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study

Crisis and Opportunity in Delaware's Child Welfare System

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Crisis and Opportunity in Delaware

Introduction

A troubling spike in calls to Delaware's child abuse and neglect hotline was the first cause for alarm. Between 2008 and 2011, calls about potentially maltreated children nearly doubled — fueled, in part, by passage of a mandatory reporting law in response to a horrific series of child sexual assaults. The law required every person to report suspected cases of abuse or neglect. One unintended effect: State child welfare staff were deluged with thousands of additional reports of children at risk. Ultimately, most calls did not involve maltreatment and many could be addressed with in-home or community-based services. Still, agency leaders and staff struggled to provide good practice amidst sharply higher caseloads, a situation all too familiar in child welfare agencies across the country.

While the spike in hotline calls posed a new challenge, so did another, arguably more serious trend. By 2010, young people ages 13 or older made up nearly 50 percent of the state's out-of-home caseload — considerably higher than the nationwide average of about one-third. This was a problem because when teens entered care, too often they became disconnected or estranged from their families. Then, at age 18, too many of them aged out of foster care without the positive, caring adult relationships

researchers say are key to future success.¹ Teens who age out are less likely to graduate from high school, more likely to end up homeless or incarcerated and more likely to have children as teenagers, according to a recent report by the Annie E. Casey Foundation.²

“Our nation's child welfare systems were built to address specific issues: abuse and neglect,” says Tracey Feild, director of the Casey Foundation's Child Welfare Strategy Group (CWSG). “But today, data indicate that more teens are coming into care for reasons unrelated to maltreatment. Child welfare directors are telling us that often teens are landing in child welfare placements because they can't get along with their parents. Or because of the teens' challenging behaviors, such as defying their parents, being truant from school, running away, abusing alcohol and drugs or engaging in risky sexual or other activities that threaten their well-being or safety.”

But if spikes in teen entries and high numbers of teens aging out are troubling trends nationally, in Delaware they had become a crisis.

Delaware's child welfare division “did well with younger kids in achieving permanent connections,” says Vicky

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- Tracey Feild, director of the Casey Foundation’s Child Welfare Strategy Group

Kelly, director of the state’s Division of Family Services (DFS). “But if you were a teenager you could see the cliff that you were going to fall off.”

This stark reality caught the attention of Gov. Jack Markell, who made it a priority to usher in vast improvements at DFS during his second term.

“My primary loyalty and obligation is to the Delaware kids who are aging out of the system every year,” Markell says.

Determined to improve how children and teens were faring in his state, the governor spent time in the winter of 2013 sitting in at the abuse hotline to understand its challenges and visiting families alongside caseworkers. He also supported a variety of efforts to make short- and long-term enhancements to the state’s child welfare system.

One of them was a partnership with CWSG, which provides agencies with intensive, on-the-ground teams of consultants for one to five years. The teams, which include three to 10 consultants, partner closely with agencies to overcome challenges and spark measurable improvements.



Evaluating Delaware's System

As its first step, the CWSG team conducted an assessment that began in the fall of 2011. The assessment involved a thorough review of policies, practices, data and operations and included extensive interviews with staff at all levels, along with parents, youth and other key stakeholders.

The team and the state initially focused on addressing the hotline and aging out issues, but it soon became apparent that those were just symptoms of a larger problem, says Karen Angelici, a senior associate with the Casey Foundation who led the CWSG engagement.

The surge in child protection calls illustrated that the hotline was functioning as an ineffectively wide net, often requiring full investigations even for families in which there were no safety risks. Additionally, Delaware had no services proven to keep families together when teens had behavioral issues or couldn't get along with their parents. This drove young people into the child welfare system for reasons unrelated to abuse or neglect. In the process, family ties were frayed or severed and teens languished in care until they aged out.

The CWSG team also discovered a more fundamental concern about Delaware's system: It had not yet experimented with or adopted more current child welfare practices that have helped child welfare systems around the nation make improvements. Instead, Delaware had

unwittingly become entrenched in an oft-repeated dynamic of being so focused on keeping children safe from potential harm that they hadn't done enough to engage children, teens, families and communities in keeping more children and teens safely at home.

Among Casey's other assessment findings: Delaware was doing a respectable job of responding to child abuse and neglect reports. But while they were quickly moving young children to safe homes, they sometimes removed children and teens too quickly. For example, an analysis of lengths of stay for all children entering care from 2008-2010 found that nearly a third of the removals lasted less than six months, suggesting that an in-home or community-based response might have been more appropriate in such cases.

But the teen entry data continued to be most worrisome. In 2010, an astonishing 79 percent of teens entering care were there for the first time.

"We knew we had trouble with teen entries," says Shirley Roberts, deputy director of DFS. "And a large number of them were coming from our sister divisions in mental health and juvenile justice."

To make matters worse, of those teens entering care, many rattled around the system with multiple placements. For teens in care longer than a year, two-



thirds had experienced three or more placements, with nearly 30 percent experiencing seven or more. Meanwhile, more than 50 percent of teens who left foster care in 2010 aged out, the fifth-worst rate in the nation.

Other issues surfaced during CWSG's initial review. Caseloads were too high. And too often, investigators spent considerable time on investigations that weren't about abuse or neglect, shortchanging difficult cases that needed more time and resources.

CWSG findings were confirmed by DFS frontline workers, who described their practice as being characterized more by crisis than case management.

Ask many frontline workers and supervisors where they saw DFS in 2011 and the answer is consistent: The system wasn't supporting broad engagement of families or kin in the essential effort to keep children and families stable, safe and healthy.

"It wasn't social work anymore," says Mike Langrell, who started as a caseworker in Delaware two decades ago, and who is now a treatment supervisor. "It was more like 'drive-by' visits to make sure kids were physically OK, were clean and were going to school."

At the same time, judges and lawyers had significant influence on the system, contributing to workers' sense that they

weren't really practicing social work, but rather responding to outside forces beyond their control.

"The courts say they want families together, but it didn't always feel like they did much to support that," says Heather Yacabell, a treatment worker. Judges sometimes ordered children into specific group homes or removed teens from home when services could have been provided and family bonds strengthened.

It's not that the courts didn't understand the entire children and family services system had deficiencies, says the Hon. Robert Coonin, one of Delaware's most experienced family court judges, who ultimately became a strong supporter of DFS' improvement efforts. It's just that DFS seemed to be operating in continual crisis mode, Coonin says, leading judges to question whether agency recommendations reflected sufficient thought and careful judgment.



WHEN PREVENTION, NOT PLACEMENT, IS THE ANSWER

In 2013, Casey's Child Welfare Strategy Group (CWSG) helped Delaware develop and launch a program aimed at keeping teens in their homes. Known as Family Assessment and Intervention Response (FAIR), the program is one of two pathways available to teens in the state's child welfare system, which also includes a traditional investigation pathway for abuse and neglect allegations.

FAIR consists of a rapid response to reports of issues with teens, with families being contacted by phone within 24 hours. All families are assessed for safety and risk and a variety of other tools are used to assess the youth's and family's needs.

Families who do not have outstanding safety threats or risk factors may have their cases closed while others are assigned to one of two levels for ongoing services:

- LEVEL I – Family Keys. Children and families are assigned to this community-based program, which provides short-term crisis intervention, conflict resolution assistance and referrals to other services.
- LEVEL II – Functional Family Therapy. About 20 percent of families are referred to this evidence-based program, which provides a three-stage, intensive counseling approach.

The program's success speaks volumes about the importance of a rapid, flexible response aimed at de-escalating family conflict and then building therapeutic wraparound services for at-risk families. A 17-month data review of FAIR followed about 350 Delaware teens. Of those, only 1 percent entered child welfare placements; 8 percent entered juvenile detention placements. A recent return on investment analysis concluded that within the first two years of implementation, FAIR saved \$250,000 more than the program cost.

"That means 91 percent of these kids were able to stay safely at home — and the state saved money," CWSG Director Tracey Feild says. "That's pretty amazing."

Getting to Engagement

In addition to Gov. Markell's leadership, Delaware had three key players driving its improvement efforts. They included Vivian Rapposelli and Jennifer Ranji, respective secretaries of the Department of Services for Children, Youth and Their Families (DSCYF), the umbrella agency that included DFS. Kelly was the third.

When initial discussions about partnering with Casey took place, Kelly was deputy director of DSCYF's Division of Preventive and Behavioral Health Services. She sat in the meeting as the child welfare improvement proposal was discussed. "I remember sitting in the room and thinking, 'Wow, this is the most incredible opportunity.'" Her one concern: "It does seem to me you'd need a more clinically sophisticated child welfare system to handle it."

Soon Kelly became the leader of DFS. A clinician by training and a nationally recognized expert in trauma-informed practice, Kelly was well suited for the position.

CWSG's proposal for a full-system assessment followed by a targeted action plan and rollout made sense to her. "I see myself primarily as a clinician," she says. "As a clinician, I would start with an assessment and then consider alternative interventions."

This is when Roberts, Kelly's deputy director, says she really started to see the work as an opportunity.

"I thought it was very important that they came in and did the assessment because not every consultant does that," Roberts says. "Most of them just come in and say: 'We can offer you a, b and c' without knowing anything about how the system is operating. Casey was able to gear what they were suggesting specifically to our situation in Delaware."

Also contributing to the Delaware effort was a band of partners dedicated to supporting improvements in agency practices and processes. This included the Children's Research Center, developers of Structured Decision Making® (SDM) and proponents of Safety Organized Practice (SOP); Casey Family Programs; the National Resource Center for In-home Services, which provides technical assistance to jurisdictions that use Differential Response (DR),³ and the Jessie Ball DuPont Foundation.

Getting to Action

Early in the system's transformation work, Delaware made the decision to install SOP as a crucial foundation.⁴ SOP is a framework for enhancing how agencies and caseworkers think about children's safety, permanence and well-being. Casey and other partners connected improvement efforts to SOP, with SOP concepts providing a unifying common language.

To stem the tide of teens entering care, Delaware used DR, an approach intended to determine, early on, whether referrals about teens are about safety or





whether teens (or their families) simply need access to community-based services to address their issues.

Casey suggested the state address hotline and investigations issues using a three-tiered approach. This included installing SDM⁵ to focus on which cases received investigations, streamlining certain investigations procedures and developing FAIR, which diverted from child welfare placements those teens whose needs were more appropriately met elsewhere [see box on page 6].

Engaging families was an important aspect of Casey's work with DFS. In child welfare cases in which child removals were being considered, the state decided to use Team Decision Making (TDM) meetings, a Casey-developed approach that brings families and professionals together to make child welfare removal and placement decisions.⁶

For teens who had been in the system for a while, Casey and DFS added intensive help finding family members willing to become part of a network of supportive adults or participate in a permanency plan for the teen.

"I think the family search and engagement effort was critical because it laid the foundation for all the other work that was coming behind it," Roberts says. "If staff doesn't really understand the importance of family engagement, then it's harder to do Team Decision Making or other reunification work."⁷

But as the division started to launch separate strategies ranging from kinship

care to foster family recruitment, it became clear that without some overriding imperative, the effort might devolve into a confusing mish-mash of piecemeal projects.

"The more we talked about it, the more I realized that staff were starting to get confused because there were so many separate things we were doing," Kelly says.

What was needed, Angelici says, was a clear unifying message that would resonate from the frontline to the front office. One simple phrase kept surfacing: "Outcomes matter."

"Outcomes Matter: Enhancing Practice and Transforming Lives" became the tagline for nearly 20 strategies. It underscored that there was one holistic initiative that united all reform efforts, from improving hotline screening to installing a variety of updated practice approaches.

To promote and support the initiative, CWSG and DFS created work groups to tackle specific tasks, such as recruiting and supporting foster families, training staff in family search and engagement, developing a longitudinal database and launching TDM. The result of this intense partnership among staff, administrators and Casey consultants was widespread uptake of new resources, policies and practices — and improved results for children and families, Angelici says.

Outcomes That Matter

As various elements of the Outcomes Matter work were launched, evidence of impact came fast. For example, from July 2011 to January 2014, changes in agency decision-making and frontline practices led to:

- a 45 percent reduction in all entries into care, including a 40 percent reduction in teen entries;
- an overall reduction of nearly 20 percent in the number of children in state custody;
- a 42 percent reduction in group placements, including a 38 percent reduction among teens;
- a 66 percent increase in initial placements of teens with kin;
- a nearly 40 percent reduction of children with two or more placements in the first 100 days, including a decrease of more than 40 percent for teens; and
- a steadying of repeat maltreatment and re-entry rates, which remain better than the national average.

At the same time, other key stakeholders started to notice the change.

“It seemed that there was a much greater effort to keep families intact,” says Judge Coonin, who had been a DFS critic before the sweeping changes. “I saw that they were working with families longer before making the decision to file [for termination of parental rights], they were getting more services put in place and they were getting kin more involved.”

And now when families end up before him, Coonin says, there’s much less conflict. “There is usually a plan already in place.”

Federal Child and Family Services Review (CFSR) teams, charged with ensuring systems do their best to secure good outcomes for children and families, also took note.

“The Administration for Children and Families team could see we were making improvements, which streamlined our performance improvement plan,” Roberts says. “For example, they could see how stable our new kin placements were and how well young people were doing after being involved in FAIR.”

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Lessons Learned

For Delaware, two primary threads have emerged.

ENGAGE FAMILIES

First and above all else, system improvements have to be about child and family engagement. When systems give families a voice in the decision-making process, families have better chances for success. Involving families early and at every decision-making point recognizes families' rights and expertise and builds trust.

MOTIVATE STAFF

Second, the work has to reflect the values of those working in the child welfare system.

“When you hear workers say that they’re finally doing the sort of work they’ve always wanted to do, that’s compelling,” Feild says. “And it’s why we think these sorts of reforms are spreading in state and local systems nationally.”

An early challenge was figuring out how to organize and motivate staff around such an ambitious set of improvements. Kelly and Roberts point to the decision to form work groups as a key move that ensured success, because it engaged staff in substantive work, developing policies and procedures they themselves would be expected to implement.

Another critical — and strategic — decision was to have each work group co-led by someone from the central office and someone from the field.

“Historically, there’s this tension between program and policy and the real frontline

practitioners,” says Kelly, who wanted to make sure staff felt ownership of and pride in the work.

Beyond that, the work groups were open to any staff members who were interested, which is when the central office began to see that in pushing such significant change in the department’s practices and processes they were on to something powerful.

“There were waiting lists to get on the work groups,” Kelly says. That shows, she says, that system improvement efforts have been less about “us pushing change than unleashing this pent-up demand.” The staff was so enthusiastic that they pushed to overhaul DFS’s entire employee evaluation system. At the insistence of staff — and with their feedback — one of the added performance benchmarks was that every worker must master a variety of new policies and protocols installed as part of the Outcomes Matter initiative.

Another approach that helped win converts among staff was the expectation that improvements reflect everyone’s vision, not just the director’s. Rather than presenting new strategies in the form of top-down directives, Kelly says the process was more organic.

“I said, ‘Try it on. If it resonates, then it grows. If it doesn’t, it doesn’t.’ I wanted to lead this more from the ground up.”

Going Forward

As tough, and sometimes tiring, as transformation work can be, there have been no signs of retrenchment. What's more, CWSG has been engaged in an effort to bring DFS-style changes — including practices such as family team meetings — to the department's divisions of mental health and juvenile justice.

Of course, change is not easy. Staff members continue to report stress related to their difficult work and challenging workloads, which leaders will need to address. But there is a common feeling of hope about the reform effort's staying power, as expressed by treatment supervisor and 17-year system veteran Brenda Roslyn.

System improvements are likely to have “more staying power because this is more common-sense social work versus someone coming up with arbitrary, flavor-of-the-year” changes, Roslyn says. “Family engagement is social work 101,” she says. “It's what you learn in college. It's what you think you're going to be doing when you enter the field — and now we're actually doing it.”



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ENDNOTES

1. See Every Kid Needs a Family: Giving Children in the Child Welfare System the Best Chance for Success at <http://www.aecf.org/resources/every-kid-needs-a-family/>
2. Casey recently reported on how local jurisdictions are responding to the spike in teen entries into foster care, outlining recommendations to address teens' needs without placing them in foster care, in Too Many Teens: Preventing Unnecessary Out-of-home Placements, at <http://www.aecf.org/resources/too-many-teens/>
3. Learn more about Differential Response on the website of the National Resource Center for In-home Services at <http://www.uiowa.edu/nrcihs/differential-response>
4. See Question: What Exactly is Safety-Organized Practice? at <http://safetyorganized.practice.blogspot.com/2012/07/question-what-exactly-is-safety.html>
5. Learn more about SDM, developed by the National Council on Crime and Delinquency, at <http://www.nccdglobal.org/assessment/structured-decision-making-sdm-model>
6. Casey is working to make TDM an evidence-based practice. To learn more about these efforts, contact Casey's Child Welfare Strategy Group or its Evidence-Based Practice Group. To read a recent TDM case study, see <http://www.aecf.org/resources/team-decision-making/>
7. There are a variety of family search and engagement (FSE) tools and approaches. To start learning about FSE, see Six Steps to Find a Family: A Practice Guide to Family Search and Engagement, published by the National Resource Center for Family Centered Practice and Permanency Practice, at <http://www.nrcpfc.org/downloads/SixSteps.pdf> and Promising Approaches in Child Welfare: Helping Connect Children and Youth in Foster Care to Permanent Family and Relationships through Family Finding and Engagement, by the Children's Defense Fund, at <http://www.childrensdefense.org/library/data/promising-approaches.pdf>

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