

DETAILED RESPONSE DATA FROM QUESTION #2 OF CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE SURVEY

THEME: ADDRESS DISPARITIES (8 comments; average ranking = 2.38 where 1 is top priority)

Making the reduction of racial disparities a priority: Collecting non-identifying statistical data of the kids and families served (especially race and ethnicity data but also gender, age and location information) and collecting and analyzing data on outcome measurements. By being a leader in data collection, and holding itself accountable, EOHHS can play a major role in addressing this serious problem.

Providing consistent and predictable services to families regardless of race, gender, or class.

Equalizing access to services and resources regardless of socioeconomic status. While there are very many opportunities in the Commonwealth, access to them is not equitably distributed. Improving the capacity for marginalized populations (including low-income families, people in rural communities, immigrants populations, etc.) to know about and access existing services would be a primary objective.

Understanding the role of race/class and privilege when providing services

Improving the quality of culturally relevant services

Providing culturally competent services to geographically displaced children placed in residential programs outside of the minority communities they come from.

Creating an effective method for ensuring that individuals of different ethnicities receive linguistically competent services.

Improve access of culturally and linguistically competent services for minority children, youth and their families,

THEME: COLLABORATION BETWEEN HUMAN SERVICES & EDUCATION (8 comments; average ranking = 2.63 where 1 is top priority)

Enhanced collaboration between human services and education

It is also critical to examine ways in which other states have increased the coordination of agencies like DCF, DMH, DDS, DYS and DESE so kids are not being dumped in the agency of last resort – DYS.

Address the gap or disconnect between educational services and human services for children/families

DESE continues to be a problem for families lack of consistency across school systems, transition services, quality of staffing etc

DESE needs to participate fully in "outreach" to children and families

Comprehensive health services in schools

Ensure a high-quality early childhood education experience for all children

New resources should go to restoration of programs at DCF, DMH, DDS with a DOE connection, more mental health and substance abuse services in the schools including early intervention.

THEME: INTEGRATION, COORDINATION & COLLABORATION (28 comments; average ranking = 2.82 where 1 is top priority)

Seamless transitions and closing gaps to provide continuity of services

It is also critical to examine ways in which other states have increased the coordination of agencies like DCF, DMH, DDS, DYS and DESE so kids are not being dumped in the agency of last resort – DYS.

There needs to be a common understanding/definition as to what is "a seamless care delivery system"?

Eliminate "silos" in children's services throughout state government increasing ease of access for families

Comprehensive understanding of the service delivery system and how they support/don't support one another. (Structured and intentional collaboration)

Shared case management across agencies with ability to access resources in each agency, e.g.. DDS, DPH, DMH etc.

Thorough, comprehensive assessment should address all family issues & then dictate tax plan. Stop developing new assessments; just pick one and use it everywhere

Improve coordination and communication across agencies, based on family's articulated needs (not based on what services are available)

Consolidate EOHHS regions across the state for all services

Have single intake form for all services

Co-locate all state human services under 1 regional roof

Enhance collaboration across agencies and service providers so that all are working together with families and youth

Integrate CBHI services with agency activities

Build flexibility in services so that transitions are minimally disruptive

Universal screening/assessment system for all children in order to identify developmental/resources/support needs

Coordinate services across the state agencies and other programs

Integrated medical and behavioral health assessments for children--need more providers in both categories

Overcome the barriers compartmentalization that can fragment response for families needing assistance

Opportunity to expand existing DDS Family Support Centers to promote "one stop" access point for families seeking information and referral.

Better coordination and data sharing between State agencies and providers

Streamline policies across agencies;

"Jack of all Trades" approach to social services means you are a master of none. Staff/providers cannot be everything to every client - the field of social work and mental health is far to diverse.

Establish "one stop" shopping for families to improve access to services.

One door to services

Improve the coordination of services for children through the sharing of information and delivery of wraparound services with all the involved parties,

Success will be changes in regulations to help agencies work with each other

Getting out of the silo mentality and realizing these are all "our" kids and we should all take responsibility for serving them, no matter what agency we are in;

Would like to see review and analysis by A&F of how dollars are being spent on Human Services now and if there can be better coordination of effort and distribution of dollars between secretariats, DESE, Dept. of Ed, DCF, Child Advocate, DMH (substance abuse), DDS, DPH, DTA, DHCD (homeless population) DOC and Sheriffs for women in or leaving the criminal justice system (most of whom have children), DYS

THEME: FAMILY ENGAGEMENT (12 comments; average ranking = 2.83 where 1 is top priority)

Enhancing youth/family/community partnerships with EOHHS: Establishing a system within EOHHS that increases the involvement of youth and families in the development of their service plans (following the principle captured in the phrase "nothing for me without me."); ensuring that no privileged information be shared among agencies in the executive branch without a family's knowledge and consent; and creating and regularly consulting with effective community advisory committees so EOHHS can have continual feedback and guidance on how best to serve the youth and families in their communities.

Having family involvement at every level of infrastructure.

Soliciting and acting on youth voice. Any agency that is focused on children and youth must have mechanisms that encourage, solicit and act on feedback from youth. This should be true at multiple level within a system or agency, from the top level (e.g. statewide student councils, youth advisory boards, etc.), through the individual level (e.g. youth having a say in DCF service and permanency plans, youth being encouraged to speak in court, etc.).

There is a lot of expertise - identifying that and making it accessible for all families is needed

Constituent Engagement improvements - public employees (particularly human service workers) need the ability to genuinely and openly engage with the children and families they serve. The best source of information about a family's strengths and needs is the family itself and the community and networks in which it is embedded. Helping staff to learn better ways to engage families and their supports is critical to improving systems.

Improve coordination and communication across agencies, based on family's articulated needs (not based on what services are available)

Utilize flexible funding support mechanisms that are family driven.

Ensure families have a strong voice in resource allocation decisions, i.e.. through family councils.

Work with families to build capacity in the family so services for children and youth are sustainable long term.
They are going to end up with their families for the most part.

Creating an effective method for ensuring family voice and choice is adhered to by providers of services.

Greater parent involvement in identifying needs and expected outcomes

Success should be measured that all youth have a voice in their treatment and are youth guided and family driven care.

THEME: DATA SHARING (15 comments; average ranking = 2.87 where 1 is top priority)

Data and information sharing to provide and evaluate services and outcomes

Ensuring that no privileged information be shared among agencies in the executive branch without a family's knowledge and consent

Collecting non-identifying statistical data of the kids and families served (especially race and ethnicity data but also gender, age and location information) and collecting and analyzing data on outcome measurements. By being a leader in data collection, and holding itself accountable, EOHHS can play a major role in addressing this serious problem.

Eliminate "silos" in children's services throughout state government increasing ease of access for families

Data sharing across agencies is long overdue and may be preferable to creating another silo type agency.

Inter-agency communication improvements. Each agency is driven by the concern for the well-being of children and families, but they are all hampered by the complexities of communicating between agencies and systems. A more streamlined and effective system to communicate and share information would be a boon to families, children and the staff working to help them.

Ensure families need only tell their story once - i.e.. create an accessible record to be utilized by all agencies.

Improve coordination and communication across agencies, based on family's articulated needs (not based on what services are available)

Ensure data sharing both for consistent and coherent service planning and for outcome evaluation.

Overcome the barriers compartmentalization that can fragment response for families needing assistance

Better coordination and data sharing between State agencies and providers

Improve data collection and ability for different agencies to share information

Ability to communicate with all agencies and parties freely.

New resources should go to data sharing

Allow data sharing across agencies

THEME: FAMILY SUPPORT (5 comments; average ranking = 3.2 where 1 is top priority)

Ensure that family support (FS) is regarded as a key priority in policy and funding including but not limited to hard wiring FS funding for "ALL" families who have a child with a disability or face challenges a family (e.g., due to income, parental illness or limitation...)

Build upon the proactive and localized approach or model of family support in DDS

Parental support

Improve the support provided for parents with children with disabilities,

Parenting services---support, psycho education, --for families of children and youth in all EOHHS systems

THEME: PREVENTION (8 comments; average ranking = 3.75 where 1 is top priority)

Address prevention for kids/teens so that they avoid the criminal justice system

In particular, it's important to examine how state agencies can provide quick access to high quality voluntary prevention services to youth and families in the community.

Increased emphasis on prevention and early-as-possible intervention

New resources should go to prevention

Focus as much as possible on prevention and early intervention;

Ensure that children with disabilities have a family to support them if the biological family is no longer able to do so (all kids should have a home)

Early and frequent focus on permanency. All people flourish best when they are rooted in families and communities where they feel a sense of belonging; this is especially true of young people since their developmental tasks require high levels of support, guidance and nurturing. Since this is the basic human need for young people, it needs to be the constant & immediate focus of custodial agencies (e.g. DCF & DYS) beginning with their first contact, and an important secondary concern for all other child-serving agencies.

If a youth does not have biological families they should be able to create their own families in the community, who they confirm or see as family.

OTHER COMMENTS

Effective and innovative government:

Reach out to DYS and DCF to do an overall assessment of vendors.

New resources should be directed to family based "pilot programs" which are creative and cost effective.

Cultivating a culture of innovation in each department, creating a budget that encourages innovation, empowering leadership to experiment and take risks. JDAI (Juvenile Detention Alternative Initiative) is a wonderful example of an innovative program spearheaded by DYS and supported by EOHHS that involved risk. It has been hugely successful.

Better understanding of Medicaid and how it works with CBHI, how the money is spent for CBHI services and whether or not there is evidence that CBHI is working.

Review and better understanding of the use of psychotropic drugs with children.

Putting the money into family stabilization, fair hearings, and evidenced based practice.

Look at what is working elsewhere /adopting evidence based practices:

Examining practices in other states to improve services in Massachusetts: We should study the lessons learned in other states so we can build upon their successes.

Expanding JDAI statewide.

Increase the capacity of systems and organization to deliver results oriented and evidence-based programming to help young people succeed.

Encourage the incorporation of successes from the experiences of vendor agencies.

Would like to see a literature review of what is happening in other states that might make sense here in Massachusetts.

Replicate models that have been proven to work.

Recommendations for Advisory Committee:

Reach out to vendor agencies.

As a first step, the Commonwealth needs to define the challenges and barriers that it seeks to address with this Advisory Committee (the scope of the Committee's efforts).

Commitment from EOHHS, Gov, legislature to enact suggestions of this group.

The Commonwealth needs to identify what statutes, regulations and/or policies that already exist that may facilitate reform.

Ensuring adequate staffing and resources are available for any changes made or proposed.

Ensure adequate training for all staff/providers responsible for implementing change.

Not "changing" services for the sake of changing them. Change alone, or moving services around, offers no real chance for improvement.

I would like to better understand what the Administration and others feel is not working for Children, Youth and Families now and what the Administration would like to change or could change through regulation or legislation.

Don't fix what isn't broken. There are many existing policies that work, or have the potential to work. The Commonwealth too often creates new policies or regulations to try and "fix" a problem, instead of addressing why existing policies, which on paper may be fine, aren't working.

New resources should be allocated to fund existing contracts/rates for cost of living adjustments.

Services improvements:

Youth should not be sitting in ER's waiting for placement.

Reduce instances of "toxic shock" on young children to ensure healthy brain development.

A web based, easy to navigate resource and referral system.

Youth when leaving inpatient level of care should be taught life skills in order to live successfully in the community.

Facilitate ongoing team involvement with very challenged families with greater emphasis on consistent support and successful functioning and development.

Youth need to understand their rights and when and why these can be taken away from them.

Increasing intervention work and evidence based models for very high risk young people engaged in dangerous and/or risky behavior.

Day centers for at risk youth where services could be provided.

Increase the capacity of organizations to implement extensive outreach and support efforts based on evidence-based practices.

Strengthen community based services particularly focused on mental health services.

Services provided in and by the community (building capacity of the community to support its families).

Coverage/services availability:

Affordable childcare that includes an option for sick children.

Success would involve the ability to safeguard specialty services for families who have children with intellectual and medical challenges.

Insuring that children, youth and families in need of services are covered by insurance at all times and the coverage is consistent regardless to their living situation.

Issues to be included would be access to hospitals for psychiatric and behavioral concerns.

Making available mental health services to all MA youth.

Emergency mental health evaluations.

Improve access for children and youth with disabilities.

Emergency placements i.e.: respite

Addressing the needs of undocumented children.

Availability for a psychiatrist to prescribe medication if needed.

Have all stakeholders agree on % of revenues returned to their budgets from cuts of last several years.

Data Collection:

By being a leader in data collection, and holding itself accountable, EOHHS can play a major role in addressing this serious problem.

Improve data collection and ability for different agencies to share information.

New resources should go to data collection.

Workforce Development:

Trauma-informed care and workforce development

Constituent Engagement improvements - public employees (particularly human service workers) need the ability to genuinely and openly engage with the children and families they serve. The best source of information about a family's strengths and needs is the family itself and the community and networks in which it is embedded. Helping staff to learn better ways to engage families and their supports is critical to improving systems.

Training for staff working with children, youth and families. And support and supervision, so they don't burn out in a year.

Create a web based, easy to navigate resource and referral system and provide staff with consistent training in this system across all programs, agencies, etc

Implementing a Positive Youth Development model across all CYF departments: Although PYD has been formally adopted within DYS, a priority should be full implementation of the approach among all the agencies in all aspects of their work. DCF and DYS involved children have terrible life outcomes. Fully implementing a PYD philosophy is essential to changing that situation in the future.

Barrier removal should start with training; new resources should go to training.