



Building Connections in Child Welfare Community Forum Summary

Summary of facilitator and participant notes

1/4/2012

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Submitted by: The Lincy Institute, UNLV



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Building Connections in Child Welfare Community Forum

DATE: Tuesday, November 29, 2011

TIME: 7:30 a.m. to 8:30 a.m. Breakfast
8:30 a.m. to 12:00 p.m. Meeting

LOCATION: Culinary Academy of Las Vegas
710 W. Lake Mead Boulevard
North Las Vegas, NV 89030

AGENDA

7:30am to 8:30am	Check-In/Registration Breakfast
8:30am to 8:40am	Welcome and Overview <ul style="list-style-type: none">• Denise Tanata Ashby & Ramona Denby-Brinson The Lincy Institute
8:40am to 8:45am	Don Burnette, Clark County Manager
8:45am to 9:00am	Lisa Ruiz-Lee, Interim Director Clark County Department of Family Services
9:00am to 11:30am	Facilitated Discussion Building Connections in Child Welfare: Communication, Collaboration, and Partnerships
11:30am to 12:00pm	Closing Remarks and Next Steps <ul style="list-style-type: none">• Denise Tanata Ashby, Ramona Denby-Brinson, and Lisa Ruiz-Lee

Final Count of Participants: 90*

*(68, excluding staff from Clark County and UNLV)

The Building Connections in Child Welfare Community Forum was held in response to a request from the Clark County Manager's Office and the Clark County Department of Family Services (DFS) to offer an opportunity for community advocates and child welfare service providers to share their insights on effective means to improve collaboration and communication between DFS and the community. The forum was sponsored and facilitated by The Lincy Institute at UNLV, with assistance from the Nevada Institute for Children's Research and Policy and the UNLV School of Social Work. The pages that follow provide a summary of the comments given by participants, and facilitators, during the facilitated discussion portion of the forum. We would like to thank the Nevada Institute for Children's Research and Policy for their assistance in providing this summary.

Methods

Nevada Institute for Children's Research and Policy (NICRP) was provided with three separate MS Word files (one for each round of questions) with most of the typed up facilitator and participant notes included in the file, as well as another separate file containing another facilitator's typed notes. NICRP was also provided with a folder containing the hardcopies of all the discussion question notes from participants.

First, NICRP entered all remaining hardcopies of participant/facilitator notes into MS Word and then combined them into the appropriate Word file (Round 1, Round 2, and Round 3). Next, the information for each round was then organized by each guiding question within that round. This was done to the best of our ability, considering some participants did not explicitly note which responses were associated with which question within a particular round. The information included in this file is a summary of all facilitator and participant notes and is presented by round.

Within each round, each question has numbered responses. Each response may have a few bulleted points of specific participant/facilitator notes which pertain to that particular response. Additionally, in some cases, there were facilitator/participant notes which did not fit into a particular response category and those were listed at the end of each question under a bolded "other responses" heading.

Limitations

There are several limitations inherent in this summary. First, facilitator notes were used as the primary source of data and often these notes were fragmented and the true meaning of the statements were difficult to discern. In addition, participants provided their notes, but these were also often unorganized and it was difficult to understand which part of the discussion their notes were associated with. Because of these limitation, if these notes will be used for planning, it is our recommendation that participants in the summit be provided these notes and asked for feedback/clarification to ensure that the summary is an accurate representation of their responses.

ROUND #1:

(Stem) From your vantage point, what do you believe are the most pressing issues for children and families in Clark County?

(Part A) Given your response, please identify three things that the *community* has done well to effectively address these issues.

(Part B) Given your response, please identify three things that the *community* could do to improve child welfare conditions.

STEM: From your vantage point, what do you believe are the most pressing issues for children and families in Clark County?

1. The lack of resources, services, and people:

- Lack of resources (access to resources in general and community resources), people at DFS, housing and financial resources, after school programs for children, process/resources for prevention, and support for families before CPS involvement is required.
- Lack of integrated resources and alternative resources for families on wait lists who cannot access the available service.
- Where to go for services for a child is difficult to figure out. Not all agencies are able to help find resources and services. A directory is needed to help aid in finding services and resources for children/families.
- Lack of services in the following areas: supportive families, support for mental health diagnosed parents, reunification, and services to help families before they get to a crisis point – but if they do get to that point – need services to help the whole family.
- Resources/services are available, but cannot access them without ID (federal requirement).
- The amount of residential treatment facilities needs to increase so children don't have to be sent out of state.

2. Basic needs being met:

- Children's Clinical Health
- Stable Housing
 - Housing and financial resources in community lacking. Families are losing their homes and living in weeklys, motels, etc. The wait for section 8 housing is an obstacle and homelessness is an issue.
- Food
 - Availability of food and knowing the resources from where to get it.

3. The need for mentorship for youth:

- There is not enough mentorship for youth - Having therapeutic assistance, but not mentors.

4. Pressing Issues for Adolescents:

- There are few professionals/programs focused on adolescents (population left out 0-10 years – focus on 11-18 years forgotten). Many programs have been cut - Activities for adolescent / youth programs are lacking.
- CCSD cut sports – no afterschool programs

5. The economic situation:

- Lack of jobs, unemployment.
- Parents working 2+ jobs to make ends meet so kids are left alone to raise self and families can be separated for inadequate supervision.
- Catch 22 for jobs - public assistance, such as welfare, often serve as a deterrent for obtaining employment.
- Difficult to obtain benefits for children.
- Housing and financial resources in community lacking. Not enough money for media to get welfare message out.
- Parents can't pay for activities for their kids.

6. Childcare:

- Inadequate childcare is an issue. There is a lack of free or lower cost childcare and changes need to be made to improve/increase childcare outcomes.

7. Preventative measures to keep family intact:

- Support for parents to keep the family intact is necessary. Need to invest in family support and preservation services and engage community providers to help. There is a lack of process/resources for prevention, support of families before CPS involvement is required. The finance system is geared to support foster care, not in-home care and support of birth families. There is a lack of family structure. Also, in-home support for natural family is lacking – there is a lack of service providers that are family friendly. Service providers only accepting FFS Medicaid not private insurance, creates a constant crisis for families.

8. Education:

- The importance of education needs to be recognized. The lack of job skills/higher education, amount of illiteracy (assumes parents can read but they cannot) and school drops outs are all an issue.

9. Poverty:

- Community's lack of coordinated response to poverty is a pressing issue in Clark County. The system is stacked against parent/child/family – living below poverty line or low income family. Also, poverty levels can be associated to education levels/childcare.

10. Pressing issues specifically related to service delivery:

- Agencies use automated system instead of people, which makes them hard to navigate.
- People trying to obtain services might not have a phone or computer available.
- Agencies don't provide services for childcare, transportation, and work with neighbors etc.
- There are many teams / departments to go through.
- Case plans often require additional activities that parents struggle to have time or adequate transportation to complete.

11. Removals / Foster Care/Adoptions:

- Top 10 in removals in this country, multiple placements. Quick to take away children (removals). As a result, constant need for more quality foster homes. Also, in many of the unnecessary removals, there is a trickledown effect that causes more harm than good.
- If there were more quality foster homes those would lead to adoptions that could result in fewer placements and fewer removals.
- Process is traumatic – needs 1 person to follow through – no consistency. Remove and replace kids 1 week later, so trauma of removal not necessary.
- Children removed from birth families and remaining in foster care for too long.
- Seamless service – access to services after adoption needs to be increased.

12. Substance Abuse:

- Meth is a large issue, as well as financial access to rehab.

13. Transportation:

- Barrier to families accessing services.

14. Mental Health:

- Mental health in general is an issue. More mental health assessments need to be done. Also, Medicaid sends children out of state to receive proper care (no adequate in state facilities) - Need more facilities in NV for children, adults and families.

15. Communication:

- The way to contact each other needs to be coordinated better.
- Cross-training between organizations needs to occur.
- Inconsistent standards across organizations, caseworkers, and foster families.

16. Lack of engagement with the community:

- Child welfare issues are not as important to the community as economic issues. There is a lack of community engagement.

Other Pressing Issues:

- Incentives are built into the child welfare system for children to enter the system to get proper care.
- Services set up for Medicaid, as private insurance does not cover substance abuse and other valuable services.
- CPS investigation, consistency, and case plan.
- Overuse of diagnosis to access services, which leads to inappropriate and ineffective interventions.
 - Need more practical and direct services to meet particular needs
 - DFS early intervention (0 thru 3)
- Domestic violence treatment for victim and perpetrator
- Collaboration between DFS and education
- Transient population
- Compatible computer systems
- Other states allow relative guardianship w/o entering the system
- NRS Chapter 400
 - Look at Medicaid restrictions - needs to be revised to redefine levels of care
- Child abuse/neglect/domestic violence
- Early representation

PART A: Given your response, please identify three things that the *community* has done well to effectively address these issues.

1. Existing community organizations/agencies/services:

- Child Advocacy Center
- Child Fatality Review Team
- NICRP
- East Valley Family Services
- Rape Crisis Center
- “Communities in Schools”
- Boys Town
- Neighborhood Care Centers
- Courts Catalyzing Change (CCC)
 - Community Mapping Project
- Children’s Welfare Network
- Wraparound services
- Clark County School District’s efforts and contributions:
 - Full of good people. CCSD is reaching into community to provide for adolescents and working to address high school dropout issue.
- Faith Based community
 - Good faith community doing a good job and do not get enough credit and support (faith based community resources).

2. Community giving/ Assistance:

- When asked, the community responds (food, money). For example with food stamps, distribution, food banks, the NV energy assistance program (utility assistance), donation of time and money (community has stepped up), EAP programs, Nevada Big Give, and toy drives.
- Giving the financial, clinical, educational, and medical resources to the parents whose circumstances make parenting difficult.
- The focus has been on agencies but need those in the community with a voice.
- Changes/improvements should be community driven, not agency driven.
- Community members should be at the table to participate in decision making.

3. Summits:

- Starting to work together in events. There are many programs out there to let people know that these exist (summits). Stakeholders getting together to understand the impact and what's in it for everyone.

4. Increase on mental health assessments on children coming into DFS custody:

- Infants, toddlers, preschoolers...all the way to 18 years of age

5. Transportation services:

- Great public transportation (although time consuming).

Other things the community has done well:

- Children's Report Card
- Into the World
 - Book for aging out foster youth
- SPIRIT program (pilot, very expensive)
- Some recruitment from employers
- Mohave partnerships
- Adoptions
- Collaboration with agencies
- Matching children with foster parents
- Collaboration with private and public agencies
- Recruitment with Zappos
- Promoting gaming & the valley – philanthropy and service providers
- United Way – health, financial stability, education
- Working with parents before removing the child
- CPS is successful at engaging with families and trying to keep families together
- Improved volunteer participation
- Awareness
- Increase in treatment facility

PART B: Given your responses, please identify three things that the community could do to improve child welfare conditions

1. Improve transportation:

- Transportation to services is lacking. Offer a token for free transportation or provide transportation to help families access services (or create more home based services). Home based services help to address this; outreach services in schools and neighborhoods closer to where people live so it is easier to access.

2. Improve communication:

- Great local resources and individuals but lack of coordination and communication. Build communication and build relationships. Need better collaboration between agencies and service providers. Open communication lines among organizations. More non-profit organization collaborations, as well as coordinated service and community service. Need better communication between nonprofits to identify services for clients – sharing information. Need to coordinate the message among community courts and DFS.
- “Building partners” programs with banks, businesses etc.
- Build partnerships between similar agencies

3. Aid in the transition period for kids aging out of the system:

- Need help with transition time and programs 18-21 to young men especially. 17-18 year olds phased out without preparing them. Kids aging out need more training. Emancipation programs for kids aging out. Bring kids coming out of the system into internships; better integration and opportunities.

4. Mentoring:

- Engage others to provide time, mentoring. Parents can be mentors for their kids.
- Need a “second chance” program for kids to allow mentorship (scared straight moved to Henderson).

5. Preventative measures:

- Prevention services – faith community missing from this group – lack of family structure. There needs to be more support services to keep the family together – efforts to keep the kids in the home. Focus must be on families as a whole, to make sure that the kids are successful.
- Start early (early intervention) with support in children to prevent future problems.
- Prevention rather than intervention. More family preservation services. Assessing needs through family preservation. Proactive services and easier release of children to relatives, sending children out of state
- ASFA not supporting family preservation (need individual case)

6. Increase cultural diversity/awareness:

- Need diversity in workers and clients to deal with issues.
- Define the family multiple ways – can be other structures.

7. Educate:

- Educate the community.
- Increase the graduation rate.
- Invest in early childhood.
- Make early childhood education programs available/accessible for all children.
- Community education about what resources are available and how to help fix things
 - University starting point to get resources together. Have students pull it together. Continue as part of curriculum at UNLV. GA's can update long term. Work with IT to put on website what agencies can update and change information. Could be larger. Media do public interest on this monthly. Highlight services and agencies. Empower smaller to do it themselves

8. Create a computer resource directory:

- Need an accurate, computerized up to date resource/provider directory...need one place where all agencies can identify available services and finding appropriate resources for families. Update with contact person, keep up to date, and know where to go online.
- 211 – information phone number for service numbers
 - It is not comprehensive enough.

9. Better substance abuse treatment :

- Substance abuse assessments and treatment sessions paid by county
- Educating parents after rehab, follow patients for 3+ years.
- Drug treatment

10. More mental health facilities:

- In general and for children in NV.

11. Create centralized access to services

- One stop shop for services, support, culture, case management, better assessment of families' needs – new tool – start with combining services (using Child Haven for this).

12. Access services through schools:

- Make the school the center of service (the hub of the community).

13. Create an incentive to get out of social services net:

- Want families to become self-sufficient. Provide a program to assist families transitioning from social services to self-sufficiency.
- Provide incentives to families meeting health outcome goals - Incentivize children and families to get better while having all support and services while in care.

14. Increase co-location:

- Rethink it, increase it.
- Helpful but because of economy the downsizing will hurt more than help – makes cohesion with different partners.

Other things that the community could do:

- Utilize UNLV School of Social Work (training, assessments, etc).
- Need financial resources to support assessments.
- Need new assessment tool (not designed for high risk families, needs to be used within court mandated timeframes)
- Risk assessment training
- Eliminate “incentives” to enter the system
- Take better care of medically fragile children
- Removal rate
 - Stabilization of families
 - Too many removals
- Improve in-home services
- DFS to create a true unbiased partnership with small minority agencies
- More campaigns
 - Public outreach to help families understand the value of basic services, i.e. tooth care
- Report of services that accurately meet the variety of needs
- Support and fund services, support children in family homes, have more services and funding for children
- Agencies need to build a relationship with their legislator
- Focus on the start – parents and household , foster home
- Lessen the burden on case workers
- Provide more affordable housing
- Connecting families to resources needs to be improved
 - Resources, basic needs (shelter, food, transportation etc.).
- Foster parent training
 - Facilitation that speeds up process or transforms process
- Model court system
- Look to other models
- Leverage resources
- Prioritize the problem
 - Higher order. Standardize process for eligibility for services. Easy access to information about the process and services
- Tighten licensing standards for service providers and accreditation for providers
 - Use Medicaid guide as a starter – expand qualifications/requirements
- More recruitment of quality foster homes
- Accountability for service provided and foster homes
- Core groups of committed individuals who convene regularly.
- Good people but many are overworked and do not have resources to participant in outreach
- Good programs exist but not enough to serve all
- Geography dictates what you have because limited resources are distributed

ROUND #2

(Stem) What are some of the most significant challenges that your organization encounters as you work to address the needs of child welfare populations?

(Part A) What are some of the capacity-building approaches that you have used that have worked well for your organization?

(Part B) Please discuss your thoughts on the role of DFS in facilitating the development of partnerships, linkages, and overall capacity-building.

STEM: What are some of the most significant challenges that your organization encounters as you work to address the needs of child welfare populations?

1. The structure of Child Welfare System in Nevada:

- It is not individualized for family.
- There is no parent voice and choice – DFS is seen as the law, threatens family with TPR (termination of parental rights) – no best practice, 14 month – TPR, mobile crisis, system change.
- Power and control is in one sole servicer.
- Social workers change frequently (from investigator to permanent worker etc.).
- Paperwork associated with reimbursement is challenging.
- Problems injected by the management of cases and the institutionalization of youth through failed placements
- Medicaid requirements/forms and paperwork.
- Foster home licensing requirements

2. Communication:

- Lack of communication and trust within community providers and between the agency “DFS” and community partners.
- Caseworkers not sending appropriate documents.
- Service providers are often unaware of similar service providers in community – so if want to hold networking event, not sure who to invite.
- Families are often not involved in creating plans and goals.
- There is a disconnect between workers at different levels.
- There is a lack of contact information for partnerships (media).
- “I’ve tried to contact supervisors and above at DFS to coordinate services and can’t get phone numbers or email addresses – seems to be a lot of walls to getting in contact.”
- Also, issues of follow-up and knowing who you are working with. Workers don’t know what is expected of them. Everyone is on a different page.

- Participants questioned “Does the community at large understand what DFS does and how can DFS improve its image in the community?”
- Treatment gets scattered and cannot see whole picture – cannot communicate with each person to coordinate treatment.
- Some service providers don’t want to give feedback to DFS because then they are afraid that DFS will no longer send them clients.
- DFS workers don’t always understand that the service provider cannot make a recommendation as to whether or not the child should stay with the family, that is a decision that DFS has to make.

3. Consistency:

- Child-family team meetings need better consistency (hired, neutral facilitator) –all key parties should be involved.
- Consistency with services (therapy, PSR, BST).
- Agency turnover - turnover within DFS.
- Kids bounce from one to another. DFS should make sure there is consistency; they go back and forth on decisions.
- Children are not followed for long periods of time; services are mainly used during crisis.

4. Funding/Finances:

- Child Welfare needs cannot be met by public funds alone. Organizations compete for funding and the public doesn’t understand that more resources are needed (Hard to find, hard to get. All competing for the same money). Community doesn’t understand that CPS is not solely funded through taxpayer money.
- Inconsistent funds
- Funds are not used effectively. They are given to those only on DFS’ lists – they do not extend past their own partners.
- Nevada doesn’t bring in federal grant money and the issue is because the state doesn’t provide match funding.
- “We have a waiting list for our family preservation program, we can’t meet all the needs because we don’t have enough staff because we don’t have enough funding to expand our capacity and meet the needs of all the families referred right away without a waitlist.”
- There are delays in reunification because of money.
- Lenders are more interested in funding new initiatives than existing initiatives - Funding of new programs and not funding the old programs.
- No financial help for parents in order to pay for mental health and substance abuse.

5. All levels in the child welfare system don’t have the same sense of urgency:

- Kids are aging out of the system, the child is the victim.
- Have to be certain that everyone at all levels needs to have the same sense of urgency; there is a disconnect with workers to those that answer a phone be more factual

6. Reunification:

- There are delays in reunification because of money.

7. Lack of resources:

- There are limited resources...not enough people and not enough time – more resources are needed. Doing more with less, having fewer to do it with, more to serve with more pressing issues.
- Don't have enough therapists etc. – short-handed.
- Not enough families for foster care.
- Transportation is lacking.
- Adequate and affordable childcare is lacking.
- Parent mentoring is lacking.

8. Cultural Boundaries/Barriers:

- Language barriers make it difficult to understand one another.

9. Court issues:

- Delays pose a challenge.
- Parents not allowed to go into court and speak, they have no voice with DFS.
- Court intervention – need more advocates.
- Case workers have no decision making authority – there is too much bureaucracy.
- Advocate has no voice in court, in some cases.

10. Damages need to be repaired:

- Repairing damages done by court/DFS/CPS, etc. (telling parents they don't care, no services available etc). – the culture needs to be changed.
- Service providers have to focus so much energy on calming down clients due to comments/actions of court/DFS – DFS needs to be more supportive.

11. Issues for people doing the work:

- High caseloads
 - There is inappropriate staffing. You have to move too quickly and don't have time to take the time needed with each client (participants noted that the state is developing new mission statements/initiative statement that will be distributed and included in training curriculum).
 - Caseloads – high caseloads for psychiatric evaluators and caseworkers.
- Morale
- Burn out
- Compassion fatigue
- Respite care
- Secondary PTSD
- Training
 - Need licensed social workers
 - Training/education is important and lacking.

12. Cooperation:

- Lack of cooperation and buy-in.
- Lots of “arbitrariness” – some workers seem “out to get” parents – parents get therapy and make changes but workers do not buy-in.

13. Collaboration:

- Lack of collaboration
- Funding agencies want to see more collaboration among existing programs/organizations.

14. Standard “cookie cutter” plans that are not individualized:

- Wrap around services – cookie-cutter, too much.

15. Issues with CFT (child and family teams) – entire team involvement:

- Unclear mission of CFT and case managers.
- Therapist not involved in CFT – not notified.

16. Health care coverage:

- Insurance issues and Medicaid issues.
- Clients’ coverage status changes so the provider changes and progression in treatment declines. Makes the attachment process worse (changes causing changes in providers).

Other challenges to organizations:

- Cuts in agencies are still providing care. No new taxes.
- Current conduct of child family base
- Ongoing needs assessment
- Foster Care
- Coordination
- Biological Parents
- Transient community is a challenge
- Change Social Wealth
- Mission of the caseworker needs to change – why are we here?
- Some organizations don’t have valid business model.
- Lip Service
 - A lot of lip service paid to being more family focused and team process but no substantial changes and actions happening.

PART A: What are some of the capacity-building approaches that you have used that have worked well for your organization?

1. Try to individualize programs:

- Making them really specific for the children/family – but are met with resistance from the system that has more of an automatic response or protocol that does not always take into account an individual’s needs and strengths.

2. Collaborations and Partnerships:

- Bring support services to the family - Utilize a team process to support the family
- Public/private partnerships - Creating strong relationships with people in the community
- Collaborate with agencies and between agencies so there is no competing for resources.

- Collaborative efforts work well – for example having multiple organizations work together to obtain grants. Community collaborations – leverage multiple resources with several community partners i.e. grants and funding
- Collaboration with DFS/community partners to facilitate continuity of cases
- Visit community agency – meet with staff – find out what is available at their agency – what is the criteria to access services.
- Community partnerships
- Collaborations with MOU's

3. Networking:

- Quarterly networking opportunity for service providers and DFS- Coordinate activities to share information on activities and build networks.
- Network building – building relationships is the key to support.

4. Training:

- Community trainings – for anyone, i.e. community partners, DFS, foster parents (anyone who wants to come) ...based on early childhood mental health issues.

5. Financial supports:

- Discounts
- Financial supports (incentives) to family
- Grant committees
- Financial incentives

6. Creative Plans/Solutions:

- Team empowered to do creative solutions

7. Strength Based Approach:

- With clients, workers, and attorneys.

8. Part-time fully trained workforce:

- This workforce is then able to fill in to permanent positions.

9. Organization sustainability

Other capacity building approaches:

- Spirit Project – IT
- Nevada Child Seekers – nonprofit organization
- Children’s Attorneys
- Parent Advocates/Mentoring
- Private contracting
- Compile existing needs assessments
- Find strong leadership
- Have consequences and rewards for employees
- Family team decision making
- Child advocates have full support of court
- Fictive kin
- NV youth care provider committee
 - Meets monthly
 - Legislative subcommittee
 - Committee to find grants and write them

PART B: Please discuss your thoughts on the role of DFS in facilitating the development of partnerships, linkages, and overall capacity-building.

1. Train Law Enforcement:

- Overall having DFS staff serve as advocates as law enforcement enters the home
- Train law enforcement because they do removals – more intense training with cops.

2. Build and utilize alliances and collaborate:

- Every DFS supervisor can visit community agencies, churches, schools in their zip code – build alliances
- Need to develop a sense of neutral respect for the work we all do and hold each other accountable and truly invest in each other as partners – organizations need to collaborate better and clique-y circles need to stop.
- Utilize community organizations to perform tasks that DFS cannot
- Continue to engage community provider and funders to leverage resources for effective outcomes. For example, collaborating for grant projects.
- DFS should lead the process to develop relationships

3. Value partnerships:

- DFS does multiple RFP’s for partnership, then ends up taking it in-house; they don’t demonstrate a value in partnership.
- Last 5 years DFS destroyed partnerships – now wait and see
- All partnerships need to focus on the same goal of keeping families healthy

4. Be knowledgeable of and utilize resources appropriately:

- DFS does not acknowledge the resources available
- Timeline – services not provided timely
- Agencies responsible don't have time and resources for the children
- Continue to engage community provider and funders to leverage resources for effective outcomes

5. Parent Mentoring:

- Need stronger parent advocate programs (mentors for parents) – East Valley Family Services

6. Aid with cultural boundaries/barriers:

- Assist with language barrier
- Lack of bilingual/bicultural workers

7. Partnerships with the court:

- Reducing delays
- Court shouldn't be the only place where we work together
- Start in family court – need more mediating at front end to help process be more neutral
- Court continuances are a big problem (delays in reunification and a more stable environment)

8. Communication:

- Management needs to continue to get feedback from families - Provide positive and negative feedback so partnerships can improve.
- Better engagement
- Trust that the therapist is doing their job
- Caseworkers can undermine progress that is being made sometimes
- Respect providers in professional capacity. Need to develop a sense of neutral respect for the work we all do and hold each other accountable and truly invest in each other as partners
- Hold meetings more than once a year
- Be more supportive
- Families need to be educated on the need for foster care and adoptive families.
- Highlight families that do succeed and get better, those families that do become self-sufficient. – Marketing and highlighting good foster families. Educate the community as a whole that not all families in child welfare system are “bad.”
- DFS can make themselves more accessible. Online connection – make it better because now we can only get department contact information and not individual contact info.
- Connect with therapists working as advocate
- Reach out to more non-profits – in all areas
- Parent advocates have no voice with DFS and need one.
- Engage families – i.e. drug courts
- Engage with private sector to provide different services if there are some things that can be contracted out. – consider more RFP's (requests for proposals) public/private partnerships

- People want to help but they need coordination and communication.
- Develop stronger lines of communications between community and DFS (DFS is responsible for building those lines of communication). Needs to be a collaborative effort between all parties that are open to lines of communication.
- Developing good relationships with caseworkers.
- DFS should listen to members of the “whole team” and implement strategies which those on ground believe will help for overall goal of child’s best interest, long-term.

9. Limit the change in DFS workers:

- Too many changes in workers/face of agency

10. Change their role/structure:

- DFS role needs to be the “convener” instead of the police, enforcer. Change from policing families to communication. DFS needs to create new “mission statement” to clarify role as central convener and as a pathway to services, not supplicant or “cop.”
- A systematic change to the approach of DFS needs to happen.
- Practices change all the time, which leads to intimidation to child and family – needs to release control to family, and implement better engagement of the families (instead of auto-judgment).
- DFS needs to relinquish some power. DFS needs to take leadership over process, but give up some of the control to create a more neutral/open process – (ex. Washoe County and CFT – neutral facilitators)

11. Change the culture:

- Need to care about services for parents as much as care about services for children.

12. Emphasize family reunification:

- Highlight the positive and not just the negative.

13. Agree on model of CFT-TDM:

- Shared mission for CFT

14. Increase co-location:

- Model that everyone agrees on (a standard/how the process should look). Child and family teaming – cross agency training.

15. DFS is not fun to deal with for various reasons such as:

- Control and standardized approach
- No team approach
- No engagement
- Little actual ground knowledge

16. Increase team decision making:

- 48 hours TDM = preventative/before it becomes a case – Judge Sullivan pushing for this. Before children are taken out of the home. Clock is ticking = timeline, services, finances large impediment for family.
- Front loaded family intervention “TDM” informal case. Children to remain in home.

17. Implement a business process:

- A Business process for community providers and partners can have their clients' issues resolved quickly – build a business plan to be responsive to providers in an appropriate amount of time.

Other thoughts on the role of DFS:

- Messaging and Accountability
 - DFS has responsibility for messaging and accountability setting standards (organizationally) performance-based contacting and utilize that with own employees from an organizational stand
- Don't sway or laugh off policies... if you have them enforce them
- Determine standards and hold all parties accountable
- Give service providers access to Unity (there may be confidentiality issues)
 - Children's Cabinet has access to Unity
- Performance based contracts
 - Use to motivate partners to excel
- Media Engagement
 - Channel 8 – sometimes gives the appearance that DFS doesn't know what they are doing. Often the media will get a hold of a story (have interest in sensationalizing the event or have only one side of the story)...but DFS hands are tied because you cannot give any more information without breaching confidentiality agreement
- Look at 432B and look at transparency issues that the community is interested in having, so revisit confidentiality, in terms of giving more information...so the community can have confidence in the process
- CAC
 - Add a layer - Training, education, respite, maintaining staff
- DFS on right track -- Recruiting quality foster parents
- Supervisors should be LCSWs
- Including education
 - need to address whole issues and make referrals to those agencies to help children succeed
- Reinitiate family maintenance programs
- Neutral 3rd party
 - Families need to know that they can get an arbitrator
- Change social wealth
- Mental Health
 - Case reviews
- Differential response
- Child and family teaming
- Creating a model
- Subcontracts with private agency (regulate)
- Community support – contract dollars for contract services
- Pull together needs assessments (there are so many it needs to be compiled together)
- More energy into implementing solutions
- DFS needs to work outside the box
- Community will suggest services for child but DFS won't facilitate that
- DFS does not look at history of parents or take that into consideration

ROUND #3

(Stem) What might be some of the best ways that the child-and-family-serving community and the Department of Family Services (DFS) can work together to improve outcomes for children and families?

(Part A) Thinking specifically about issues of communication, how might DFS go about making improvements that better address the needs of the child-and-family-serving community so that it is more effective in its work with children and families?

(Part B) What do you believe is your role in improving outcomes in the child welfare community?

(Part C) To what extent are you clear about what DS is looking for from you as a community partner?

STEM: What might be some of the best ways that the child-and-family-serving community and the Department of Family Services (DFS) can work together to improve outcomes for children and families?

- 1. Utilize a team concept:**
 - Team approach – no cookie cutting approach.
- 2. Utilize individualized plans**
- 3. More family driven approaches and outcomes:**
 - Approaches in which the family has a voice and choice.
- 4. Utilize advocates:**
 - All children have an advocate – child has voice and choice.
 - Every child needs a volunteer advocate so the children don't become lost in the system and achieve permanency.
 - All parents have an advocate.
 - Family has voice and choice.
- 5. Timely termination and placement:**
 - When parents can't follow case plan; timely termination and placement
 - permanence with family

6. Enhanced cooperation, collaboration, and communication:

- Utilize and engage agencies that are already in place.
- Have open communication and share all information that will allow the partnership to excel. Listen to and communicate real needs to community and have a real dialogue with give and take – communicate with community partners.
- Therapeutic foster providers need better access to information to be more effective.
- Team Decision Making (TDM)
- Bring together major family service agencies and create standards for them.
- Better intergovernmental communication/agreement.

7. Outreach:

- Create media campaigns to educate the community about the problems that exist, recruit new foster families and also highlight success stories (ex. adoptions, great foster families etc.)
- Produce TV show for public TV – UNLV produced – shadowing three case workers to show the public the challenges of the job.

8. Rewards/Incentives:

- Reward and recognize foster families that excel. Need incentives.

9. Focus on long term goals, not short term:

- Goal of placement work is bed; our goals are outcomes. Process is too fragmented – everyone has a different short term goal that overrides the overall welfare of the child; providers feel they are being set up and until we can really share what is going on with the children and families it is hard to have positive outcomes.

10. Ensure Accountability:

- Enact policies to ensure accountability.

11. Privatization of Child Welfare:

- Providers do the licensing, case management

12. Consistency:

- Assign a single worker and keep it consistent so a real team can be built.

13. Training:

- Have training on the utilization of partners.

14. Identify the gaps:

- Implementing the needs assessments, finding what we are currently serving and where the holes are.

Other ways child-and-family-serving community and DFS can work together:

- List resources
- Reduce duplication
 - Stopping the duplication of services
- Best practice models
- No incentive based approaches for provider

- Cultural Acceptance
- Foster parent training
 - Review and compare with number of 10-day notices given out
- Use early resolution programs
- Have DFS programs to provide services for underage prostitutes
- Timely Treatment

PART A: Thinking specifically about issues of communication, how might DFS go about making improvements that better address the needs of the child-and-family-serving community so that it is more effective in its work with children and families?

1. Educate:

- Use CAC as a bridge to the community to push out the education and information about the good things that are happening with child welfare.
- Educate clients/community and providers as to a clear understanding as to mission/objectives/and operating.

2. More outreach:

- Monthly communications via evites and Constant Contact or regular bulletin to all stakeholders to be kept informed.
- Coordinate with the business community – partner with businesses like Khol’s, Starbucks, etc.
- Department needs to do a little more outreach for both foster and adoption
 - In the faith based community, for example.
 - They could create a monthly/periodic Constant Contact type email in which DFS gives a list of kids to faith based centers/churches...with no intermediary. Use this as more of a recruitment tool for DFS.
- Produce a TV show for public TV – UNLV produced – shadowing three case workers to show public challenges of job
- Have DFS send out an anonymous survey to all (foster parents, bio parents, agencies, staff, etc) – involve community in development of strategic plan – avoid duplication of efforts
- Church participation – state registry
- Corporate charity effort

3. Hold meetings/forums:

- Get together face-to-face.
- Utilize networking events.
- Hold community/stakeholder forums.

4. Increase accessibility:

- Easier access to workers, supervisors etc. to discuss issues bigger than 1 case (often times service providers can only get in touch with one caseworker). Better caseworker communication so provider can complete reports, caseworkers need to be better about returning phone calls.

- Electronic suggestion box to allow providers and partners to give feedback to DFS management
- Better database for DFS, DJJS, and providers to share information and conduct research.

5. Openness:

- Be more open to communication and suggestions – make an open dialogue, let community tell them what works and not just say that “DFS does not do it that way.”
- Do what is best for the child and be open, even if the policy does not change.
- Eliminate culture of fear within the department – as long as you are doing the right thing, for the right reasons, you are ok (new employee motto).

6. Be open to feedback:

- Create an electronic suggestion box to allow providers and partners to give feedback to DFS management. Something online where stakeholders can send feedback positive/negative.
- Have DFS send out an anonymous survey to all (foster parents, bio parents, agencies, staff, etc) – involve community in development of strategic plan – avoid duplication of efforts.
- Give out a questionnaire – consumer survey.

7. Serve the family as a whole:

- All inclusive family-driven (family-centered) approach to treat the family and with more family support integration.
- Needs to see that DFS wants to serve the whole family.
- Involve the family in the decision making process because the plan needs to really represent what is going on with the family.
- Emphasis on family preservation and providing services to families to keep children.

8. Utilize a team approach:

- Make it a point to invite therapists to CFT meetings because a lot get information after without being able to give any input.
- Actively take team approach – sharing information, involve more family, and take cost seriously.

9. Develop relationships, collaborate, and share information:

- DFS needs to streamline and partner with more private sectors to provide support preventative services.
- DFS wants the credit for success – do not print out the collaboration – do not name agency and they should – to help promote service providers
- Create a CPS workers job shadow exchange program with service providers to build communication
- Take a TDM approach.
- Better communication about child reunification meetings.
- Increase the ability for data sharing to increase interagency communication about existing and developing services.

- Does DFS need training in continuity of care and how to collaborate? Understand and know how to collaborate – nurturing relationships.
- Relationship building.
- Be more responsive.
- Bring together case management agencies and define roles and responsibilities especially when serving the same child/family.
- Keep the family and team in the loop and share information with the team.
- Cooperation of services – make sure data is useful and available to the decision makers.
- DFS as an agency should be better about going to the agency which client is being referred so you are developing relationships with the community agencies.
- DFS needs to give more information to the courts or providers.
- A better database for DFS, DJJS, and providers to share information, conduct research needs to be created.
- Coordinate with companies like Khol's and Starbucks that do volunteerism programs
- Ensure for foster children that all the information is being shared with agencies and foster parents.
- Ensure that child and family teams are working – decisions need to be made with all parties – then court has the recommendations are made.
- CFTs
 - More folks involved in CFT's – invite more parties.
 - Make it a point to invite therapists to CFT meetings because a lot get information after without giving input.
 - The purpose and conduct of CFT's needs to be defined and their process needs to be refined, limited, and focused on collaboration. The team should orient towards success and reunification. CFTs should not make committee decisions about medication, diagnoses of any level of psychiatric or mental health treatment. Plans need to be based on evidence and best practices to meet the needs that are accurately assessed.

10. Redesign the child welfare system/structure:

- Redesign the system.
- Neutral party view
- Referral system
- Protocol procedure
- Once determination has been established, child gets a permanent home.
- Create a strategic plan
- Develop business model
- Involve community in development of a strategic plan
- Track children for longer periods of time and have this information available to all partners
- Actively work with the DMS model
- Better database for DFS, DJJS, and providers to share information, conduct research

11. Improve clarity:

- Be clear about what you want and what you define as a positive outcome and how we can meet those expectations and achieve those outcomes.

- Adopting the mission statement and clarifying the roles within agency and partnerships. For example Case managers – look at the function, training, supervision, and support of case managers. This role needs to be clarified, defined and professionalized. Need to articulate clearly to the service providers and let them do their jobs.
- Don't say you're going to do something if you won't follow through.

12. Listen:

- Listen to the community and communicate real needs to them. Have a real dialogue with give and take.
- Listen to what is working, as well as families and providers.

13. Utilize experienced/educated workers and refine standards for workers:

- Use LCSW as supervisors. At minimum, require supervisors to have social work degree.
- Either have licensed social workers or enhance training with caseworkers to improve communications (in non-punitive way).
- Make experienced persons on hotline to do assessments
- Get the caseworker back to doing social work: assessing needs, identifying appropriate services, and providing assistance.
- Workers need some training or empathy (emotional intelligence).

14. Increase amount of respect and support:

- Must respect the workers. Respect needs to be there for all agencies, partners, foster parents, biological families.
- Support our work. There are management supporters but it has not trickled down the front line.
- DFS should take the court seriously

15. Increase competency:

- Core competency is a must; being able to respond to the problem.

16. Equitableness:

- Develop more equitable way of assigning contracts.

17. Rebuild reputation:

- Need to change community perceptions of DFS – need to rebuild reputation.

18. Increase consistency:

- DFS may need training on continuity of care and how to collaborate.
- The turnover in administration and also inconsistent practices between workers impedes collaboration.
- Disconnect from assessment to services (if services are not avail, problem is not noted)

19. Accountability:

- Accountability to the plans that they develop (workers are not held accountable if they don't follow through)

PART B: What do you believe is your role in improving outcomes in the child welfare community?

1. Advocate:

- For the family
- Volunteer child advocacy “voice for children” at CASA and in court.

2. Be involved:

- Engage community, resources, and providers. Become more involved.

3. Be a community resource and service provider:

- Substance abuse services.
- Our role is a constant rescue service.
- Domestic violence services
- Saving children by not removing, but providing services.
- Provide low level risk assessments.
- Providing services for the prevention of negative outcomes.
- Act as an effective community resource – leveraging all resources towards an effective agreed upon outcome (also, one the community has been engaged with).

4. Collaborate and cooperate:

- Develop public and private collaborations that help increase resources to help children and families in a timely manner.
- Work together and directly with agencies. Have an attitude of cooperation.
- Partnerships
 - Creating partnerships and starting from management and nurturing relationship.

5. Facilitate:

- Facilitate better communication.
- Listening and truly understanding the problems/issues/needs of this community and relaying them; connecting those in need with those who provide.

6. Be aware and increase awareness:

- Being aware of the issues and making community more aware of providers and of issues at the grassroots level, especially mental health issues.

7. Hold meetings/forums:

- Management should get together more regularly.
- More meetings between agencies and DFS to discuss policy and protocol issues.
- Being a part in system changes such as this summit.

8. Fill the gaps:

- Fill gaps and solve problems that DFS can't successfully do.

9. Produce quality:

- Maintaining quality services, doing what we'll say we'll do, treat everyone with respect, and focus on the strengths of children and families.

10. Support the families:

- Help families with support.

11. Create service plans:

- Need to have clear, reasonable service plans.

12. Be competent:

- Have the ability to respond to a problem, create a protocol, solve the issue and move on to the next problem.

13. Communicate

14. Educate:

- Continue educating.

Other roles for community partners:

- Providing Best Practices
- Strength based approach
- Safe Permanent Homes
- Consequences and follow through are a must.
- Look at what we can do to meet children’s needs for permanent outcomes
- Appropriate supervision

PART C: To what extent are you clear about what DFS is looking for from you as a community partner?

1. Unclear

- There is no partnership:
 - No, they do not include providers.
 - DFS is a dictatorship. Workers do not have consistent training to interact with one another.
 - DFS will override decisions made by professionals rather than really see a partnership and the respect clinician.
 - Not at all clear what DFS is looking for. They talk about partnership but don’t effectively act on or utilize partners. They don’t trust or listen to partners; see themselves as an island, solely responsible for the issues.
- Roles are not understood:
 - Workers do not have clear idea of what their community role is.
 - Not clear at all. We are not understanding of our role. There needs to be better training, clarity and accountability.
- Job responsibilities are not consistent:
 - Not consistent for front line workers, the training maybe inconsistent.
- Child and Family Team Summary Forms – DFS does not bring a hardcopy of the plan for the child.
- Policies are not shared:

- If DFS changes a policy, it should share that to the community partners that deal with that particular subject matter.
- Not clear about what DFS wants, there is confusion with policy and state and county.
- Communication and information exchange could be more clear:
 - Not sure about what DFS wants. It would be good to have some more individualized communication and information exchange as a single provider with a contract and the service provider community as a whole.

2. **Clear**

- Be knowledgeable:
 - Know what services each agency provides
- Share information:
 - Sharing of policy with community partners
- “Yes – these are not without challenges”
- Give feedback
- Support
- Greater collaboration
- Communicate
- Provide quality services
- Be accountable for outcomes of services provided
- Knowledgeable of role:
 - From the contract we know our role, but they don’t want to know more – we are not motivated. Need more self-motivation to go beyond. Find a role versus be directed or inspired to go deeper from county.