Many jurisdictions are implementing Structured Decision Making™ (SDM) and Family to Family, Family Group Conferencing, or similar forms of family-centered practice. The Annie E. Casey Foundation, the Center for the Study of Social Policy, and the Children’s Research Center (CRC) recently hosted a meeting of about 30 participants from across the U.S. to discuss the integration of family-centered practice and SDM™. This important gathering addressed the question of whether SDM and family-centered practice can be integrated into a coherent, effective practice model. The clear conclusion was, “Yes!” While there have been concerns, participants came to recognize the potential benefits of combining both strategies. Integrating both approaches will require thoughtful planning and careful attention. Two sites, Orange County, California (represented by Scott Burdick and Carol Greenwald) and St. Louis, Missouri (represented by Kathryn Sapp and Fran Johnson) provided reports of successes and struggles as they implemented both SDM and family-centered practice. Typically, staff are assigned responsibility to implement one initiative, while other staff are assigned responsibility to implement the other. Training is often separate, and line staff are rarely provided ideas on how the two different initiatives fit together. Both sites recommend opening up lines of communication and providing clear guidance to staff about how to support jurisdictions where SDM and family-centered practice are both being implemented.

The Annie E. Casey Foundation, the Center for the Study of Social Policy, and CRC have committed to working together to find ways to support jurisdictions where SDM and family-centered practice are both being implemented. For more information, contact: Raelene Freitag (rfreitag@mw.nccd-crc.org) or Susan Notkin (susan.notkin@cssp.org)

**SDM Story: Motivating Staff to Use SDM™ in Los Angeles County**

Any new concept or policy change can be challenging or sometimes even intimidating to a caseworker. In Los Angeles County, prior to SDM implementation, a caseworker used a one-page risk assessment form (DCFS 180) which took all of about ten seconds to fill out. When I first introduced the staff to SDM and explained what they would now be required to do (risk assessments, safety, FSNA, etc.) I heard an uproar: “We can’t!” “This is too much work!” “This isn’t helpful; who invented this?, etc. As a manager, I knew I had to do something drastic to turn around these misconceptions. I decided I would have to become an SDM expert myself so I could motivate my staff and let them know I’d help them every step of the way and that we could be the best performing office in Los Angeles County by using SDM. I informed the staff that I would be available to help them work through their fears about SDM. I also started an SDM review team by gathering staff including county counsel, public health nurses, supervisors, and managers. This team is available to hear high risk and very high risk referrals on a weekly basis.

As a result, the CSWs love the opportunity to present their SDM cases to the team. Currently, my office is one of the highest performing offices in L.A. County with SDM compliance. These same workers who were saying SDM will never work are the same caseworkers presenting on a regular basis to the SDM review team. I think what’s most valuable to the staff is to use SDM for the manager to be motivated and feel they are making a difference.

Believe me—it works!

Jennifer A. Lopez
Assistant Regional Administrator
Los Angeles County
CRC Welcomes New Staff

Elaine Squadrito joined the Children’s Research Center in May 2005 as a Special Advisor with the responsibility of overseeing multiple projects and program implementation.

During her 24 years of public child welfare experience in Rhode Island, Elaine accepted ever-increasing responsibility as she moved from a line staff position into management positions, including Clinical Training Specialist, Project Manager, and Regional Director. Additionally, in 2000, Elaine coordinated Rhode Island’s pilot CFSR review and also their full CFSR review through the development of their Performance Improvement Plans from 2004 to 2005.

During 2001, Elaine was on loan to the Children’s Bureau in Washington, DC to assist with the implementation of the first year of the CFSR reviews.

Prior to joining CRC, A.J. was the Administrative Director for Pathways Transition Programs, Inc., a private non-profit mental health center in Atlanta. In this role, he was responsible for submitting grant applications and proposals, and he secured national accreditation for the agency as a recognized out-patient substance abuse program for women. A.J. has also worked with Georgia’s Family Connection office in Morgan County and Family and Children Services in Chattanooga, Tennessee.

A former classroom teacher with experience in both rural and urban school systems, A.J. has a degree in Education from Shorter College in Rome, GA.

John Wilson has joined CRC as a Senior Research Associate.

Before joining CRC, John worked as a project manager and workforce director for BellSouth Telecommunications in Atlanta. From 1994-2000, John worked for the Georgia Division of Family & Children Services as a case manager in all areas of child protective and foster care services; he then worked as a supervisor in both rural and urban Georgia counties, piloting and implementing the SDM model.

John has a B.A. in Psychology from the University of Georgia and an M.A. in Organizational Management from the University of Phoenix.

Team Decision Making in Fresno County’s Department of Children and Family Services

One of the most difficult situations for any family is having children removed from their care due to abuse or neglect. For child protection workers, sitting down with a family under such difficult circumstances to discuss and plan for the safety of the children is often a formula for disaster. This does not have to be the case. Recently, under these very circumstances, I observed a Team Decision Making (TDM) meeting at the Fresno County Department of Children and Family Services (DCFS). Utilizing the TDM process in combination with SDM tools, effectively provided the family and department staff with the opportunity to make a safety decision everyone understood and supported.

The social worker began the meeting by very clearly laying out the safety issues as identified using the SDM tool. As the meeting proceeded, extended family members questioned issues surrounding safety. The parents responded with a great deal of honesty and explained quite frankly how issues in their lives led to harm to the children. When the meeting progressed into the brainstorming/plan development stage, the parents and extended family members had a clear understanding of the safety concerns. When the decision was made that the children needed to remain out of the home, everyone clearly understood why—although they wanted their children to come home, they fully understood that it was necessary at that time.

The success of this TDM meeting is attributed to the excellent skills of the TDM facilitator, the respectful manner in which DCFS social workers and supervisors shared their concerns and also identified the strengths of the family, along with honesty of the family and the parents. Utilizing SDM tools helped to keep the issues focused on the safety of the children -- something everyone in the room was concerned about and committed to addressing.

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