a regular basis.	Ensure that caseworker handling the case after the initial meeting understands the process and triggers for a second team meeting; establish as a default that a second team meeting is scheduled during the first meeting.

Essential Elements	Findings	Recommendations
<b>Caseworker Involvement</b>		
1. Commitment to family-centered case practice	Based on the case file review and interviews with the facilitators, there is very little buy-in among the caseworkers. The facilitators say that this is their biggest barrier.	Expanding the role of caseworkers in the process and providing more training will increase caseworker support.
2. Adequate training in family-center practice	Based on interviews, caseworkers have received less than two hours of training.	Provide significant training and coaching for caseworkers on family-centered case practice.
3. Reasonable caseload	According to various caseload data analyses, caseworkers have small enough caseloads to allow some implementation of FTDM; however, implementation occur faster and better when a caseload is no larger than the Child Welfare League of America (CWLA) standard.	Ensure that no caseworker has a caseload higher than the CWLA standard.
4. Accountability	There is a written policy stating that caseworkers must refer cases for team meetings; however, caseworkers are not evaluated based on making referrals or monitoring plans created by the teams.	Include family-centered case practice as part of the performance evaluation of caseworkers.
5. Making referrals to whenever appropriate	According to StateStat, hundreds of new cases were opened during the time of this study; however, very few cases were referred for team meetings.	Set clear referral goals and require supervisors to monitor achievement of those goals by each caseworker.
6. Does team meeting preparation	The facilitator does majority the preparation for team meeting. This creates a significant burden on facilitators and reduces the degree to which caseworkers are engaged in the process.	Require caseworkers to do the preparation for the meetings.
7. Does follow up for team meetings (may be different worker)	There is very little indication that team meetings are being followed up either by the initial caseworker or the caseworker handling the case after the meeting. There may be more information in the full case files.	Clarify the post-meeting expectations for caseworkers.

<b>Essential Elements</b>	<b>Findings</b>	<b>Recommendations</b>
<b>Supervisory Support</b>		
1. Commitment to family-centered case practice	Based on the case file review and interviews with the facilitators, there is very little buy-in among the supervisors. Very few supervisors attend team meetings. The facilitators say that supervisors do not sufficiently support caseworkers in family-centered case practice.	Expanding the role of supervisors in the process and providing more training will increase supervisory support.
2. Adequate training in family-center practice & how to support caseworkers	Based on interviews, supervisors receive less than 2 hours of training in family-centered case practice.	Provide significant training and coaching for supervisors on family-centered case practice and how they can as supervisors help caseworkers better implement the practice; ideally, supervisors should be able to facilitate a team meeting.
3. Accountability	There is no indication that supervisors are evaluated based on the extent to which the cases under their supervision are utilizing family-centered case practice.	Require supervisors to attend a certain percentage of team meetings for cases under their supervisor; include family-centered case practice as part of the performance evaluation of supervisors.
4. Informal quality assurance	Based on the case file review and interviews with staff, supervisors are not examining cases to see whether family-centered case practice is occurring.	Create an instrument by which supervisors can assess the extent to which cases under their supervision are effectively using family-centered case practice.

<b>Essential Elements</b>	<b>Findings</b>	<b>Recommendations</b>
<p><b>Quality Assurance System</b></p> <p>1. Utilization of a Quality Service Review conducted by training reviewers who are independent of the local department' an adequate number of cases are reviewed to reinforce case practice</p>	<p>Based on the case file review and interviews, there is no independent quality assurance system.</p>	<p>Implement a full Quality Service Review system similar that used in other states.</p>

<b>Essential Elements</b>	<b>Findings</b>	<b>Recommendations</b>
<p><b>Data Tracking</b></p> <p>1. Measure indicators and outcomes relating to family-centered case practice</p>	<p>Based on interviews, there is very little data being collected the family-centered indicators or outcomes recommended by Team Decision Making.</p>	<p>Ensure that family-centered indicators and outcomes are included in CHESSE, are being entered and that cases going through the process are marked as such. Analyze for each caseworker the team meetings relative to cases that met referral criteria. Examine how many removals per month (plus how many near removals which could be prevented by a team meeting); also how many changes of placement; how many reunifications; how many other permanency decisions such as TPR or guardianship.</p>

<b>Essential Elements</b>	<b>Findings</b>	<b>Recommendations</b>
<p><b>Effective, Individualized Services</b></p> <p>1. Adequate services are available for children who do not come into out-of-home care</p>	<p>It is not clear what services are available to families based on the results of team meetings, where the child remains at home.</p>	<p>Examine existing standard services offered to families where the child remains at home to determine their effectiveness and to maximize the extent to which funding is available for the specific services identified by teams.</p>
<p>2. The services address the needs identified by the teams; they are not cookie cutter. Flexible funding is available to pay for them.</p>	<p>According to the file review, there is very little use of funding for family needs especially those relating to poverty (BGE) and housing. Only one TDM observation secured children access to a summer camp opportunity</p>	
<p>3. Significant community involvement in team meetings and the overall family-centered practice.</p>	<p>There are no clear indications that community members are attending team meetings and involved in supporting families after team meetings occur.</p>	<p>Clarify the steps by which caseworkers are maximize community participation in team meetings; educate the community about family-centered case practice, e.g., create a community advisory group</p>

<b>Essential Elements</b>	<b>Findings</b>	<b>Recommendations</b>
<b>Support of Court System</b>		
1. Support of Judges and Masters	According to staff, there is no identifiable relationship with the courts.	Share team plans with the Court; educate judges and masters about family-centered practice, how they can support it and how team meetings complement the work of the Court.
2. Support of Attorneys and CASAs	Department policy prohibits attorneys or CASAs from attending team meetings.	Allow family members to determine whether attorneys or CASAs attend team meetings.

<b>Essential Elements</b>	<b>Findings</b>	<b>Recommendations</b>
<b>Effective Management Structure</b>		
1. Adequate management capacity to support rapid, quality implementation of family-centered case practice.	There is no existing structure to support family-centered case practice.	Senior managers are needed for major elements of rolling out family-centered case practice, including: training and coaching; quality assurance; services
2. Integration with other reform efforts	Several other reform efforts are underway, but they do appear to be integrated with the FTDM effort.	Review all current collaborative processes, e.g., In-Home Family Services and Family Recovery, and identify opportunities for synergy.