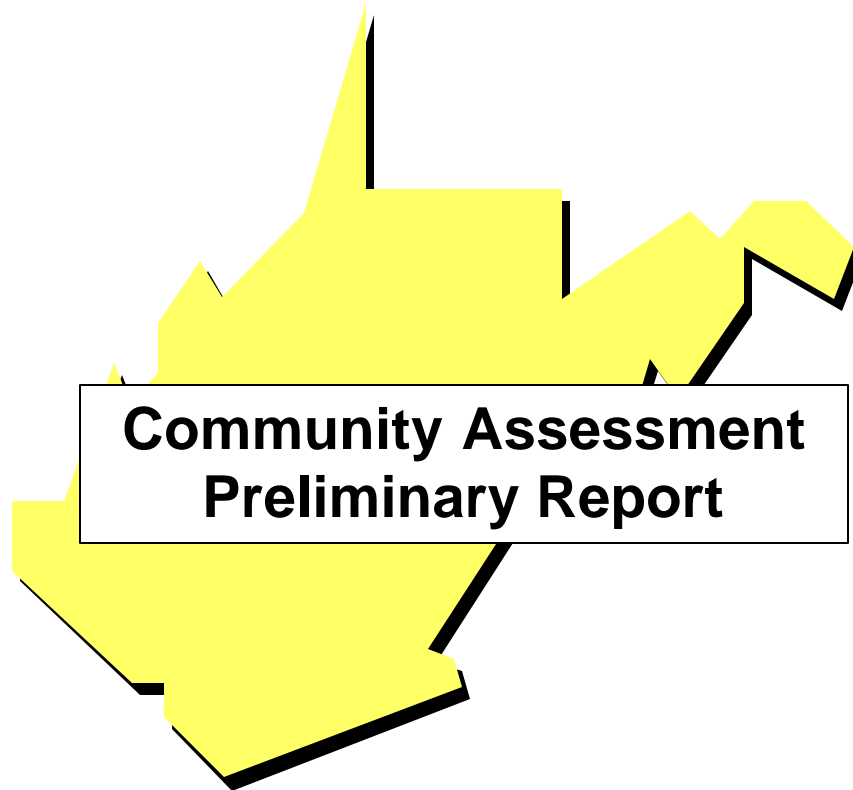


West Virginia Service Array Process

Assessing & Enhancing the Service Array for Children & Families



Family Central Collaborative
Kanawha, Roane, Jackson, Mason, & Putnam Counties

April 9th, 2009

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WORKGROUPS

The Family Central Collaborative divided up into three main workgroups (Safety, Well-being, & Permanency) to assess each capacity. Each Workgroup met independently for the needed time to review and complete each assessment. Workgroups met between four to six hours bi-weekly until the completion of the assessment process.

SAFETY Outcome #1 & #2:

1. Make certain that children are first and foremost protected from abuse and neglect.
2. Provide that children are safely maintained in their homes whenever possible and appropriate.

Facilitator	Recorder	Data Specialist
Anita Adkins Kanawha County DHHR	Michele Baranaskas Kanawha/Putnam FRN	Stacey Waller – Clayman & Associates
<p>Stakeholders Paula Chapman – WVDHHR (CPS Supervisor Mason County) Deedra Gravelly – Family Options Chad Blankenship – WVDHHR (CPS Supervisor Putnam County) Lata Menon – Home Base, Inc. Diane Hughes – Upper Kanawha Valley Starting Points and Parents As Teachers Hilda Armstrong – Kanawha County Schools Head Start BJ Scarberry – WVDHHR (CSM Jackson, Mason & Roane Counties) Heather Miller – Upper Kanawha Valley Starting Points and Parents As Teachers Jennifer Parsons – Upper Kanawha Valley Starting Points and Parents As Teachers Barbara Hatfield – WVDHHR (CPS Supervisor Kanawha County) These stakeholders attended more than one meeting. There were a few others who attended only one meeting.</p>		

PERMANENCY Outcome #1 & #2:

1. Make sure that children have permanency and stability in their living situation.
2. Provide that continuity of family relationships and connections is preserved for Children.

Facilitator	Recorder	Data Specialist
Wayne Bailey Daymark	Lance Whaley Putnam County DHHR	Taunja Hutchison
<p>Stakeholders Charles Harkins - WVDHHR (Adoption Supervisor) Taunja Hutchison - Children's First Frances Pack - Kanawha County Schools Nikki Harris - WVDHHR (CPS Supervisor Jackson County) Rhonda McCormick - (Legal Aid -Family Advocate) Rick Lane - KVC Regina McIntyre - KVC Que Stephens - DJS</p>		

Julie Timmermeyer – DJS
 Chuck Kendall – WVDHHR (Roane County CPS Supervisor)
 Lavetta McKnight –HOPE Community Development
 Teresa Warner – Putnam County Probation
 John Downes - Pretera
 Kristie Byrd - WVDHHR (MR/DD Crisis Services Coordinator)

WELL-BEING Outcome #1:

1. Make sure that families have enhanced capacity to provide for their children’s needs
2. Provide that children receive appropriate services to meet their educational needs.
3. Make sure that children receive adequate services to meet their physical and mental health needs.

Facilitator	Recorder	Data Specialist
Leslie Clagg River Park Hospital	Regis Grote WVU-CED Family Based Care Specialist	

Stakeholders :

Beckett, Jennifer; Putnam County DHHR CPS Supervisor,
 Bryant, Cindy; System of Care
 Burgess, Kathryn; Kanawha County Schools
 Byrd, Kristie; MR/DD Crisis Services Coordinator, DHHR
 Dunn, Lora; Highland Hospital
 Hon, Debbie; Automated Health Services
 Kendall, Charles; Roane County DHHR CPS Supervisor,
 McKnight, Lavetta; HOPE Community Development
 Mollohan, Carol;
 Pattison Byus, Kitty; ACDS Council
 Taylor, Barbara; Mason/Jackson/Roane DHHR Social Services Coordinator,
 Tyree, Leslie; Children’s First
 Wass, Mindy; Assistant Director, Children’s Services Pretera Center,
 Whaley, Lance; Community Services Manager, Putnam DHHR

Capacities Assessed

Safety Outcome 1

Children are first and foremost protected from abuse and neglect

Safety Outcome 2

Children are safely maintained in their homes when possible

Permanency Outcome 1

Children have permanency and stability in their living situation

Permanency Outcome 2

The continuity of family relationships and connections are preserved

Well-being Outcome 1

Families have enhanced capacity to provide for children's needs

Well-being Outcome 2

Children receive services to meet their educational needs

Well-being Outcome 3

Children receive services to meet their physical and mental health needs

Assessment #1

Drawing Conclusions on Practice it was determined, as described below, which at least one (1) practices for each capacity was seen to present the greatest strength as it relates to the outcome. Additionally the practices which present the most challenge are also identified per outcome capacity. Summarized with each item is a justification as to how this strength or challenge is presented.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Strengths	Justification
Concurrent Case Planning	The practice always promotes individualized service planning; provider participation in needs assessment & individualized service planning; caseworker and provider flexibility to do whatever it takes; and allows for ample communication and collaboration between agencies on cases.
Family Centered Practice	The practice always promotes individualized service planning; provider participation in needs assessment & individualized service planning; caseworker and provider flexibility to do whatever it takes; and allows for ample communication and collaboration between agencies on cases. The practice always empowers families to make better decisions and enhance parental capacity, and contract practices with third-party vendors always ensure flexibility to meet the needs of children.
Comprehensive Family Assessment	The practice always promotes individualized service planning; provider participation in needs assessment & individualized service planning. The practice always allows for meeting the individualized needs of children in the home to prevent unnecessary removal and for ample communication and collaboration between agencies on cases. The practice always empowers families to make better decisions and enhance parental capacity. When the courts are involved, flexibility is limited by the courts and officers of the court. The court drives the case.
Challenges	Justification
Domestic Violence/Child Protection Services (CPS) Protective Order Process	Does not exist
Placement Prevention Flexible Funds	Does not exist

Safety Outcome 2: Children are safely maintained in their homes when possible

Strengths	Justification
Concurrent Case Planning	The practice always promotes individualized service planning; provider participation in needs assessment & individualized service planning; caseworker and provider flexibility to do whatever it takes; and allows for ample communication and collaboration between agencies on cases.
Family Centered Practice	The practice always promotes individualized service planning; provider participation in needs assessment & individualized service planning; caseworker and provider flexibility to do whatever it takes; and allows for ample communication and collaboration between agencies on cases. The practice always empowers families to make better decisions and enhance parental capacity, and contract practices with third-party vendors always ensure flexibility to meet the needs of children.
Family Group Decision Making	The practice always promotes individualized service planning; provider participation in needs assessment & individualized service planning; caseworker and provider flexibility to do whatever it takes; and allows for ample communication and collaboration between agencies on cases. The practice always empowers families to make better decisions and enhance parental capacity, and contract practices with third-party vendors always ensure flexibility to meet the needs of children.
Comprehensive Family Assessment	The practice always promotes individualized service planning; provider participation in needs assessment & individualized service planning. The practice always allows for meeting the individualized needs of children in the home to prevent unnecessary removal and for ample communication and collaboration between agencies on cases. The practice always empowers families to make better decisions and enhance parental capacity. When the courts are involved, flexibility is limited by the courts and officers of the court. The court drives the case.
Challenges	Justification
Domestic Violence/Child Protection Services (CPS) Protective Order Process	Does not exist
Placement Prevention Flexible Funds	Does not exist

Permanency Outcome 1: Children have permanency and stability in their living situation

Strengths	Justification
Comprehensive Family Assessment	DHHR policy requires a family assessment on every open child protective services case. The family assessment is completed with the family in which desired goals & outcomes are identified and worked on throughout the life of the case.
Challenges	Justification
Child & Family Advocacy	WVDHHR staff does not receive formal training on advocacy and there is no contingency established that ensures that the worker has received thorough training through their college careers. As a result of extensive caseloads, policy, and other responsibilities, there does not appear to be the time to focus on advocating for the family (as a whole) other than resolving crisis. As families are developing, it would be helpful to be proactive and look at what would enhance family dynamics and decrease over-emphasis on the short term gains of crisis response.
Child Welfare Domestic Violence	The expectation is that all systems work together to protect victims of domestic violence. In reality, this does not always happen, due to different, case-specific and non-case-specific reasons. Services for batterers are lacking. Prevention services need strengthening. Policies to protect children seem to work under Safety while programs working toward permanency and wellbeing aren't always effective. Initial employee training is strong, ongoing training is not as strong. LSWs are required to obtain CEUs, but the CEU content is not necessarily dictated by the DHHR. Not everyone at the DHHR (such as Case Aides) is LSWs. DV Victims often have very limited choices.

Permanency Outcome 2: The continuity of family relationships and connections are preserved

Strengths	Justification
Concurrent Case Planning with Families	DHHR policy requires concurrent case planning and all workers are trained on concurrent case planning. Since nobody ever knows what a Judge is going to rule workers are generally prepared at all times with two different plans. Ideally children and their families will be reunited, but there is always a secondary plan to establish permanency if the treatment goals are not met for this to happen. The education system, through the use of policy and IEPs, is also able to work with the family to do case planning in

	order to assist the child in meeting his/her educational needs.
Challenges	Justification
Post Adoption Casework	Does not exist and is not funded. Would be an asset if funding were available, to ensure that an adoptive family gets the support that they need, leading to a successful placement.
Post Adoption Crisis Intervention	Does not exist and is not funded. If funded would allow for intervention, problem solving and a successful placement.

Well-Being Outcome 1: Families have enhanced capacity to provide for children’s needs

Strengths	Justification
Family Centered Practice	Through in-home services (in particular) the family is looked at as a unit and plans are developed and implemented to ensure that the family as a whole are having needs met.
Voluntary In-Home Child Welfare Casework	This practice allows for WVDHHR to complete assessments of family needs. The time-intensive service provision is provided by ASO providers. This allows for greater flexibility in addressing needs, and promotes the “whatever it takes” attitude in both the caseworker and provider. It also enables the family to benefit from the provision of after-hours response.
Challenges	Justification
Wrap Around	Wrap around services can help prevent the removal of children from their families. However, there are several funding issues around wrap around services and they are not available to enough of our families.
Placement Prevention Flexible Funds	Gibson Funds are the only type of additional funds available, but are very limited, difficult to access, and are not very flexible. These funds being more accessible, may prevent the removal of children, as the family’s immediate basic needs could be addressed while remedies and long term solutions could be identified.

Well-Being Outcome 2: Children receive services to meet their educational needs

Strength	Justification
Community Prevention Collaboration on Child Abuse & neglect	Community Prevention Collaboration is occurring more often among the different agencies. We have a Children’s Justice Task Force Committee, Kids Care Committee, Regional Summit, Collaborative meetings, & FRN meetings. A lot of community events and outreach are done as a result of these groups.
Challenge	Justification
Needs Based Service Planning	The DHHR has never been funded at a level that would allow full implementation of the workload standard. The DHHR does not overstaff any position to accommodate for attrition or excess referrals. At times there may be too much discretion and at other times it isn’t enough. Funding and time can be a barrier. DHHR & Providers are often told what they can’t do, instead of what they can do.

Well Being Outcome 3: Children receive services to meet their physical and mental health needs

Strength	Justification
Community Prevention Collaboration on Child Abuse & neglect	Community Prevention Collaboration is occurring more often among the different agencies. We have a Children’s Justice Task Force Committee, Kids Care Committee, Regional Summit, Collaborative meetings, & FRN meetings. A lot of community events and outreach are done as a result of these groups.
Challenge	Justification
Child Abuse & Neglect Prevention	Although Community Collaboration is taking place more we are still having difficulty reaching the families in need prior to receiving an abuse & neglect referral.
Substance Abuse Prevention	Funding issues and good collaboration with the school system are often times barriers with effectiveness of Substance Abuse Prevention.

Assessment #2

Drawing Conclusions on Leadership and Culture, below is identified the one (1) strength and challenge per capacity as it relates to each outcome capacity. Additionally, a justification to summarize this lesson learned is provided.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Strengths	Justification
Empowerment of front-line service workers to establish multidisciplinary treatment teams to address multi-need children, youth, and families in regard to the capacity being assessed.	Our workgroup found this to be always good. Certain professionals may not attend due to the meeting being held during the day – because these are billable hours. Conference calls can be cost-prohibitive. A written report is sometimes submitted. Empowerment is strong, but there is no way to guarantee that invitees will come, due to billing issues. Sometimes MDT members have complained about not being invited.
Ability of the jurisdiction to collaborate across agencies to provide effective and efficient services resulting in successful outcomes related to the capacity being assessed.	The existence of MDTs, Judges pay attention to workers’ reports and are knowledgeable of community services.
Challenges	Justification
Ability of the child- and family-serving agencies in the jurisdiction to function as learning organizations that have the capacity to think outside the box.	Law enforcement and attorneys think outside of the box. Thinking outside the box is not encouraged due to policy and funding concerns.

Safety Outcome 2: Children are safely maintained in their homes when possible

Strengths	Justification
Empowerment of front-line service workers to establish multidisciplinary treatment teams to address multi-need children, youth, and families in regard to the capacity being assessed.	Our workgroup found this to be always good. Certain professionals may not attend due to the meeting being held during the day – because these are billable hours. Conference calls can be cost-prohibitive. A written report is sometimes submitted. Empowerment is strong, but there is no way to guarantee that invitees will come, due to billing issues. Sometimes MDT members have complained about not being invited.
Ability of the jurisdiction to collaborate across agencies to provide effective and efficient services resulting in successful outcomes related to the capacity being assessed.	The existence of MDTs, Judges pay attention to workers’ reports and are knowledgeable of community services.
Challenges	Justification
Ability of the child- and family-serving agencies in the jurisdiction to function as learning organizations that have the capacity to think outside the box.	Law enforcement and attorneys think outside of the box. Thinking outside the box is not encouraged due to policy and funding concerns.

Permanency Outcome 1: Children have permanency and stability in their living situation

Strengths	Justification
Commitment to strengths/needs based practice, principles & values	We share a commitment to strengths/needs based practice, principles and values, when it comes to providing permanency and stability for children. As a result, there is often good cooperation, collaboration and relationships between leadership in the community.
Challenges	Justification
Ability of the child and family serving agencies to function as learning organizations	Agencies are limited in functioning as learning organizations and thinking outside the box as they are focused on billable time and casework demands. They are creative, but are often times hindered with licensing requirements or funding issues as well as Medicaid requirements

Permanency Outcome 2: The continuity of family relationships and connections are preserved

Strengths	Justification
Empowerment of front-line service workers to establish multidisciplinary treatment teams to address multi-need children, youth, and families.	It is expected and required by law & policy for caseworkers to schedule multidisciplinary teams to address and plan for how to best meet the family’s needs and to reduce risk of out of home placement. The families are involved with this process and therefore helps build connections among families.
Challenges	Justification
Empowerment of front-line service workers and middle-management supervision by leadership to do “whatever it takes” to achieve outcomes for children and families	We feel that leadership does promote this, but often times workers do not feel supported when they do this. Generally the worker feels they have to jump through numerous hoops as well as doing numerous justifications to do something that is not typically covered under our policy.

Well-Being Outcome 1: Families have enhanced capacity to provide for children’s needs

Strengths	Justification
Ability of the jurisdiction to collaborate across agencies to provide effective and efficient services resulting in successful outcomes.	Agencies are very willing to collaborate with all the agencies to ensure to that the appropriate agency provides the appropriate service. Better awareness of the agencies is occurring. Schools are providing and encouraging better access to interested agencies. The stability of personnel helps to increase the effectiveness. We are doing a better job of getting the providers to the table and the providers are working well together. Our policy and procedures require collaboration between agencies.
Challenges	Justification
Empowerment of private providers to do “whatever it takes” to achieve outcomes for children and families.	Providers want to do more, but are hindered with licensing & Funding issues. There is a financial component to their decision making. Depending on the definition and the qualities of a private provider, their ability to be empowered can be affected. Some providers are volunteer programs with non-paid staff. Other providers are for profit agencies with paid, well-credentialed, experienced professionals. If a person is receiving a free or a fee for service, this will affect to commitment. Some agencies receive additional funding for positive outcomes. Some agencies are not even assessed.

Well-Being Outcome 2: Children receive services to meet their educational needs

Strength	Justification
Commitment of leadership in the community to strengths/needs-based child welfare practice principles and values that are drawn from the experiences of systems of care for providing services to children and families.	Children do receive rewards from their schools and from community members and businesses for good grades and participation. No Child Left Behind, Schools of Excellence, Partnerships with Schools have encouraged an increase in participation even beyond Parent/Teacher/School Organizations. There is more widespread and open communication with the school, teachers, parents, and community members.
Challenge	Justification
Empowerment of front-line service workers and middle-management supervision by leadership to do “whatever it takes” to achieve outcomes for children and families.	Lip-service is being paid to “do whatever it takes” but the time, special skills, training, modifications, and funding, that will make this happen, just do not occur for special needs children. “Special needs” can be defined as even the most basic of needs that requires the least little bit of a non-route modification.

Well Being Outcome 3: Children receive services to meet their physical and mental health needs

Strength	Justification
Empowerment of front-line service workers to establish multidisciplinary treatment teams to address multi-need children, youth, and families	Judges are placing more of an interest in MDT recommendations. New workers may invite standard social service providers but not behavioral health centers, educators, lawyers, or doctors. This process has improved over the years.
Challenge	Justification
Commitment of leadership in the community to strengths/needs-based child welfare practice principles and values that are drawn from the experiences of systems of care for providing services to children and families.	Medicaid regulations and licensing restrictions drive the decision making of community and agency leaders. Insurance is a major factor. In the current climate, creativity to resolve problems is not practical on a regular basis.

Assessment #3

Drawing Conclusions on Current Services below with a justification for these decisions is provided.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Strengths	Justification
Father/Male Involvement Services	This service meets most of the need. It is often community-based, family-centered, individualized to the needs of the child and/or family. It often builds parental capacity, is often culturally responsive. It is sometimes effective and critically important.
Child Abuse and Neglect Report/Hotline	If a referent has a working telephone, the service is universally accessible. There is enough of the service available to meet needs. It is community-based, individualized to the needs of the child and/or family, often culturally responsive, often effective and critically important.
Challenges	Justification
Primary Adult Health Care	Despite 25 identified service providers, we determined that the service is accessible to approximately 25% of the population and meets some of the need. We rated the service at “poor” in the areas of community-based, family-centered, individualized, building parental capacity, cultural responsiveness and effectiveness. When services are available, resources to pay for them are severely limited for those without a medical card or other insurance. Even with a medical card, psychiatric services are difficult to obtain. Patients with mental health diagnoses frequently miss appointments due to their diagnosis and are refused subsequent services or rescheduled appointments. The service is critical, but paying for the service is difficult for many of the families receiving services.

Safety Outcome 2: Children are safely maintained in their homes when possible

Strengths	Justification
Father/Male Involvement Services	This service meets most of the need. It is often community-based, family-centered, individualized to the needs of the child and/or family. It often builds parental capacity, is often culturally responsive. It is sometimes effective and critically important.

Challenges	Justification
Primary Adult Health Care	<p>Despite 25 identified service providers, we determined that the service is accessible to approximately 25% of the population and meets some of the need. We rated the service at “poor” in the areas of community-based, family-centered, individualized, building parental capacity, cultural responsiveness and effectiveness. Services are available, however resources to pay for them are severely limited for those without a medical card or other insurance. Even with a medical card, psychiatric services are difficult to obtain. Patients with mental health diagnoses frequently miss appointments due to their diagnosis and are refused subsequent services or rescheduled appointments. The service is critical, but paying for the service is difficult for many of the families receiving services.</p>
Sexual Abuse Treatment	<p>Although we identified seven agencies providing this service in our five county jurisdiction, we determined that the service is accessible to approximately 25% of the population, only meets some of the need, is not community-based, is only occasionally family-centered and individualized. We determined that the service occasionally builds parental capacity, is only occasionally culturally responsive and is only occasionally effective but critically important. Treatment services are pervasively unavailable in our jurisdiction, especially for children. In many instances, treatment for children exacerbates the problem because youth perpetrators and victims attend the same group treatment. There is a critical need for specialized training for treatment providers to provide in our jurisdiction. There are months-long waiting lists for treatment.</p>

Permanency Outcome 1: Children have permanency and stability in their living situation

Strengths	Justification
Adoption Subsidy	<p>DHHR is the only one who provides this service and it is utilized by almost every family that adopts a child through DHHR. The subsidy helps families when dealing with children that have special needs so that they may have permanency.</p>
Adoption Support	<p>Again DHHR is the only one who provides this service and it is utilized by almost every family that adopts a child through DHHR. The service helps families with paying financial costs that occur when finalizing an adoption.</p>

Involuntary in home child welfare casework services	Since involuntary in home services are court ordered the DHHR and providers do not have any other choice but to provide the service. These services are usually provided at a high level due to them being court ordered. Therefore these services are a strength, but due to them being a priority it does effect service delivery in other areas.
Involuntary out of home child welfare casework services	WV State Code and policy are developed to enforce positive and thorough casework for Involuntary Out of Home placements. Staff comply with the requirements regarding treatment plans, face-to-face contacts, hearing guidelines, etc.
Challenges	Justification
Mentoring for Children & Youth	Mentoring, according to the federal definition, is not occurring in our counties. Big Brothers/Big Sisters actually has a curriculum on how to mentor, but they only service a small population of our customers. There is not a standardized definition, understanding, or curriculum that all agencies use. A better understanding of the mentor's roles is crucial to the improvement of this service. Some mentoring programs are better than other programs. The availability of good mentors is a factor to consider.
Sexual Abuse Treatment	Treatment services are pervasively unavailable in our jurisdiction, especially for children. In many instances, treatment for children exacerbates the problem because youth perpetrators and victims attend the same group treatment. There is a critical need for specialized training for treatment providers to provide in our jurisdiction. There are months-long waiting lists for treatment.

Permanency Outcome 2: The continuity of family relationships and connections are preserved

Strengths	Justification
Guardianship Subsidy	Guardianship subsidy like adoption subsidy is available through DHHR and is obtainable by the majority of our customers who enter into guardianship. The subsidy helps support families dealing with children of special needs to help ensure stability & permanency.
Guardianship Support	DHHR provides this service and it is utilized by almost every family that enters into legal guardianship with a child who was in DHHR's custody. The service helps families with paying financial costs that occur when finalizing an legal guardianship such as attorney fees.

Challenges	Justification
Adoption Competent Mental Health Providers	We do not have many mental health providers that are experienced with dealing with children who are struggling with adoption. Children often have identity issues and feelings of betrayal and there are not enough providers to assist are children and adoptive parents with these issues. This service is also less accessible in our rural counties such as Roane, Jackson, & Mason counties.
Out patients Substance Abuse Services	This service is more accessible for adults than children, including funding. Providers are not credentialed in the full array of services. West Virginia does not recognize the credential process just licensure and this affects funding of a service. In rural counties, AA may be the only option for all substance abuse. Mason County goes to NA in Gallipolis, OH because it's closer.

Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs

Strengths	Justification
Child Care	Child care provides an opportunity for the adults in a family to be employed or to obtain an education so that in the long run, they can provide for the family's needs more independently.
Clothing Assistance	Clothing assistance enables children to have some new clothing to wear to school, increase their school attendance, and help them feel like they fit in better with their classmates.
Challenges	Justification
Substance Abuse/Residential Adult	There is a greater need for this service. Until a parent or parents can receive effective treatment for substance abuse, attempts to address the other challenges faced by a family will be ineffective in healing a family.
Parent Pals	A program like Parent Pals, that provides mentors for families facing challenges, could provide a real life example of success for families and an additional level of support, assistance, and encouragement from someone who has been there.

Well-Being Outcome #2: Children receive services to meet their educational needs

Strengths	Justification
Head Start	Head Start is providing an array of services in the early stages of child development that can prevent future problems. Head Start does this with minimal funds and is a cost-savings program for future funds.
Early Intervention	Early Intervention is often a first step into the system for children and families who may need short-term or a lifetime of services. Birth to Three is home-based and has the opportunity to see a child as that child lives rather than a clinic situation.
Challenges	Justification
Family Foster Care	Better attention, understanding, and appreciation must be given to this most valuable of resources. This resource needs to increase in quantity, quality, & effectiveness & stability for the children in foster care.
Wrap Around	Wrap around services help families in crisis and often times prevent the removal of children out of the home. Unfortunately due to funding and staffing issues this service is not delivered at a high level to enough people.

Well-Being Outcome #3: Children receive services to meet their physical and mental health needs

Strengths	Justification
Children's Health Insurance Program	This program provides health insurance coverage for children whose parents may not be able purchase other health insurance. Preventative and routine care are available and accessible. This program needs to expand to meet the needs of more children and family.
EPSDT	This program provides a higher level of services than is normally available through Medicaid. This program also provides an additional level of monitoring of children in foster care although the time frames are not easily met in rural counties.
Challenges	Justification
Behavioral Aides	A comprehensive improvement needs to occur with behavioral aides. There are people who have a genuine commitment to providing a quality service. Current funding levels do not support adequate

	availability or accessibility of services, training, supervision, support, or staff retention.
Therapeutic Child Care	This service is completely lacking in availability or accessibility. Families are in crisis and having to consider and explore out-of-home residential treatment options that may not be available or accessible until the crisis actually occurs.

Assessment #3

Existing services for this five county area are classified into categories below as a culmination of each outcome.

Services	Categories													
	Strong Services	Needed Community Education	Not Meeting Enough	Barriers	Service Duplicate Shifting Resources	Non-Existing Services	Staff Volunteer Issues	Funding Issues	Better Collaboration With Stakeholders	Quality Improve Needed	More Diverse Services	Law & Policy Change	Other Staff Training Needed	Does Not Apply or Need is Met Elsewhere
Adoption Competent Mental Health Providers			X							X				
Adoption Resource Center						X								
Adoption Ser. Resource and Information Directory						X								
Adoption Subsidy	X													
Adoption Support	X													
Adoptive “Family-Friendly” Residential Treatment Centers			X											X
Adoptive Children Support Groups					X									
Adoptive Parent Support Groups				X										
Before- and/or After-School Programs			X											
Behavioral Aides			X											

Services	Categories													
	Strong Services	Needed Community Education	Not Meeting Enough	Advocacy Service Barriers	Service Duplicate Shifting Resources	Non-Existing Services	Staff Volunteer Issues	Funding Issues	Better Collaboration With Stakeholders	Quality Improve Needed	More Diverse Services	Law & Policy Change	Other Staff Training Needed	Does Not Apply or Need is Met Elsewhere
Case Management Services							X	X						
Cash Assistance					X									
Child Abuse and Neglect Outreach / Education		X							X					
Child and Adolescent Day Treatment			X					X		X				
Child Care Assistance			X					X						
Child Care Resource Directory		X												
Child Dental Care			X					X						
Child Welfare Mediation						X								
Child Welfare Reunification / Permanency Casework Services										X		X		
Children's Health Insurance Programs	X													
Children's Justice Centers or Child Advocacy Centers						X								
Clothing Assistance	X													
Community Services I&R Line		X			X			X	X					

Services	Categories													
	Strong Services	Needed Community Education	Not Meeting Enough Barriers	Advocacy Service	Service Duplicate Shifting Resources	Non-Existing Services	Staff Volunteer Issues	Funding Issues	Better Collaboration With Stakeholders	Quality Improve Needed	More Diverse Services	Law & Policy Change	Other Staff Training Needed	Does Not Apply or Need is Met Elsewhere
C.A.S.A.			X			X	X						X	
Crisis Nurseries						X								
Crisis Stabilization Services			X						X					
Domestic Violence Shelter Care			X	X										
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)		X		X				X	X		X	X		
Early Intervention Services for Special Needs Children	X	X												
Educational Services for Children	X	X												
Emergency (or Planned) Kinship Placement	X			X										
Emergency Shelter Care for Youth	X													
Emergency / Temporary Homeless Shelters / Programs	X									X				
Employment Assistance		X	X					X					X	

Services	Categories												
	Does Not Apply or Need is Met Elsewhere	Other Staff Training Needed	Law & Policy Change	More Diverse Services	Quality Improve Needed	Better Collaboration With Stakeholders	Funding Issues	Staff Volunteer Issues	Non-Existing Services	Service Duplicate Shifting Resources	Advocacy Service Barriers	Not Meeting Enough Needed Community Education	Strong Services
Expanded Food & Nutrition Education Program				X								X	
Family Decision Making								X					
Family Foster Care				X		X					X		
Family Group Conferencing								X					
Family Support Centers							X	X	X		X		
Father/Male Involvement Services				X				X			X		
Food Assistance												X	
Foster Care Transition Medicaid Program											X		
Foster-Adoption Care				X									
Group Home Care				X									X
Guardianship Subsidy												X	
Guardianship Support												X	
Head Start or Other Early Childhood Education												X	
Home Visits to Parents with Newborns									X			X	

Services	Categories													
	Does Not Apply or Need is Met Elsewhere	Other Staff Training Needed	Law & Policy Change	More Diverse Services	Quality Improve Needed	Better Collaboration With Stakeholders	Funding Issues	Staff Volunteer Issues	Non-Existing Services	Service Duplicate Shifting Resources	Advocacy Service Barriers	Not Meeting Enough Needed Community Education	Strong Services	
Homemaker Services													X	
Housing Assistance											X			
Independent Living Casework						X	X	X			X			
Independent Living Dormitory Services						X	X	X			X	X		
Independent Living Skills Development Program											X			
Independent Living Supervised Apartments												X	X	
Inpatient Adult Mental Health Treatment											X	X		
Inpatient Child / Adolescent Mental Health Treatment											X	X		
Intensive Family Preservation							X				X			
Intermediate Homeless Shelters / Programs											X	X		
Involuntary In-Home Child Welfare Casework Services														X

Services	Categories												
	Strong Services	Needed Community Education	Not Meeting Enough Barriers	Service Duplicate Shifting Resources Advocacy Service	Non-Existing Services	Staff Volunteer Issues	Funding Issues	Better Collaboration With Stakeholders	Quality Improve Needed	More Diverse Services	Law & Policy Change	Other Staff Training Needed	Does Not Apply or Need is Met Elsewhere
Involuntary Out-of-Home Child Welfare Casework Services	X												
Legal Counsel for Children in Custody	X											X	
Legal Counsel for Parents Whose Children Enter Custody	X											X	
Life Skills Training/Household Management	X		X										
Medically Fragile Foster Care								X					
Mentoring for Adults		X	X			X	X						
Mentoring for Children and Youth			X			X	X						
Neighborhood Service Time Banks					X								
Outpatient Domestic Violence Services			X			X	X	X					
Outpatient Mental Health Services			X					X		X			
Outpatient Substance Abuse Services			X				X	X	X				

Services	Categories												
	Does Not Apply or Need is Met Elsewhere	Other Staff Training Needed	Law & Policy Change	More Diverse Services	Quality Improve Needed	Better Collaboration With Stakeholders	Funding Issues	Staff Volunteer Issues	Non-Existing Services	Service Duplicate Shifting Resources	Advocacy Service Barriers	Not Meeting Enough Needed Community Education	Strong Services
Parent Education (or Parenting Classes)					X								X
Parent Pals/Child Welfare Mentors								X					
Parents Anonymous or Other Forms of Parent-Led Support								X					
Placement Prevention Flexible Funds							X				X		
Placement Stabilization Services							X				X		
Post Adoption Casework								X					
Post Adoption Crisis Intervention								X					
Post Adoption Flexible Funds								X					
Post Adoption Service Coordination / Casework								X					
Post-Permanency Services							X						
Post-Prison Reunification Services								X					
Post-Secondary Education Tuition Waiver Program											X	X	

Services	Categories												
	Does Not Apply or Need is Met Elsewhere	Other Staff Training Needed	Law & Policy Change	More Diverse Services	Quality Improve Needed	Better Collaboration With Stakeholders	Funding Issues	Staff Volunteer Issues	Non-Existing Services	Service Duplicate Shifting Resources	Advocacy Service Barriers Not Meeting Enough	Needed Community Education	Strong Services
Pre-Adoption Casework Services		X		X							X		
Primary Adult Health Care						X					X		
Primary Child Health Care												X	
Public Health Aides						X					X		
Residential Adolescent Substance Abuse Treatment					X								
Residential Adult Substance Abuse Treatment					X						X		
Residential Programs for Adolescent Behavior Problems												X	
Residential Substance Abuse Treatment for Women with Dependent Children											X		
Respite Care for Adoptive Parents											X	X	
Respite Care for Foster Parents												X	
Respite Care for Parents							X				X	X	

Services	Categories												
	Strong Services	Needed Community Education	Not Meeting Enough Barriers	Service Duplicate Shifting Resources Advocacy Service	Non-Existing Services	Staff Volunteer Issues	Funding Issues	Better Collaboration With Stakeholders	Quality Improve Needed	More Diverse Services	Law & Policy Change	Other Staff Training Needed	Does Not Apply or Need is Met Elsewhere
School-Based Family Resource Workers			X				X						
School-Based Personal Safety Curriculum		X											
Sexual Abuse Treatment			X						X	X		X	
Shared Parenting Foster Care					X								
Substance Abuse Prevention		X				X	X						
Supervised Visitations	X												
Therapeutic Child Care		X	X										
Transportation Assistance			X				X						
Treatment Foster Care			X			X	X		X			X	
Utilities Assistance	X			X									
Voluntary In-Home Child Welfare Casework Services			X	X		X			X				
Voluntary Out-of-Home Child Welfare Casework Services	X												
Wrap-Around Services			X			X	X				X		
Youth Job Coaches			X			X	X						

Services	Categories													
	Strong Services	Needed Community Education	Not Meeting Enough	Advocacy Service Barriers	Service Duplicate Shifting Resources	Non-Existing Services	Staff Volunteer Issues	Funding Issues	Better Collaboration With Stakeholders	Quality Improve Needed	More Diverse Services	Law & Policy Change	Other Staff Training Needed	Does Not Apply or Need is Met Elsewhere
Youth Leadership/Positive Youth Development Services / Activities	X						X							

Assessment #4

Through this assessment process the five counties have identified the following needed services for this region. The analysis will address specific ways in which the service will improve outcomes for the capacity. Each needed service identified is compatible with the CFSR Practices of 1) Family-Centered, 2) Community-Based, 3) Individualized Services, and 4) Enhanced Parental Capacity.

Needed Service	Justification
In school support groups	With support groups (or Student Assistance Programs) identified for the school, youth will be able to access resources and support for individualized needs.
Peer Mentors	Mentoring services to children for caring and supportive services (Big Brother/ Big Sisters) is in significant need due to lack of providers, services, and funding. Mentorship enhances children’s self esteem, promotes positive community involvement, and provides respite for parents.
After-school programs	After-school programs are more geared towards the younger child rather than teens. We need enticing programs that will generate teen participation, support community involvement, academic skill building, positive peer relationships, recreation and exercise.
Parent engagement programs	If successful programs are developed for parents to be involved with their child(ren) through the school system, educational services and parental capacity will be enhanced.
Wrap Around Services	This service would provide flexible and “whatever is needed” services to a family. Current services are fragmented into several agencies throughout the community. A wrap-around agency would be more accessible for clients to come to one place where they can receive comprehensive services. The only true wrap around services are

	children receive are through the system of care and they do not have the manpower or funding to meet all the needs.
Respite Care for Parents (biological, foster, and adoptive) and Youth	Temporary care of a child to provide relief to parents and adoptive parents due to non existence services. Decrease maltreatment of children and removal from home. May decrease disruptive adoptive placements of children with special needs. (mental, behavior and physical health). This service currently does not exist, but will assist in preventing maltreatment. Respite care may involve care of the child outside of his or her own home for a brief period of time, such as overnight or for a weekend.
Drug and alcohol treatment for youth on an out-patient basis	This service does not exist and would assist in the continuum of care. On the front end, youth would be able to receive treatment in their own community prior to when a major problem arises. On the other end, youth would be afforded accessible after-care programming.
Inpatient and Residential services for the emotionally mentally ill (PRTF)	Intensive inpatient mental health services for children/youth (ages 5-12 are presently non-existent within the State). Additionally, adolescents/young adults (ages 13-18 with significant needs are extremely limited in the area due to lack of bed capacity. With this lack, children, adolescents, and young adults are not able to receive services in the community, thus, making it difficult for parents and other support systems to be involved with treatment. What programs do exist are short term (3-5 days) and do not afford opportunity for youth who may require more extensive in-patient treatment. Also, there is a lack of a continuum of care model.
Residential services for MR/MI	This service does not exist in a reasonable proximity to our collaborative area (and what does exist provides minimal service).
Residential services that have access to overnight accommodations for families.	Since many of our youth need to be sent out of their community for residential services, it would be valuable to the family to have access to overnight accommodations where they can have visits with their children, be more involved in treatment and work diligently on after-care recovery programs.
Transportation Assistance	Secure transportation for employment, medical and mental health services and other mandatory appointments would enable parents to access all resources to care for their children.
Free Mental Health Clinic	There are not enough current services for individuals and families without Medicaid or health insurance.
Domestic Violence Shelter Care	A safe shelter for abused women with their children is a significant need due to lack of providers and funding. Safe environments for mothers and children empower mothers to be more independent and offer the children/youth a more positive environment in which they can developmentally thrive. Needed mainly in Putnam, Roane & Jackson Counties.

Placements Prevention Flexible Funds	A “whatever is needed” fund to prevent removal of child from biological, adoptive and foster homes is significant. Due to the lack of funding sources, policy and resources there is not an accessible or consistent intervention alternative. This service would prevent unnecessary removal, increase family involvement and build parental capacity. Additionally, foster and adoptive disruptions are very high. A flexible pool of funds that could provide more support and community services for the adoptive parent could reduce the risk and prevalence of disruptive placements. Services for adoptive parents are very limited.
Residential Adult Substance Abuse Tx (Males & Females)	Intensive treatment for adults with substance abuse dependence is not available due to lack of bed capacity. Quality service in this area would enable parents to be clean and sober, provide safer environments, and improve parenting stability. A residential facility that provides treatment for women that allows for her child to remain in her care would be an asset to preserving and developing the parent/child relationship.
Child Care Assistance	Child care assistance would assist the family in securing and utilizing child care services. This would empower parents to obtain and secure employment. Nontraditional hours would address all working shifts. Shorter waiting list for the centers would increase accessibility as well as child safety, while decreasing unsupervised children and adolescents.
Post-Prison Reunification Services	Services to reunite the child with their parents following discharge from prison is a need due to lack of any services. Positive reunification of the family may decrease recidivism due to family support and increase the strength of healthy family identity.
Father/ Male Involvement Services	Outreach services for fathers to be involved with their children through the child welfare system are a need due to lack services and support groups to enhance involvement. This would increase family support to the children and increase success of children who are returned to a home of a parent.
Crisis Nurseries / and Crisis Beds for Children Under 12 years old	Child care for parents who are stressed and fear they will maltreat their children is a need due to non existing services. This would decrease removal of maltreated children from their homes, decrease stress of parents, and increase parental capacity.
Post Adoption Services, to include crisis intervention, case management, respite services	These services are currently not funded and if provided could reduce adoption disruptions and youth service involvement. We see these programs as necessary prevention.
Family Conferencing	Family Group Conferencing would empower families and build capacity for families to utilize informal support systems with

	mediation provided by possible neutral/outside entity.
Advanced training specific to child welfare service delivery	The core trainings are available, however, there needs to be more ongoing training specific to case work. Such training would develop personal, professional growth and build capacity with tenured workers. This would increase child welfare employee retention, morale and would decrease high turnover rates. This consistency for the families we serve would be a remarkable asset. Families would not have to start/stop and restart etc. in their working relationship with the child welfare system.
Strategic Planning Opportunity	Provide an opportunity for staff to work together on individual and organizational goals and objectives, away from the work location, with an outside facilitator, allowing for building relationships, improving morale and reducing stress levels and providing a learning opportunity that staff can then use with their parents/families in setting goals and objectives.
Substance Abuse Prevention Community Strategic Plan & Funds	Strategic plans assist in the guidance and growth of programs. Without these efforts, practice is maintained but with no outcome support. There is also a lack of funding for these important programs.
Child abuse and neglect prevention strategic plan & Funds	There are successful programs for child abuse and neglect prevention; however there is no strategic plan established that builds on strengths and growth of the program. There is also a lack of funding for these important programs.
In-Home Services & Family Education	Quality in-home services are a must to maintain children safely in their home. It is important for families to have somebody come into the home to show them how to set boundaries, provide proper nutrition, proper hygiene, discipline measures, and structure.
Weatherization	There are no weatherization programs in most of our counties. We have a huge population of people living in inadequate housing that are need of some type of weatherization service.
Suicide Prevention Services	There is a lack of suicide prevention services in Mason, Jackson, Roane & Putnam Counties. Obviously the establishment of these services would hopefully cut down on Suicides.