Tim Decker has served the children and families of Missouri since 1984. He has spent over three decades in various leadership positions within the Missouri Department of Social Services. In 2013, Mr. Decker transitioned to serve as the Director of the Missouri Children’s Division. It is there where he began focusing on large-scale system reform through the implementation of the Missouri Practice Model.

The Missouri Practice Model places family preservation and reunification at the heart of the agency’s work. The Model not only encourages staff to think differently about how to keep children safe while engaging families in support of reunification, but also challenges community partners such as parents, teachers, medical professionals, law enforcement, and others to apply the principles in their interactions with children and families.

“We didn’t just start something new, we stopped some harmful stuff”

By Krista Ellis, Washington College of Law, J.D. Candidate 2019
How long have you worked in child welfare? In what capacity?
I completed my social work degree from Park University back in 1982. So, I have been working with children and families for over 30 years. I served as the Director of the Missouri Division of Youth Services (DYS) before transitioning to my current position of Director of Missouri Children’s Division in 2013. While at DYS I worked on reform to improve outcomes and reduce the number of juvenile justice-involved youth placed in congregate care settings. While there, DYS received the 2008 Harvard Innovations in American Government Award for Child and Family System Reform. As Director of the Missouri Children’s Division, I now focus on large-scale system reform through the development and implementation of the Missouri Practice Model.

What was your plan for change when you assumed the position as Director of the Missouri Children’s Division?
I was asked this question a number of times before I assumed the position and I answered, “I don’t have a plan.” I know those who asked were all surprised because they thought they were getting an excellent leader to come in and take over, but my approach was different. I began the position by shadowing workers. It was a “walk in your shoes” effort to understand how social workers in Missouri served families. I quickly learned that social workers were buried in paperwork. Reports indicated that they were only actually spending about 9% of their time working directly with clients. I knew we needed to change the way we did things, to change the way we worked with families.

I also spoke regularly with children involved in the child welfare system because I feel that it is important to get their insight as well. One reoccurring thing I have noticed while talking to kids is that they wished the system would treat their parents better.

I remember speaking to one young girl that lived with a mother using drugs and having men coming in and out of the home. She was not in a safe environment. However, she recalled her removal from her mother akin to a SWAT team rescue. She was uprooted and isolated from her mother without the opportunity to say goodbye. Social workers took her to a medical appointment to be examined where the doctor diagnosed her with depression and subsequently referred her to a psychiatrist who put her on anti-depressants. She recounted to me, that despite being unsafe in her home, she never felt more unsafe than she did during the car ride after her removal. When I asked her what she would want child welfare providers to know, she stated that she just wanted me to tell people that she was sad, not sick.
Tell us about the Missouri Model Practice.
Prior to 2015 there was no unified method for assessing and engaging families across Missouri. The goal of the Missouri Practice Model is to implement a child and family centered and evidence-informed model focused on enabling families to remain intact while supporting sustainable change. The Model identifies four major, family-centered approaches to assist children and families. Essentially, the Model is re-thinking how we work with families.

Why was this change necessary?
We have to see families broader. We have to see families through the full frame of their lives. If you look back at case plans prior to the implementation of the new model, there were dozens of cases with completely different stories but they were receiving the same cookie-cutter case plans and services. Now if you look at the case plans, they are different and tailored to the needs of the families. We also have refocused and become more realistic in our approaches. We plan with families like normal people. The Model encourages us to see sameness with families, not that they are different from our families.

I remember, shortly after assuming this position, receiving a voicemail from a mother whose children had been removed following an incident of domestic violence. Before returning her call, I spoke to staff that described this mother as non-compliant with the case plan and as a mother that seemingly did not want her kids back. However, when I spoke to the mother she told me she had ended her relationship with her abuser and leased a new apartment. She conceded missing scheduled visits, but explained that the time and location conflicted with her work schedule and she could not afford to lose her job. She also explained that the mandated mental health services were at the same office where her abuser was referred. She was terrified of running into him and risking her safety. This was not a mother that did not want her kids, this was a mother that was near ready to have her children returned.

By using the Missouri Practice Model, child welfare practitioners are compelled to see the sometimes-impossible tradeoffs expected of parents by well-intentioned professionals, and acknowledge that old strategies often miss the mark. We didn’t just start something new, we changed some harmful stuff. The Model encourages us to change the way we look at this family, and similarly situated families, and focus on ways we can better support her in achieving goals and getting her kids back home.

June is National Reunification Month
For more information see www.ambar.org/nrm
How has the Missouri Practice Model impacted the rate of reunification or prevented the separation of the family unit?

I have seen tangible evidence that there are fewer children in care because of this approach. Even in the midst of the opioid crisis, a multi-year trend of exponential growth of children in state care is reversing. In a system previously expanding by 6% – 7% per year, the growth is now 1.5% and we want to continue bringing that down. The number of children in kinship care is up from 30% to over 50%. We allocated an additional one million dollars for in-home services so that we can provide better and more encompassing services to children, parents, and families to solve problems and remain intact.

“We want to work with families to address issues, whatever they may be. We assume parents love their kids.”

For most children in care, the goal is to return the child to their parent/s when the circumstances that brought the child in to care have been resolved. We want to work with families to address issues, whatever they may be. We assume parents love their kids. While children are in care, we work to facilitate contact with the child’s biological families and develop a durable safety network of formal and informal resources to support the family moving forward. We prioritized the inclusion of birth parents in all appointments and created practical opportunities for parents to meet basic needs and demonstrate protective capacity. We mobilized services and supports for the family and child with the goal of returning the child to a safe home where they are well cared for and experience long-term stability.
What are some areas that could still use improvement?
Social workers are getting back to working with families, but it would be a lie to say that we do not still have challenges with workloads. By aligning our efforts more effectively with courts and communities we will truly be able to reduce trauma to children and turn the curve on issues such as excessive removals and delayed reunifications.

Truly, the next big step for us will be developing a parent-peer mentorship program. We have so many parents with stories to share. We must give them a voice and opportunities to be part of the solution for others. We have made a lot of progress in Missouri but I think more great things are to come.

Is there anything else about your experiences that we should highlight?
When I first was told about the nomination for Reunification Hero, I was uneasy about the idea. There have been so many people working on this. However, after some thought I realized that some light should be shed on the program. This is not something I developed or changed alone, it was only possible with the assistance of my colleagues, child welfare professionals across the state, youth and families, and community partners far and wide. People should know that transformative leadership makes a difference. We need people to lead differently for progress to occur. I want to see our people recognized and our framework seen as something on a broader scale.