

The Collaborative Spirit

A Breakthrough Series Collaborative on Safety and Risk Assessments



casey family programs



Focus on...

Practicing with an Integrated & Comprehensive Assessment

This month we are moving out of the realm of Decision-Making and into the final group of Key Areas—Integrated Practice. The first four Key Areas provided the framework for the skills and tools that, when mastered, will help create social work practice that appropriately meets the needs of families and children. The next 3 Key Areas address the need to consolidate skills and tools into practice and combine them

with the goals, values and vision of both the agency and the community. If that sounds complex, that's because it is!

We'll start by looking at Key Area V—Practicing with an Integrated and Comprehensive Assessment. This is at the center of our entire Collaborative. Once the basic skills and tools we discussed earlier are made available, child welfare staff can turn their

attentions to this 'meta-task'. Let's take a look at each of the subcomponents in order:

V.A.—Integrating the use of and information collected from various tools—this subcomponent calls for the agency staff to be able to assemble the 'big picture' from a variety of sources. Not only do we need for workers to utilize tools properly and

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Team Spotlight—Meriden, CT



This month, we wanted to highlight the Silver City team from Meriden, CT. They have been doing a great job keeping on point with their BSC tasks despite a lot of recent "Changes" and we wanted to take this opportunity to thank them for their dedication. Because of the financial crisis that we are all facing, the state of Connecticut is going through a reallocation of resources. One way

this is being manifested is through the reorganization of DCF as an agency. The Meriden office will be losing their Senior Leader, Janice DeBartolo, as she moves to the New Haven office to take over there. Despite the fact that Meriden will have one fewer experienced leader in the office (and on the team) they are staying motivated and working hard to make sure that the work they've started can continue.

The Meriden team has been trying to adjust to these changes in the most positive way they can – by channeling the strength of the families with whom they work. The team is assessing its own strengths and resources, and is coming together as a group to sup-

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Volume 1, Issue 7
August 21, 2009

Remember the dates!

- **Monthly Measures**—They were due yesterday! Please get them in.
- **Faculty Call**—Thursday, August 27th, 11 AM — 866-212-0875, 592024#
- **Monthly Progress Reports** — Friday, September 4th
- **All-Collaborative Call**—Cassandra Clay will be presenting on Substance Abuse—Tuesday, September 8th, 2 PM, 800-697-5978, 9771642#
- **Parent Leader Call**—Thursday, September 10th, 7 PM— 866-212-0875, 592024#
- **Youth Leader Call**—Friday, September 11th, 5 PM — 866-212-0875, 592024#
- **September's Newsletter**—Friday, September 18th
- **LEARNING SESSION 4 DATES CHANGED—LS4 will now be held April 13-14, 2010**

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PDSA Highlight from the AHA National S&R BSC

Part of the ethic of Breakthrough Series Collaboratives is the principle of shameless borrowing. In that spirit, we highlight PDSAs from our national Safety & Risk Assessment BSC counterparts in our newsletter and they highlight our PDSAs in theirs. Check out the PDSA below and see if it inspires you to adopt or adapt it with your own team! For more inspiration, you can always check the national BSC's Extranet: log on to

<https://extranet.casey.org/collab/SRBSC/default.aspx>

and click on their PDSA link on the left—let the BSC staff know if you have trouble logging on!

This month, we're featuring a PDSA from the team in Uinta, Wyoming that uses the tool excerpted to the right. To find the full document, you can follow the hyperlink in the title of the PDSA below and open the attachment, or point your browser to:

<https://extranet.casey.org/collab/SRBSC/Lists/PDSAs/Attachments/118/Family%20Safety%20Evaluation%20and%20Plan.doc>

Plan for Immediate and Short-Term Family Safety

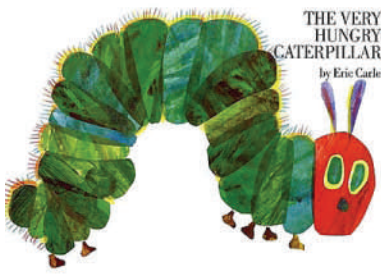
Family Name	
TASKS AND SERVICES – List all tasks and services needed to provide for the child's immediate and short term safety.	
Family Task	Person(s) Responsible for Family Task
Beginning and Ending Dates (and/or Frequency) to	Beginning and Ending Dates (and/or Frequency) to
Method of Evaluation	
Family Task	Person(s) Responsible for Family Task
Beginning and Ending Dates (and/or Frequency) to	Beginning and Ending Dates (and/or Frequency) to
Method of Evaluation	
<small>Conclusion – Identify plans for further services. When appropriate, describe the possible consequences if the family does not carry out this plan successfully. If the case is to be closed explain why.</small>	

Signatures-By signing this form, the parents are agreeing to perform the tasks specified in this plan.
The Family may request a review of this plan at any time. This form could be presented at a future juvenile court hearing if there is failure to follow the Family Safety Plan and a juvenile court action is initiated in the future.

Title and Team	Written Safety Plan —Uinta, WY Department of Family Services
Cycle	2
What are you trying to accomplish?	Create a safety plan that can be used to identify an immediate safety plan (before the case plan can be composed). This may create alternative solutions to placement.
What strategy can you test to result in improvement?	Creating and utilizing an immediate safety plan that is done with family, on paper, and not just on the computer after the fact.
How will you know that a change is an improvement?	Families will create an immediate plan to eliminate safety issues present. Copies can be given to law enforcement, family, and caseworker at that moment since they will be carbon copies. [This should] decrease placements during crisis
Plan: Overview	Uinta County has created a written safety plan and attached it to the risk and safety assessment forms we already have in policy and procedure. The assessments are being done upon contact with a family and then an immediate safety plan is created when necessary. The family is getting a copy at that contact. The safety plan is being revised for better use in round 2.
Plan: Hypothesis	Families will not have to wait to create a case plan to know what they need to do. Need for placement may be reduced/eliminated if more creative and alternative plans are being used. Law enforcement may learn that protective custody is not always the solution.
Plan: Key Questions	What are the results of the survey of family? What are the results of first contact with family? What is the disposition of case following initial contact?
Do	All caseworkers in Uinta County and South Lincoln County are using a written safety plan.
Study	Workers feel that families have a more concrete understanding of what they need to do to keep their family safe and lower the risk in their home. This has been a good middle ground between initial contact and the case plan meeting and families have direction in the mean time. It gives us somewhere to fall back if a family doesn't follow through, ie. reasonable efforts.
Act	The safety plan that was created is not perfect, it is being revised.

The Very Hungry PDSA: The Metamorphosis to Practice Improvement

-By Jen Agosti, Model for Improvement Advisor



For the last year we've been talking in PDSA language: *What can you test by next Tuesday? How could you make that smaller? How do your learnings inform your next cycle?* But now that we're talking about spread we've suddenly changed our language and started referring to 'practices' rather than 'PDSAs.' Why is that? Have we forgotten what Breakthrough Series Collaboratives are all about? Just the opposite -- we've finally arrived at the place we were headed the whole time -- actual system improvement.

If we think about the children's story, *The Very Hungry Caterpillar*, as an analogy for our work, it begins to make sense. We eat one apple (test a PDSA), but we're still hungry (we need to learn more). We eat two pears (do the second cycle for the PDSA), but we're still hungry (still need to learn more). By the time we've gotten to the fifth or sixth cycle we have a stomachache -- just like the hungry caterpillar -- because we wonder where to go from here. But then we realize that the stomachache is nature's way of telling us we're ready to grow -- ready to go through metamorphosis, if you will -- from testing additional cycles of PDSAs to implementing an actual practice. Here's one example of this transformation from PDSA to practice.

First Cycle of PDSA: Test 4 questions at intake about non-resident fathers as a way to identify, engage, and partner with non-resident fathers in an attempt to enhance child safety and minimize risk.

The Metamorphosis into Practice: All workers use a checklist with families when there is a non-resident father (or fathers) at the point of intake. This information is entered into the case plan with a commitment to continue to identify (if needed), actively engage, and provide supportive services for non-resident fathers to ensure they can support their children in ways that enhance safety and minimize risk. All workers in the agency receive training about the importance of fathers and how working with non-resident fathers may be different than working with families living in a single household. Addressing this work for families has been infused into the supervisory checklist used during all staff supervision.

Notice that the PDSA is focused specifically on Key Area of Practice 2 -- Family/Youth Engagement. But as it transitions from a single PDSA to a comprehensive practice it is crossing nearly every Key Area of Practice. This is exactly what is supposed to happen. So even though we've been talking PDSAs, the PDSAs aren't the answer. What they do is help develop the ultimate practice, which will eventually be spread across your target site, your state, and maybe even across New England or beyond. And it is the spread and sustaining of these practices that will help our work with children, youth, families, and communities transform that very hungry caterpillar into that beautiful butterfly. ❖

Meriden Team Spotlight—continued from Page 1

port each other. Being part of the BSC process, especially spending time together at the Learning Sessions, has galvanized the team as a core of mutual supporters & they've used that strength to help their work move forward regardless of changes and challenges. As Janice steps out, the team will be following her example and sharing the work load and the leadership responsibilities.

They are all working hard to make sure that challenges do not get in the way of their PDSAs or the Spread Practices they are pursuing. A great example of this is their Youth Leader -- Lindsay. She is focused on improving the system for the youth coming up after her, while balancing work and school and an internship. Dee, the Parent Leader, has also been a critical member of the team. She's been instrumental in getting the voice of parents heard and understood -- a central part of our work. Colleen, the team's Line Worker, is working as the data lead - collecting data from surveys and spearheading Extranet efforts, while also pushing forward on her own casework. Debbie, the Line Supervisor, is part of the glue that keeps the team on task and organized with paperwork and BSC tasks. Kathy, the Community Partner, is living up to that billing as she is busy doing surveys and getting accurate information from constituents; as an independent observer, she keeps an ear to the streets which helps DCF folks understand how they can improve their practice. Anthonia, the 7th Member has been a font of ideas -- she's constantly thinking of new ways to experiment and break down barriers. Janice has been leading the office and the team through her example -- never being afraid of a new idea and always staying keyed-in to the experiences of team members, employees and families. Dakibu, the Day-To-Day manager has taken his cue from her and will be emulating her style as he leads the team into the next stages as both Day-To-Day and Senior Leader. He has helped steer the team's work towards ideas relevant to both the BSC's topic and to the communities served by the Meriden office. All told, the team remains very invested in the work of the BSC despite any changes and they're looking forward to Learning Session 3.

Some of the work Meriden is focusing on includes expanding their capacity to work with the Spanish-speaking community (they have actively recruited an extended team member to help them interact with that community more), and bridging the gap between the agency and the community it serves. DCF and the community had a long history of tense relations and they have been working hard to change that. In the eyes of the community, the public persona of the Meriden DCF office has shifted from an untrusted agency to a more cooperative and communicative group of folks. This BSC has been a good opportunity to further those positive changes. Evidence of this comes from their Spread Practices, about which they are very excited -- both of them are Constituent-focused and Constituent-led. All told, the Silver City team is very proud of their ability to come together as a group in difficult times and have their work move forward through their collective will. Despite being people in different positions and from different life experiences, they have come together to agree upon their work. ❖

Be sure to stay up to date on the Extranet:

<https://extranet.casey.org>

EXTRANET HIGHLIGHTS

Teams have been busy on the Extranet since our last newsletter. There are new PDSAs that have been posted, as well as Spread Readiness entries that are in various states of completion. Here's a snapshot of what you've been up to (current as of 8/21):

- 274 PDSAs posted by all 22 Teams! Congrats on topping 250!
- 167 PDSAs have been studied (well over half!).
- 22 new PDSAs since the last newsletter (274-252)!
- 42 Practices have been assessed for their Spread Readiness, and all 22 teams have begun that process!
- Baseline Measures have been posted by 19 teams— just 3 teams left!
- June's Monthly Measures have been posted by 9 teams.
- July's Measures have been started by 7 teams—thanks to **Rochester, NH, and all 6 Massachusetts teams**

Pre-Work For Learning Session 3

We have released the Pre-Work for Learning Session 3 in Nashua, NH. The packet is posted on the Extranet— link to the instructions by pointing your browser to: <https://extranet.casey.org/collab/NESRBSC/Learning%20Session%203/Pework%20LS3%20final.pdf>; you can also find it by navigating to the Documents section of the Extranet and opening the Learning Session 3 folder.

Please pay close attention to the instructions about the storyboards as we have switched things around a bit!

Did you know?

There are currently 20 PDSAs that identify Key Area V – Practicing with an Integrated and Comprehensive Assessment - as the primary area to be addressed in the practice change. This is out of 274 total PDSAs, making that just over 7% of all PDSAs. Key Area V is the lowest rated area across the Collaborative and was tied for the second lowest rating in the first pre-work period, based on that, we hope that you will make this Key Area more of a priority for tests of Practice Change. Since this is an area of need for so many teams, we encourage you to check on your team's priorities to see where you rank it. Compare that to your score for Key Area V over the last two Self-Assessments. If this area is scored low, it might merit a higher rank in your priorities and/or more tests of change! There is much more work to be done here, can your team generate a PDSA addressing this Key Area? ❖

Collaborative Average Score - LS2	7.1	7.5	7.8	8.0	6.8	7.5	7.8	7.5	7.7	7.7
Key Area or Theme	I	II	III	IV	V	VI	VII	SI	SII	SIII

Focus On... continued from page 1

ensure that they are collecting accurate and timely information as a natural and continual part of their work; we also need for them to be able to assemble that information into a cohesive vision of a family in order to arrive at a proper assessment.

This brings us to V.B.—Assessing safety , risk and signs of safety throughout the family's involvement with the agency—which reminds us of the needs for *ongoing assessment*. The need to assess never stops. As with anything else in life, the situations families face are in constant flux. This subcomponent points to the need for workers to consistently revisit and reevaluate the safety-related information they have about a family. Nobody lives in stasis and it's crucial for agency staff to be aware of changes that may affect the safety of children, regardless of where in the life of a case they are. The next subcomponent V.C.—Identifying and assessing risk and protective factors throughout the family's involvement—is akin to V.B. in that it stresses the need for ongoing assessment. No matter where a family is in their interaction with the system, agency staff have to have a current and accurate sense of the levels of risk and the capacities for protection that exist within a family.

Now for subcomponent V.D.—Conducting seamless transition between and among workers. This may be the most universally challenging of these subcomponents. As we know, child welfare agencies have many staff that are experienced, well-trained, and thus well-equipped to perform the first three subcomponents exceptionally well. Good social workers do well-integrated, thorough, ongoing assessments of safety and risk on a regular basis. The bigger challenge is posed by inevitable transitions—cases move out of investigation, cases move out of assessment, staff get promoted, these changes and transfers can't be avoided. Unfortunately, it's very difficult to transfer all of the knowledge and wisdom from worker to worker, especially when that transfer is often confined to paper. We are all aware of how much information can get lost during a transfer and how much of a detriment that can be to a worker and to a family. The myriad challenges around this explain why Key Area V has the lowest ranking across the Collaborative. Thankfully, we're seeing a lot of creative and imaginative work on the part of our teams to address this tough issue!

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The Collaborative Spirit is always interested in giving members of the collaborative an opportunity for their voices to be heard and for their questions to be answered.

CALL FOR CONTRIBUTORS

If you would like to write a column, if you would like to see your team profiled, or if you would like to see a specific question addressed in an issue, let us know!

Thoughts about Integrated & Comprehensive Assessment— by Carol Healy, BSC Faculty

Practicing with an Integrated and Comprehensive Assessment...what does that mean? How is this translated to the “real” work with children and their families? Is all that thinking, discussion, planning, policy and form making really helpful when it comes to assessing safety and risk...Well I hope, yes.

I have been practicing child protection for the better part of twenty years as a direct service worker. In those years I have come to use (almost by second nature) all sorts of formal and informal tools to help me do my job and protect children.

One of the most difficult and always evolving processes is “How to transfer that case effectively?” Over the years I have been part of case transfers that involved the passing of a file (how sad is that?), to getting a phone call from a family member and having them tell you that your their new worker (really, when did that happen?) to attending a meeting so large and cumbersome that when all was said and done not much was accomplished. Thank goodness those are the old days.

Today when I am told that a new case is coming my way, my first question is, “Will there be a transfer meeting?” More often than not the answer is yes but sometimes it still gets lost in translation. As many meetings go a great deal of information is shared and some initial planning starts. I often leave feeling that I really don’t know much more about the family than when the meeting started. There always seems to be a missing piece. The family!!!

From my experience the most successful of transfers happen when the three parties come together (family, assessment worker and ongoing/family worker). The meeting takes place in the home, not in the office, and a conversation happens, not just a form fill in. We talk about what the transfer means for them, what will stay the same and what will change. It gives closures to the difficult work that the assessment team has done and an opportunity for the family to take charge of their planning. This type of meeting helps to establish the tone of the rest of the work. It also helps the newly assigned family worker an opportunity to use all his/her senses (eye, ears, smell, taste, touch) to assess the ongoing safety and risk needs of the family. Often things that simply cannot be translated or fully understood in an office meeting.

To me this is as seamless as you can get and an ideal transfer of a family from one caseworker to the next. To me seamless transition of case transfers mean getting to know your families and allowing them to be a full team member. ❖

Meet the Faculty -Carol Healey-

- Carol has worked for DCYF in New Hampshire for over 20 years in intake, assessment, family service, adoption and independent living
- She has a Masters in Human Services/Organizational Leadership from Springfield College
- Carol is active with her family in the community with the Teen Center, Wood Bank, & People’s Service Exchange
- She loves to spend her spare time fixing up their 1896 Victorian
- Carol is on the Board of the Grapevine Family & Community Resource Center
- She and her family hosted an exchange student from the Czech Republic

