

**Remarks by Douglas W. Nelson, former president & CEO  
The Annie E. Casey Foundation  
Symposium on the Future of Child Welfare:  
Game-Changing Innovations for State Administrators  
Baltimore, MD  
April 8, 2011**

It's a privilege to talk about our Casebook initiative with a group of people whose expertise in child welfare I admire immensely.

Over the last decade or so, many of the people in this room have been part of a profound movement to craft a new national vision about the proper role and goals for child welfare in America. I think it is fair to say that we now generally agree on the core results we ought to be seeking from all of our state child welfare systems. Put another way, we now have a pretty good idea of the daunting objectives we want those of you who run child welfare agencies to try to accomplish.

At the risk of some oversimplification, let me enumerate some of the most important of those desired results:

- First, we want our child welfare systems to intervene promptly whenever and wherever children are in apparent danger.
- We want the risks facing those kids to be evaluated accurately, intelligently and quickly.
- We want to preserve families and avoid the trauma of removal whenever that is consistent with child safety.
- When kids must be removed, we want our child welfare systems to quickly find placements that best meet their needs.
- We want to minimize changes in placements and the trauma that goes with those changes.
- We want to shorten overall length of out-of-home care that our kids experience.
- We want every child to get back to a permanent family as quickly as practical.
- We want our child welfare systems to be as cost-efficient as possible; we want to reduce excessive reliance on high-cost forms of care, and we want to avoid expenditures on interventions/programs that don't work or make a difference.
- We want our child welfare services to be better coordinated, better integrated and more synergistic with other human services (e.g., health, mental health, education, TANF (Temporary Assistance for Needy Families), substance abuse, housing) that are also working with many of the families of the kids that come into our systems.
- Most of all, we want a child welfare system that makes a positive and lasting difference in the safety, security, health, well-being and the future success of the vulnerable and injured kids who rely on us to help and protect them.

These are some of the system results — some of the kid outcomes — that virtually every committed child welfare leader now aspires to achieve. But each of us who has had the privilege of leading one of these systems...each of us knows that you cannot achieve these results by yourself. We know that real system reform depends on the decisions, actions and the day-in, day-out practice of the professional men and women on the front line.

In the last 20 years, research, reflection, evaluation and experience have taught us a great deal about what it takes to achieve this better, more effective and more efficient frontline practice. Today, the managers and thought leaders in child welfare overwhelmingly agree that good practice has to include at the least the following:

- Good practice has to rely on evidence-based protocols for risk assessments.
- It has to be family-centered. It has to be shaped by knowledge of family networks.
- Good practice has to be guided by knowledge of family dynamics and child development.
- It needs to be strength-based.
- It needs to be collaborative.
- It has to be shaped by awareness of other agencies' actions and capacities.
- Good practice should incorporate family participation and team decision-making.
- Good practice has to be driven by living case plans and event-sensitive case planning and case action.
- Good practice has to be vigilant to changes in kid and family circumstances.
- It has to be guided by knowledge of the most appropriate evidence-based interventions and treatments for particular kid and family issues.
- Good practice has to put a priority on making best possible placement decisions.
- It must be practice that is focused, above all, on the achievement of a safe, lasting and loving family for every kid.

People here could create a more complete list, but these practice aspirations are at least part of what we reformers have generally come to share as a common advocacy agenda.

Of course, the \$64,000 question — or, more properly, the \$640 million question — that confronts every reform-minded child welfare leader or manager in this country is: How do we actually achieve this? Put another way, how can we help more of our frontline staff deliver this kind of best practice help to more kids, more families, more often?

Over the years, I have heard smart, visionary leaders give and implement great and relevant responses to that question. Those good answers have almost always included the following:

- Attracting lots more energetic, sophisticated and well-educated young professionals into our frontline ranks.
- Maybe just as critical, we need to retain the best of our frontline workers, and avoid the turnover that cripples so many child welfare systems.
- We need to improve the frequency, quality and impact of the in-service training we provide to staff and supervisors.
- We need to keep the caseload levels realistically consistent with good practice standards.
- We need to intensify the quality, utility and frequency of worker evaluation.
- We need to create mechanisms and supports for team meetings, team decision-making and family involvement.
- We need to reinforce good performance and promptly address underperformance.
- We need to encourage and enable greater interagency coordination and collaboration among those who serve the same kids and families.

You know, I have heard these and other smart management responses from leader after leader who has been at the forefront of improving child welfare in America. But what I have never heard — in all the endless conversations about how we make child welfare practice better, stronger, more effective, more humane — what I have never once heard is that we need to rely more on our state’s existing child welfare information systems. Never, not once...

Now, the truth is, this omission — this avoiding of a focus on technology — this is, in 2011, a stunning observation. Almost everywhere else you look — across all kinds of efforts to reform systems, to strengthen practice, to improve decision-making — whether you are talking about UPS or health care systems or major league baseball teams or romantic matchmaking companies — everybody is identifying contemporary technology, improved information systems and more purposeful data sharing and analysis as the centerpieces of practical change strategies to improve individual effectiveness, organizational performance and system outcomes. Everywhere this is the most compelling change strategy — everywhere except for child welfare, human services and certain knitting clubs.

This is what makes Casebook significant. It is a tool that has been fashioned by a collaboration of cutting-edge IT and social-networking experts, informed and guided by individuals with a deep experience in what makes for good decisions at the front line and at management levels of child welfare systems.

Casebook is a lot of things — and with the help of lots of people and the state of Indiana, it is getting more powerful, more useful and more complete every day. But at its core, Casebook is a half-dozen truly game-changing things.

First, it is an information management tool that will attract, engage and be embraced by the best and brightest of young 21st-century human service professionals — those very tech-savvy, tech-addicted young people we must attract and retain to strengthen child welfare and other human services. The harsh truth is that if we continue to rely on our legacy IT systems, we will surely and increasingly drive those talented young people away from our work.

Second, Casebook is a case information system that — in a practical, intuitive and value-added way — reflects and reinforces much of what we now know about best practices and good decisions at the frontline level. Our legacy systems do not do this; in fact, they take time and attention away from quality practice and informed decision-making.

Third, Casebook promises to provide the data and analytics that will support higher quality supervision and far more informed, accountable and continuous improvement-oriented management at the leadership level. Our legacy systems provide little of this — and virtually none of it — in real time.

Fourth, Casebook points to an information tool that continuously focuses the attention of frontline workers, supervisors and managers on child and system outcomes. Our legacy systems do not.

Finally, we believe that Casebook can be built into a system that much less painfully — and probably far more accurately — produces the compliance and financial reporting data that states and the federal government rightly require. In this regard, Casebook can replace the only remaining utility of our legacy systems.

Let me close by saying that Casey and Case Commons didn't invite you here to sell a product. Rather, we are working on creating a new product to better sell you and others on an important proposition. That proposition is this: Creating a modern, user-friendly, best-practice-reflecting and social-network-oriented information system for human services is the single most important opportunity, strategy, action or means available to us for reforming and strengthening child welfare and other human services in the decade ahead. Those of us who have given much of our lives to better serving kids through practice and system reform efforts need to recognize and embrace this opportunity.

Thanks.