



CF SR January 2010 Kick-off Notes Summary of Break-out Comments

VISION

Safe, healthy individuals, families, and communities

MISSION

The Department of Social and Health Services will improve the safety and health of individuals, families and communities by providing leadership and establishing and participating in partnerships.

VALUES

*Excellence in Service
Respect
Collaboration and Partnership
Diversity
Accountability*

ORIENTATIONS

*Early childhood development
Person- and family-centered, strengths-based*

OUR IMPACT

Together we will decrease poverty, improve safety and health status, and increase educational and employment success to support people and communities in reaching their potential.

DSHS One Vision

- Teaming includes the voice of the child & family.
- Consistency of staff & services.
- Jointly sharing the responsibility of the case.
- Joint accountability through all systems, policies, mandates.

Needs & Challenges

Needs and challenges which intersect all or nearly all other areas include:

- Lack of intersystem communication and collaboration.
- Differing ideas among families, social workers & courts about what a family needs and what services should be provided.
- Listen to and value family experience, expertise & requests.
- Inequitable service array and accessibility including urban/rural disparity.
- Cultural competency in engagement and services/disproportionality.
- Early and appropriate engagement of and continuous partnering with all key figures including fathers, Tribal members, culturally-specific leadership and faith leadership, as well as mothers, grandparents, relatives, and important persons known to the child and family.
- Early and appropriate engagement and continuous partnering with the child or youth.

Specific needs and challenges by category:

Education and School Stability

- Educational Advocacy good but tends toward crisis management.
- Education training needed for social workers.

Physical Health

- Health and Recovery Services Administration (HRSA) and Children's Administration (CA) collaboration.

Mental Health and Substance Abuse Resources

- Substance abuse treatment geared for women.
- Accountability to case standards.
- Need for stability and consistency of all providers (social workers, schools, courts, etc.) build relationships.

Disproportionality

- Parents basic needs (housing) vs. social worker (services).
- Family Team Decision Making (FTDM) is specific but can appear accusatory.
- Safety, balance engagement & accountability.
- Aware of and open to consultation on culture.
- Minimize power differential.
- Work more closely with Tribes.

Foster and Kinship Caregivers

- Train, support, & retain foster/kinship homes.
- Foster parent/Bio parent mentor program.
- Prevent crisis by creating predictable situations (Mockingbird hubs).
- Regular respite providers for foster and kinship homes.
- Wraparound planning/staffing, bring everyone to the table.
- Provide supports to keep child in stable placements.
- Engage foster parents in decision making and provide follow-up.

Services to Adolescents

- Get the perspective of youth.

What we know:

- We need to use resources and tools we have, not always create new ones.
- We need to act on case review results not just let them sit on a shelf.
- Team partnering is effective; we need balance of leadership and teaming.
- Solution based focus with child at the center works.
- Need for training, mentoring, and strong supervision for social workers.
- Department turnover is affecting stability for placements, staff expectations are impractical.

What works well?

- Strong community partnerships and services available.
- Family Team Decision Making (FTDM).
- Solution Based Casework.
- Fatherhood projects to support, train, and engage fathers.
- Veteran Parent/Partner as Navigator for the parent and classes taught by veteran parents such as Dependency 101.
- Youth engagement programs.
- Mockingbird hub.
- Early and thorough relative search.
- Inclusion of all parties in placement decisions/planning for the future.

What needs improved?

- No consistent understanding of maltreatment in terms of law/practice/culture.
- Subjectivity/bias against parents.
- Staff resources and program funding.
- Safety measures and safety planning should be re-evaluated.
- FTDMs and Solution Based Casework are valuable but concerns arise including: too few FTDM and too few facilitators, meetings taking too long, facilitator trying to conduct therapy, decision made prior to meeting, need to focus on safety, failure to address visitation issues due to bias.
- Culture, Physically Aggressive youth/Sexually Aggressive Youth Resources.
- Improve attitudes about teaming within and outside of the Department.
- Improve perception of DSHS as a whole and CA specifically.

What additional perspectives are available?

- Foster parent perspective.
- Bio parent and sibling group perspectives.
- Local community leaders such as: elders, ministers, community centers.
- Tribal perspective
- Immigrant and refugee perspective