


STRENGTHENING FAMILIES

*Child Welfare Services
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Early Childhood Mental Health Conference 2019*

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AGENDA

- Overview of Child Welfare Services
- Focus on Family Strengthening
- Supporting Early Childhood Mental Health
- Questions



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LEARNING OBJECTIVES

WHAT I HOPE YOU GAIN FROM TODAY:

- Review the basic operations of Child Welfare Services
- Identify new changes CWS is making in support of strengthening families
- Outline new practices that focus on early childhood mental health
- Explore partnerships and collaborations that are working together to strengthen families

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LIVE WELL
SAN DIEGO

Building Better Health Living Safely Thriving

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VISION

Every child grows up safe and nurtured.

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PRIORITIES

<p>1. Safely stabilize and preserve families; and if that is not possible...</p>	<ul style="list-style-type: none">• About 82% of all referrals do not require intervention.• Nearly 41% of the cases opened each year are voluntary cases and the children are not removed from the home. 61% of these voluntary cases successfully stabilize and preserve the family.
<p>2. Safely care for children and reunify children to their families of origin; and if reunification is not possible...</p>	<ul style="list-style-type: none">• Over 60% of children removed reunify with their family within 3 years.
<p>3. Safely support the development of permanency and lifelong relationships for children and youth.</p>	<ul style="list-style-type: none">• Over 82% of children removed find permanency either with their family of origin or a new family within 3 years.

Data as of November 2018

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Family Strengthening Focus

- *Live Well San Diego* (2010)
- *Safety Enhanced Together* (2015)
- Title IV-E Waiver (2014)
- Family First Prevention Services Act (2018)
- Strong Families, Thriving Communities (2017)
- Prevention Summit (2019)
- Ensure every child grows up safe and nurtured

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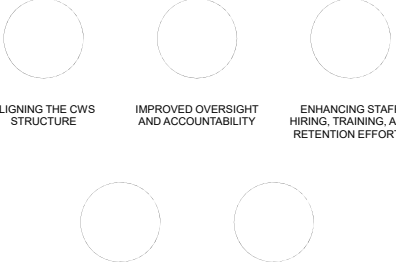
FAMILY AND COMMUNITY VOICE



Child and Family Strengthening Advisory Board Teaming efforts Hiring staff with lived experience Enhanced communication

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ACCOUNTABILITY AND TRANSPARENCY



ALIGNING THE CWS STRUCTURE IMPROVED OVERSIGHT AND ACCOUNTABILITY ENHANCING STAFF HIRING, TRAINING, AND RETENTION EFFORTS

MAKING POLICIES PUBLICLY AVAILABLE PUBLISHING A DATA BOOK

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EFFORTS TO SUPPORT MENTAL HEALTH

- Pathways to Well-Being
- Continuum of Care Reform
- CFTs
- DSEP
- CANS
- CWS Staff Psychologist
- Prevention Project

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CONTINUUM OF CARE REFORM (CCR) OVERVIEW

- The CCR, mandated by AB 403, AB 1997, and AB 404 is a continuation of California's ongoing system efforts to improve outcomes for children in foster care.
- The overarching goal of CCR is to ensure that **all** children live with a committed, nurturing and permanent family that prepares them for a successful transition into adulthood, and that those families have **all** of the necessary services and supports.



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CWS CCR TEAMING

- Teaming is the process of a group of people coming together who are committed to a common purpose, approach and performance goals for which they hold themselves mutually accountable. Teaming will be done through formal CFT meetings and informally via regular team member communication.
- The CFT Meeting is a facilitated meeting process designed to **produce a plan** for safety, placement, and services tailored to the individual needs of the child and family.
- CFTs will be created and maintained for all out of home youth including:
 - Family Reunification cases until return home
 - Out of home voluntary cases until return home
 - EFC youth
 - Adoptions cases until finalization
 - PP/APPLA cases until permanency or case closure

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CCR FUNDAMENTAL PRINCIPLES

- All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.
- "Child and Family Teams (CFTs):" The child, youth and family's experience and voice is important in assessment, placement and service planning.
- Children should not have to change placements to get the services and supports they need.
- Collaborative and Comprehensive: Collaborate effectively to surround the child and family with needed services, resources and supports rather than requiring a child, youth and caregivers to navigate multiple service providers.
- The goal for all children in foster care is normalcy in development.

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DSEP

DSEP – Developmental Screening and Enhancement Program:

- Screens all children age 0 – 6 on open cases (court and voluntary)
- Uses multiple tools to assess physical, social, behavioral and emotional developmental levels
- Makes referrals as needed to appropriate service providers (PT, OT, Parent-Child Interaction Therapy (PCIT) or Parent-Child Attunement Therapy (PCAT), play therapy, etc.
- PSW's job to ensure referral is completed and services initiated
- DSEP provider is part of the CFT meeting for youth they serve

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CANS

WHAT IS THE CANS?

- Child and Adolescent Needs and Strengths (CANS) is an evidence based tool that determines which key strengths and needs the Child and Family Team (CFT) should focus on to best support the child and family
- The CANS assessment process captures the views of the family and those close to the child which then informs and guides the treatment / case planning process
- The single assessment process creates and establishes authentic partnerships with children, youth and families, which results in coordinated and integrated plans that are individualized to address the unique needs of each child / youth / family members
- Training and certification is required for all staff administering the CANS

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CANS

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

- Behavioral Health Services uses a 50 item tool with additional modules
- Child Welfare Services uses a 62 item tool
- Module areas:
 - Behavioral / Emotional Needs
 - Life Functioning
 - Risk Behaviors
 - Strengths
 - Caregiver Resources and Needs

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CANS

WHEN / HOW DO WE USE THE CANS?

- Within 30 days of a new case opening
 - Will replace the initial mental health screening once training occurs (approximately October 2018)
 - Prior to the completion of every case plan including the initial case plan
 - Will include all members of the CFT in the assessment
 - Scoring
 - Used as a guide to determine what level of action might be needed to assist the child / family with their needs / build their strengths

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EFFORTS TO SUPPORT MENTAL HEALTH

SR. CLINICAL PSYCHOLOGIST ROLE

- Oversight of the provision of Mental Health Services for CWS-involved Parents and Children to ensure the most appropriate services are provided in our efforts to keep children in their homes.
- Oversight of CWS program development as it relates to the impact of Secondary Trauma
 - Support for CWS staff:
 - Seminars on Secondary Trauma and Resiliency
 - Beginning implementation of a formal Secondary Traumatic Stress Program across the agency.
 - Check-ins/Consultation with CWS staff re: Critical Incidents and the impact of Secondary Trauma.
 - Case Consultation regarding the mental health needs of the youth and families.
 - Collaboration with outside agencies invested in the mental health of our CWS-involved parents and children.

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PREVENTION PROJECT

Build the capacity of providers and caregivers to strengthen the social and emotional well-being of children 0-5 in order to support their engagement in and ongoing success in formal and informal early care and education settings.



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VISION

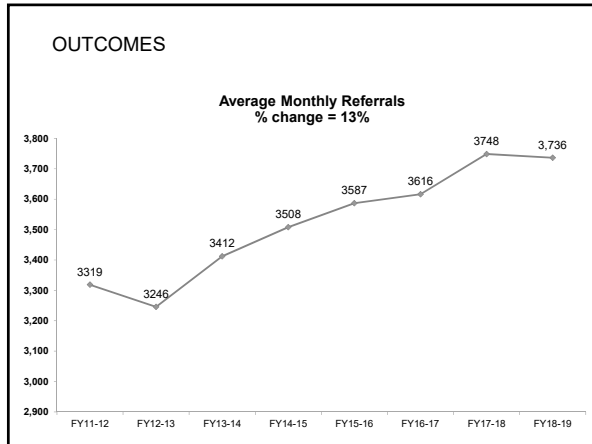


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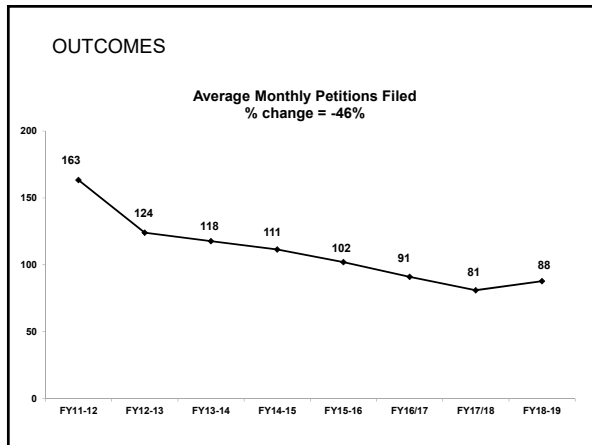
CWS OUTCOMES



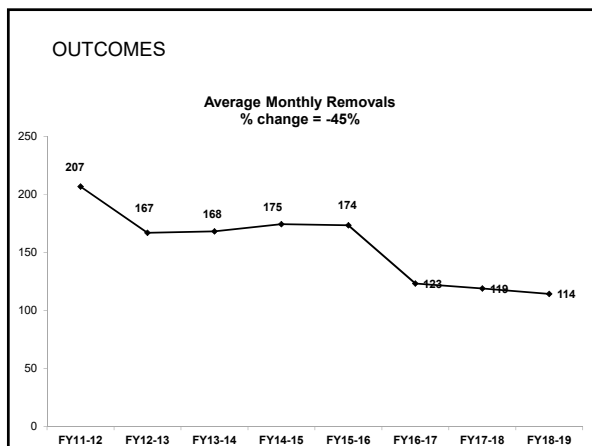
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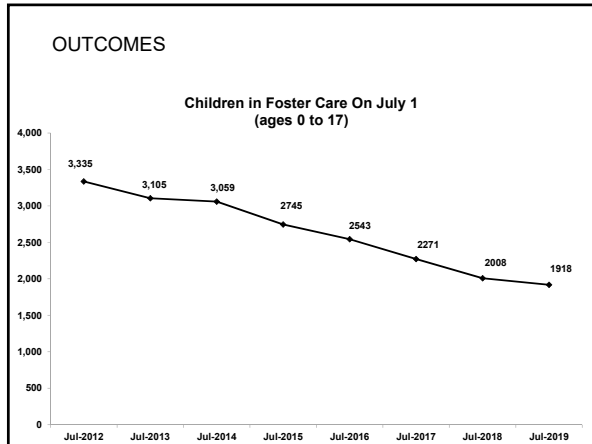
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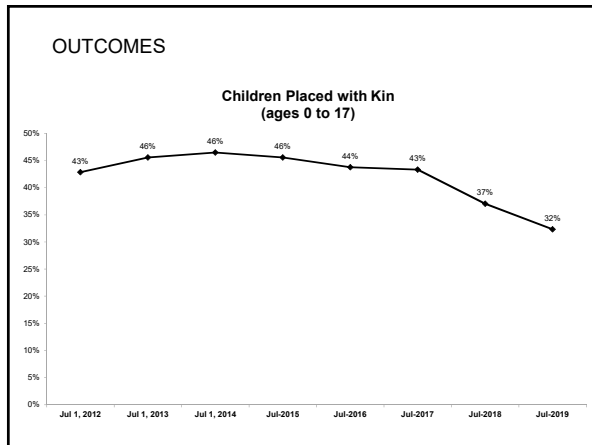
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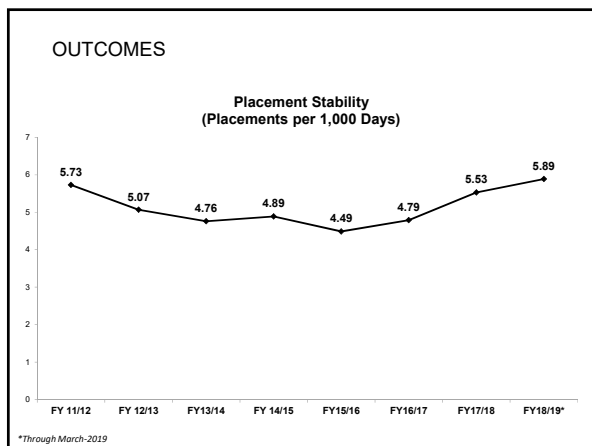
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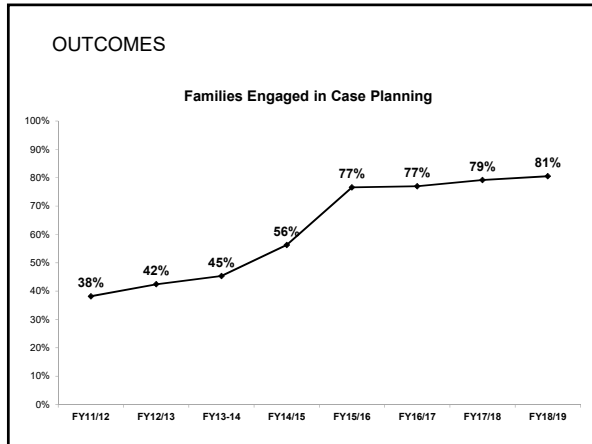
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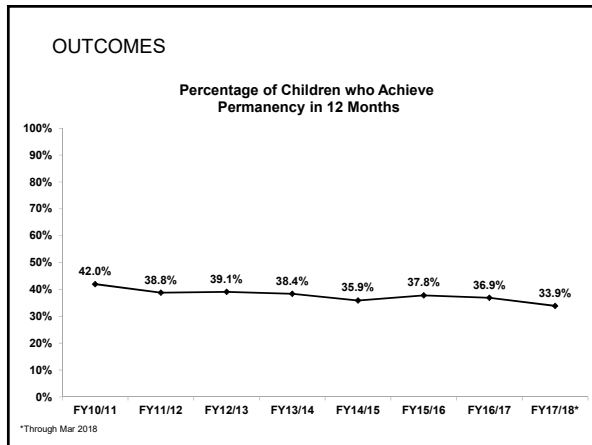
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