Massachusetts Juvenile Court Department

# CHILD WELFARE MAPPING REPORT

Hampden County • April 2021

*Cross-Systems Mapping to Support Healthy Families and Safe, Nurturing, and Permanent Homes for Children*

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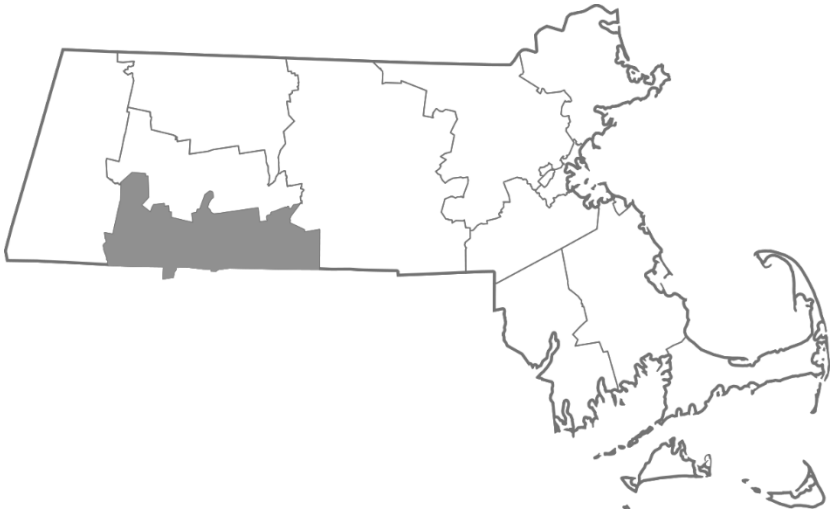

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Palmer Juvenile Court
Brimfield, East Longmeadow, Hampden, Holland, Ludlow, Monson, Palmer, Wales, Wilbraham

# Child Welfare Mapping Report

## Introduction

The purpose of this report is to provide a summary of the Hampden County Child Welfare Mapping held on April 8th and 15th, 2021. This report includes:

- A brief review of the origins, background and framework of Child Welfare Mapping;
- A map of the child welfare landscape as developed by the group before and during the summit;
- A summary of the information gathered before and during the summit;

The summit was attended virtually by 69 individuals representing multiple community partners including the courts, child welfare, family and youth serving organizations, education and childcare, mental health and substance use disorder treatment, recovery support, healthcare, law enforcement, corrections, and social services. A complete list of participants is available in Appendix A.

The summit was facilitated by Marisa Hebble and Tess Jurgensen, from the Executive Office of the Trial Court.

The planning committee for this summit was convened by First Justice Lois Eaton and Judge Carol Shaw of the Hampden County Juvenile Court Jurisdiction. Planning committee members from Baystate Health, Behavioral Health Network, Casey Family Programs, Center for Human Development, Committee for Public Counsel Services, Department of Children and Families, Department of Elementary and Secondary Education, Department of Mental Health, Department of Public Health, Department of Youth Services, Executive Office of the Trial Court, Juvenile Court Department, Law Office of Brian J. Tessier, National Center for State Courts, and Springfield Family Resource Center are indicated in Appendix A.

Communities included in the Hampden County Juvenile Court jurisdiction include Agawam, Blandford, Brimfield, Chester, Chicopee, East Longmeadow, Granville, Hampden, Holland, Holyoke, Longmeadow, Ludlow, Monson, Montgomery, Palmer, Russell, Southwick, Springfield, Tolland, Wales, Westfield, West Springfield, and Wilbraham.

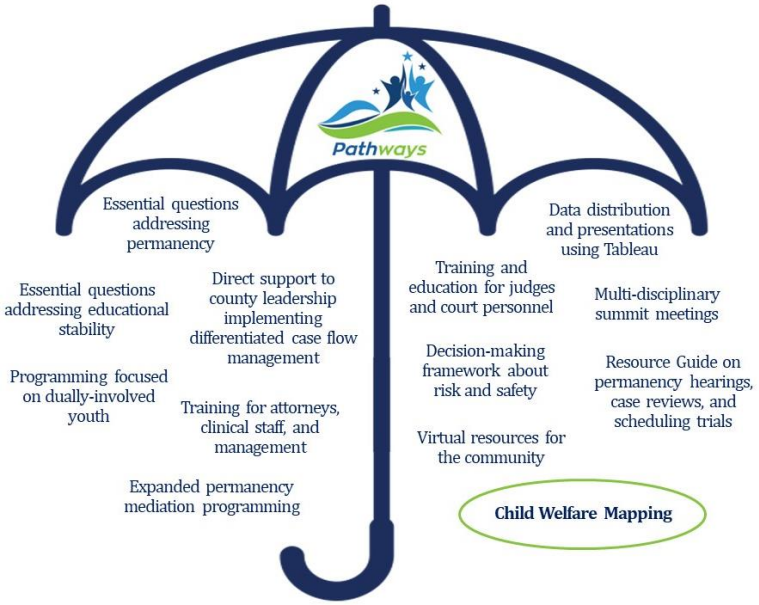
At the time of the summit, the Commonwealth was in the midst of the COVID-19 pandemic. As a result, the summit was held virtually over two days, one week apart.

Conducting a child welfare mapping in a virtual setting required data collection and information gathering during the planning process. This included a series of 28 pre-summit focus groups and key informant interviews, as outlined in Appendix C. A Community-Self Assessment was also used to better understand Hampden County's level of collaboration and activities relating to the local child welfare system and vulnerable children and families. Assessment responses can be found in Appendix D.

## CHILD WELFARE MAPPING: BACKGROUND AND OVERVIEW

Child welfare mapping provides communities with a tool to work across systems to strengthen families and support safe, nurturing, and permanent homes for children.

Launched by the Massachusetts Juvenile Court in collaboration with the National Center for State Courts and Casey Family Programs, Child Welfare Mapping brings together local stakeholders for a series of action-oriented working meetings. Using a tool informed by the *Sequential Intercept Model*,[1,2] stakeholders collectively map the local child welfare landscape, identify resources and gaps in services, and create an action plan to enhance collaboration within and across systems.




Child welfare mapping builds upon the Juvenile Court Department's differentiated case flow management *Pathways* initiative. *Pathways* is designed to ensure fair, just and prompt resolution of abuse and neglect cases, with a focus on improving timely permanency for children.

### Project Vision, Mission, and Goals

Child Welfare Mapping envisions strong families; safe, stable, and nurturing homes; and community-based, coordinated, and comprehensive prevention networks.

The mission of Child Welfare Mapping is to:

- Support data-driven and evidence-based practices;
- Facilitate and enhance collaboration and coordination among partners and across systems; and
- Reduce risk of child maltreatment, family disruption, and trauma.

Goals of the Project are to:

- Develop a map of the prevention and child welfare landscape;
- Identify resources and gaps in practices, protocols, and programs;
- Collectively agree on priorities for change; and
- Develop an action plan to improve system and service-level responses.

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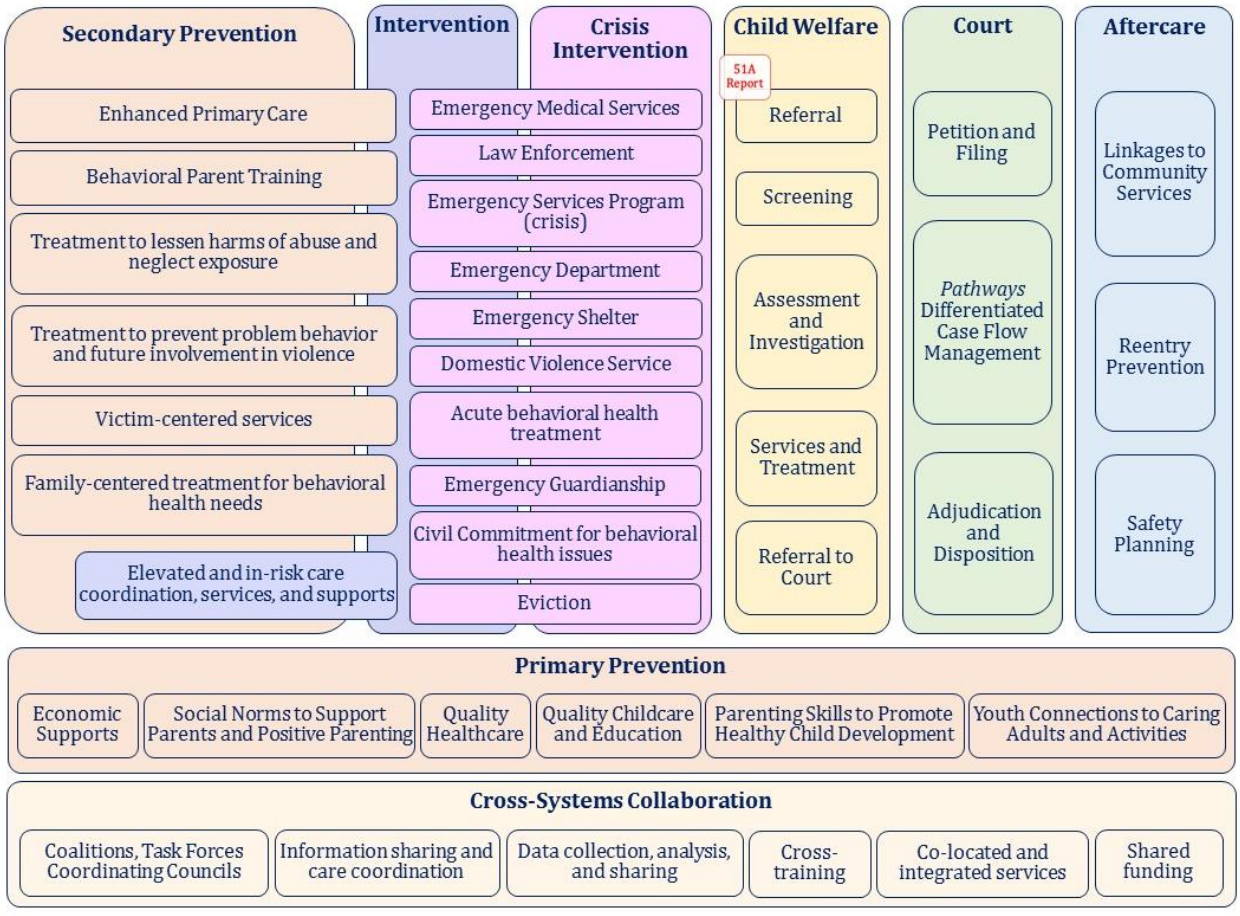
[1] Munetz, M.R. & Griffin, P.A. (2006). *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*. Psychiatric Services, 57(4), 544-549.
[2] SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

## Framework: Child Welfare Landscape

The Child Welfare Landscape provides a conceptual framework for communities to organize targeted strategies for children and families at-risk of involvement, or currently involved with, the child welfare system. The landscape organizes the child welfare system into a series of stages at which prevention and intervention strategies can be implemented to prevent families from entering or penetrating deeper into the child welfare system.

Points of prevention and intervention include:

- Primary Prevention
- Secondary Prevention
- Intervention and Crisis Intervention
- Child Welfare
- Court
- Aftercare
- Cross-Systems Collaboration



Child welfare mapping includes an inventory of practices and programs at every stage of the landscape, with a particular focus on primary and secondary prevention, where children and families can have their needs identified and be connected with services before child welfare system involvement. The landscape provides an organizing tool for a discussion on how to best address the needs of children and families at the local level. Using the landscape, a community can identify local resources and gaps in services; decide on priorities for change; and develop targeted strategies to increase connections to treatment and recovery support services.

There are three phases of child welfare mapping:

1. Planning at the state and local level;
2. A summit, divided over two half-days, separated by one week; and
3. Post-summit activities, including action plan implementation, technical assistance, and sustainability efforts.

The planning phase centers upon the efforts of a Leadership Team, chaired by the Chief Justice of the Juvenile Court, as well as the efforts of a local planning group, convened in collaboration with local judicial leadership. The local planning group is responsible for developing an initial list of stakeholders for pre-summit focus groups and key informant interviews, offering input regarding local, state, and national data, and providing logistical support throughout.

### About the Summit

Child Welfare Mapping Summits typically take place in Juvenile Court jurisdictions and bring together key local stakeholders for a facilitated two-day event, which includes *Child Welfare Mapping* and *Taking Action for Change* exercises. Stakeholders include people in leadership roles from the court, child welfare system, justice agencies, family and youth serving organizations, education and childcare providers, mental health and addiction treatment providers, healthcare providers, recovery support, and social service organizations. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the summit include:

1. Development of a comprehensive picture of how vulnerable children and families flow through the region's child welfare landscape;
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities for change and initial development of an action plan to facilitate change.

### Hampden County Child Welfare Mapping Summit

Following is a map of the Hampden County child welfare landscape; a list of the priorities that were collectively agreed upon during the summit; a list of local resources and gaps gathered during focus groups, key informant interviews, and during the summit; and an initial action plan developed during the summit. For more information about each resource, click on the agency name in the landscape map.

Hyperlinks

# Hampden County Child Welfare Map

*Map designed inspired by Behavioral Health Innovators, Inc.*

Primary Prevention | Secondary Prevention | Intervention | Crisis Intervention | Treatment | Aftercare

## Economic Supports for Families

*Financial Support and Food Insufficiency*

- Department of Transitional Assistance: Transitional Aid to Families with Dependent Children; Emergency Aid to the Elderly, Disabled, and Children; Supplemental Nutrition Assistance Program
- State Supplement Program
- Women, Infants, and Children Nutrition Program
- Enlace de Familias (food pantry)
- Springfield Family Resource Center
- Food Bank of Western MA

*Childcare Subsidies*

- DCF Emergency Childcare Vouchers

*Housing*

- Holyoke Housing Authority
- Springfield Housing Authority
- Department of Housing and Community Development
- Wayfinders Residential Resource Center, Community Development Corporation, Friends of the Homeless, One Holyoke
- DTA shelters, RAFT, Alianza
- Statewide Emergency Housing Assistance
- Department of Mental Health (subsidies for adult housing and flexible funding)

*Transportation*

- Pioneer Valley Transit Authority
- Registry of Motor Vehicles
- DCF Family Advocate through Community Connection Coalition

*Education and Job Training*

- Western Mass Network to End Homelessness
- Westover Job Corps
- Springfield Technical Community College
- Holyoke Community College
- Valley Opportunity Council
- One Can Help

## Healthcare

- Baystate Medical Center
- Holyoke Health Center
- Caring Health Center
- Baystate Family Advocacy Center
- MassHealth

## Child Welfare

- DCF Area Offices: Springfield, Holyoke, Van Wart
- DCF Legal: General Counsel, Regional Counsel, Deputy Regional Counsel
- DCF Clinical: Regional Substance Use Coordinators, Area Clinical Managers, Area Resource Coordinators. Western Regional

## State Agencies

- Department of Children and Families
- Department of Public Health, Bureau of Substance Addiction Services
- Department of Mental Health
- Office of the Child Advocate
- Department of Youth Services
- Juvenile Detention Alternative Initiative
- Department of Elementary and Secondary Education

## Children's Residential

- Center for Human Development: Caring Together
- Key Program
- Allen Street
- Gandara
- Chicopee and Holyoke SSTAR
- The Children's Study Home

## Family Centered Treatment

- Sage House
- Institute for Health and Recovery: Family Engagement Project, Family Recovery Project, Moms Do Care, Parent-Child Services, Project Promise
- Square One: FIRST Steps Together, Mothering from the Inside Out
- Behavioral Health Network: My Sister's House
- Cutchins Program
- EMPOWER Program
- Center for Human Development: Grace House, Two Rivers
- Children's Behavioral Health Initiative

## Family and Community Resource Centers

- Enlace de Familias
- Springfield Family Resource Center
- Martin Luther King Jr. Family Services
- New North Citizens Council

## Youth Connections

- Big Brothers Big Sisters Hampden County
- Boys and Girls Club of Greater Holyoke
- Boys and Girls Club of Greater Westfield
- YMCA: Springfield, Holyoke, Westfield
- YWCA Western Massachusetts
- Holyoke Youth Soccer

## Early Childhood Care and Education

- Springfield Public Schools
- Holyoke Public Schools
- HCS Head Start

## Family Domestic Violence

- Alianza (Women's Shelter Compañeras)
- DCF Regional DV Specialists

## Law Enforcement

- Holyoke Police: Holyoke Safe Neighborhood Program (Family Resource Guide)
- Springfield Police: Domestic Violence Advocate, Hub Table
- Hampden County Sheriff's Department: Springfield and Holyoke Neighborhood Watch, 6 Parent Engagement Coordinators, Youth Leadership

## Behavioral Health Treatment

- Behavioral Health Network
- Center for Human Development
- Gandara
- Clinical & Support Options
- ServiceNet: Child and Adolescent Services
- Access to Recovery

## Court, Court Partners, and Court Programs

- Springfield Juvenile Court
- Holyoke Juvenile Court
- *Pathways Initiative*
- Hampden County Dually Involved Youth Program
- Hampden County DA's Office: Special Victims Unit; Healing Racial Trauma
- Hampden County JDAI
- Juvenile Court Clinic
- Committee for Public Counsel Services: CAFL Resource Attorney
- Health Law Advocates: Mental Health Advocacy Program for Kids
- Defense Counsel: Private Bar

## Peer Support

- Valor Recovery Center: 8 wk. parenting group, Parenting Portfolio, Family Support Specialist, peer mentors for moms
- Hope for Holyoke: Family Support Specialist
- Sober Mommies
- Allies in Recovery
- Square One: FIRST Steps Together
- Western Mass Training Consortium
- Massachusetts Organization for Addiction Recovery
- Bowen Resource Center

## Parenting Skills to Promote Healthy Child Development

- Holyoke Family Resource Center; Springfield Family Resource Center: Parenting Journey, Nurturing Fathers, Nurturing Families, virtual learning tutorials, Grandparents Raising Grandchildren, peer support
- Square One: Healthy Families, Parents as Teachers, Mothering from the Inside Out, FIRST Steps Together
- HCS Head Start: Holyoke Chicopee Family and Community Program, father engagement, family fun nights, cooking classes, parent volunteering opportunities

## Coalitions/Task Forces

JDAI • Holyoke Family Resource Center Advisory Board • City of Holyoke Food Access Committee • DCF Community Connection Coalition Hampden County Family Recovery Council • Hampden County Perinatal Coalition • WMSAPA • Mandated Reporter Commission • DMH Law Enforcement and Mental Health Meeting in Northampton • Holyoke Safe Neighborhood Initiative Pioneer Valley Restorative Justice for Youth • Hampden County Addiction Task Force

## Hotlines/Helplines

413 Cares • MA Child Trauma Hotline: 1.855.546.5543 DCF Child-at-Risk Hotline: 800-792-5200 • Look4Help • Helpline MA: 800.327.5050 masslegalhelp.org • Parentshelpingparents.org • Statewide Emergency Housing Assistance: 866.584.0653 • Suicide Prevention Hotline: 1-800-PPD-MOMS

## Hampden County Priorities for Change

***How are the priorities selected?***

*During the focus groups, key informant interviews, and summit, gaps in practices, protocols, and programs across the child welfare landscape are identified and inventoried. Gaps with similar themes are then grouped together and organized to create a list of potential priorities. Local stakeholders who attend the summit review and discuss the priorities and then vote on the most important priorities for change for the region. The top priorities are the focus of action planning for the second day of the summit. Please refer to Appendix E for the action plans developed during this summit. Note: Priorities listed with the same number received the same number of votes.*

1. Efficient and coordinated prevention and service network: timely access to services; comprehensive and updated list of resources; culturally competent and bilingual services; capacity; resources that are under or over-utilized; access for communities outside of Holyoke and Springfield; access to mental health services for children
2. Cross-systems care coordination and support for children and parents: pre-filing; after resolution; during and after reunification; information exchange systems that protect confidentiality but allow for support of vulnerable children and parents
3. Programs/processes for cross-sector and collaborative resolution of open DCF cases: with child welfare, court, attorneys, treatment, services, advocacy, parents, children
4. Training and education across sectors on relevant topics: working with vulnerable children and families, local resources, motivational interviewing, child development, risk/safety, substance use disorder, mental health, trauma, interpersonal violence, identification of needs and level of care/service matching, compassion fatigue, structural racism and implicit bias; cross-training between agencies
4. Workforce issues among youth serving and behavioral health providers: high turnover, supervision, least experienced staff working with highest needs families, training, reimbursement rates, compassion fatigue and vicarious trauma
5. Prosocial activities for youth, with opportunities for parent engagement; access to mentors with lived experience for children, parents, and families
5. Cross-systems coalition/working group focused on supporting children and families and continuing the efforts from the summit
6. Safe, stable, supportive, and affordable housing
7. Inclusion and integration of people with lived experience; at the planning, implementation, and evaluation tables
8. Data system for data collection, analysis, and sharing; data on drivers of child welfare involvement; data on outcomes; data sharing at the state-level with other systems; data on the needs of Hampden County communities outside of Holyoke/Springfield; race/ethnicity data
9. Transparency about child welfare practices; consistency among child welfare staff; standardization of practices; tension/conflict of child welfare as a support service for families but also the legal team that will request removal when deemed necessary
10. Social isolation among vulnerable children and parents; places for parents to get help without fear of losing children
10. Family-centered/two-generation programming
11. Support for parents in understanding child development and behavior; and implementing practices to support children
12. Support services and programs for fathers; grandparents; non-custodial parents; other caregivers

# Hampden County Resources and Gaps by Landscape Stage

## Primary Prevention

*Universal: Entire population regardless of level of risk*

### Resources

**Economic Supports for Families**

Financial Support and Food Insufficiency

- Department of Transitional Assistance: Transitional Aid to Families with Dependent Children (TAFDC); Emergency Aid to the Elderly, Disabled, and Children (EAEDC); Supplemental Nutrition Assistance Program (SNAP)
- State Supplement Program (SSP)
- Women, Infants, and Children Nutrition Program (WIC)
- Family Resource Centers: Holyoke (food pantry) and Springfield
- The Food Bank of Western Massachusetts

Childcare Subsidies

- DCF Emergency Childcare Vouchers

Housing

- Housing Authorities: Holyoke and Springfield
- Department of Housing and Community Development
- Wayfinders Residential Resource Center, Community Development, Corporation, Friends of the Homeless (18+), One Holyoke
- DTA shelters, RAFT, Womanshelter Compañeras
- Statewide Emergency Housing Assistance: 866.584.0653
- Department of Mental Health (subsidies for adult housing and flexible funding)

Transportation

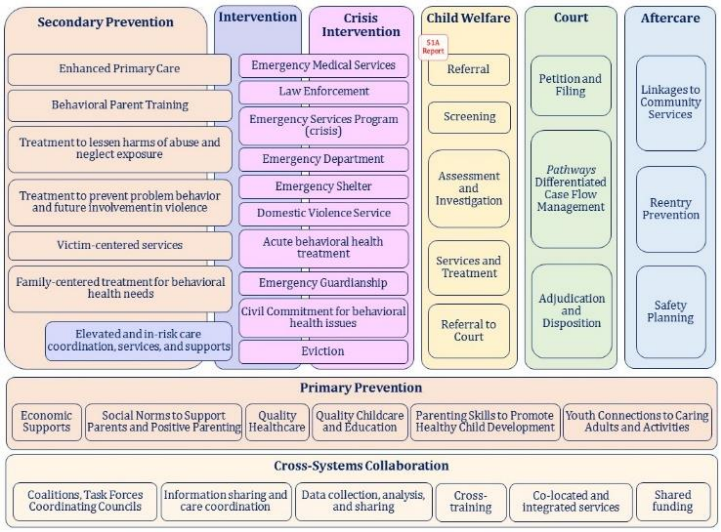
- Pioneer Valley Transit Authority
- Registry of Motor Vehicles

Education and Job Training

- Western Mass Network to End Homelessness
- Westover Job Corps
- Springfield Technical Community College
- Holyoke Community College
- Valley Opportunity Council
- One Can Help

**Quality Healthcare**

- MassHealth Enrollment and Adjustment
- Urgent Care Centers
- Hospitals: Baystate, Mercy
- Primary Care Practices
- Federally Qualified Health Centers: Springfield Health Services for the Homeless; Caring Health Center, Springfield; Baystate Mason Square, Springfield; Baystate Brightwood Health Center, Springfield; Holyoke Health Center




**Quality Childcare and Education**

- Private Childcare Providers
- Hampden County HeadStart
- K-12 Schools: School Counselors, Directors of Special Education Services, Family Outreach, Truancy Prevention Programming
- Department of Early Education and Care
- Department of Elementary and Secondary Education

**Parenting Skills to Promote Healthy Child Development**

- Family Resource Centers: Parenting Journey, Nurturing Fathers, Nurturing Families, virtual learning tutorials, Grandparents Raising Grandchildren, peer support
- Mothering from the Inside Out
- Healthy Families and Parents as Teachers, Square One
- DCF Family Advocate through Community Connection Coalition; stationed at DCF Area Office 2x/week

**Youth Connections to Caring Adults and Activities**

- Recreation Departments
- Big Brothers Big Sisters • Girls, Inc.
- Holyoke/Westfield Boys and Girls Club
- YMCA/YWCA
- Holyoke Youth Soccer
- Holyoke Safe Neighborhood Program
- Fresh Start Program
- Holyoke Safe and Successful Youth Initiative
- ROCA (17+)
- Central City Boxing & Barbell
- Holyoke Safe Neighborhood Initiative



***NOTE:** These resources and gaps were identified during the focus groups and summit. They are based solely upon the perspective and opinions of those who participated.*

## Gaps

- Cultural competency; bilingual services
- Support for undocumented families

**Economic Supports for Families**

- Livable wage; basic income support; workforce development pathways for parents
- Funds for housing and basic needs
- Food insecurity
- Transportation Emergency resources for parents; long wait times for people in need of emergency services (TANF, SNAP, housing)
- RMV collaboration, to help with people getting identification
- Safe, stable, and affordable housing; family homelessness; no emergency shelter in Holyoke; housing supports; homeless shelter for youth; rent is outside of capacity for what people can pay; discrimination within housing sector
- Cliff effect: parents enter workforce and lose important subsidies; need funding to fill this gap

**Quality Healthcare**

- Community misperception that early intervention services are for children who are "delayed" rather than being seen as a preventative referral
- No universal healthcare

**Quality Childcare and Education**

- Family literacy
- Head Start part-day and full-day are usually at capacity; staff retainment; not enough people with infant/toddler certification
- High school truancy prevention programming; dropout rates
- Evidence-based sexual assault prevention in schools
- No universal childcare
- Teacher salaries are too low; professional development for teachers and counselors
- Parent engagement in school; support for parents in understanding their child's education needs; educational advocacy for parents and children
- Lack of societal workforce development in youth serving fields
- Lack of programming to build child resilience
- Comprehensive after-school programming; weekend programming and community centers where kids want to be

**Parenting Skills to Promote Healthy Child Development**

- Educational training for families, geared towards parenting (understanding child development and building healthy relationships)
- Funding for Family Resource Centers is restrictive
- More parent support groups
- Isolation of families

**Youth Connections to Caring Adults and Activities**

- Diverse mentorship opportunities for youth; people that reflect the community; funding for mentors with lived experience
- Prosocial activities for kids
- Work opportunities for youth
- Lack of caring adult for kids

**Social Norms to Support Parents and Positive Parenting**

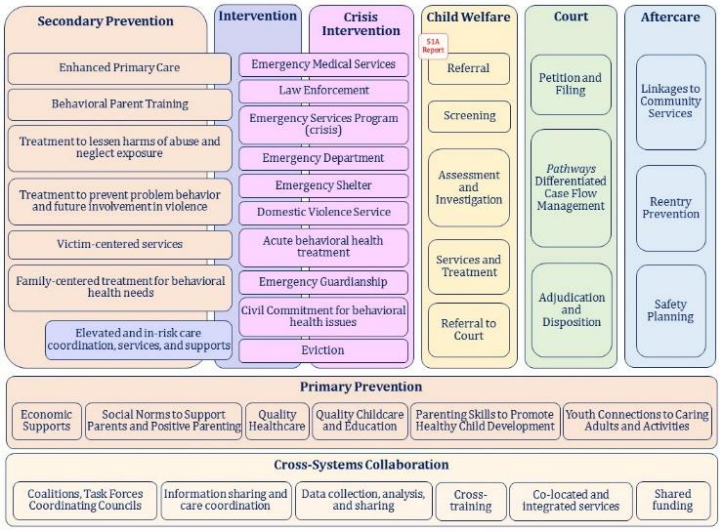
- Stigma towards poverty, substance use disorder, seeking help, mental health challenges
- Need to shift to reduce guilt and shame; normalize that parenting is hard and help seeking is important

**Cross Systems Collaboration**

- Collaborative and cross-sector coalition focused on supporting children and families, lack of clear leadership on topic
- Data collection, analysis, and sharing systems
- Cross-training among providers and partners
- High-level engagement from leadership in multiple agencies is lacking

## Secondary Prevention and Intervention

*Selective: Populations at-risk due to personal, family, or community factor*
*Indicated: Populations displaying detectable signs or symptoms of child maltreatment behavior at very high risk*




## Resources

### Hotlines and Helplines

- 413 Cares
- MA Child Trauma Hotline: 1.855.546.5543
- DCF Child-at-Risk Hotline: 800-792-5200
- Look4Help
- Helpline, MA: 800.327.5050
- Parentshelpingparents.org
- Statewide Emergency Housing Assistance: 866.584.0653

### Enhanced Primary Care

- Holyoke Health Center
- Caring Health Center
- EOHHS Behavioral Health Redesign
- Medical-Legal partnerships
- Family First Funding
- New North Citizens Council

### Behavioral Parent Training

- Mothering From the Inside Out, Square One
- FIRST Steps Together
- Springfield Peer Recovery Center: Drop in: 383 Worthington St., Springfield 9a-5p M-F, 8 wk. parenting group, Parenting Portfolio, Family Support Specialist, peer mentors for moms
- Hope for Holyoke: Family Support Specialist Sober Mommies
- Family Resource Centers: Springfield and Holyoke (Enlace de Familias)
- Allies in Recovery
- Springfield Family Networks Program

### Victim-Centered Services

- Baystate Family Advocacy Center

### Treatment to Lessen Harms of Abuse or Neglect Exposure

### Treatment to Prevent Problem Behavior and Future Involvement in Violence

- Family Resource Centers: Holyoke, Enlace; and Springfield, Gandara: youth anger management, CRA referrals

### Family-Centered Treatment for Behavioral Health Needs

- Grace House (moms with children up to 17)
- My Sister's House
- Two Rivers
- Sage House
- Thom
- Family Engagement Project (Institute for Health and Recovery)
- EMPOWER Program
- River Valley Counseling
- Gandara
- Center for Human Development
- Clinical and Support Options
- Behavioral Health Network
- AdCare
- ServiceNet PREP
- Children's Study Home
- Moms Do Care
- Cutchins Program
- Habit Opco
- Western MA Training Consortium, MOAR



***NOTE:** These resources and gaps were identified during the focus groups and summit. They are based solely upon the perspective and opinions of those who participated.*

## Gaps

- Lack of two-generation approach among agencies and partners (simultaneous assessment, treatment, and services for children and parents); lack of family systems approach
- Child's needs not examined in the context of what is happening at home
- More understanding in the community about sexual exploitation and risk
- Pathways that lead to emergency guardianship without 51A filing
- More awareness about caregiver affidavits (Probate and Family Court)
- Lack of experience/education among providers
- Prevalence of gang activity in certain regions
- Fragmented systems of care for children and families; largely due to insurance driven programming
- Post-incident services and care coordination (after EMS, law enforcement are on the scene); post-incident communication with schools
- Support for children and families outside of Holyoke and Springfield

**Enhanced Primary Care**

- Sustainable funding for programming; grant funded projects that go away (e.g., First Steps Together)
- Early intervention programs (i.e., Mothering From the Inside Out) would like to also work with parents who do not have custody; no way to contact them
- Emergency Department boarding for youth has been worse during COVID
- Decisions about which moms are filed on at the hospital; unclear on how these decisions are made; how are babies selected for testing

**Behavioral Parent Training**

- Services for parents with children 5 and over; many programs are for pregnant/parenting 0-3
- Support for parents with complex needs, dealing with substance use, mental health, domestic violence, poverty
- Mentor families
- Training for families on how to support children and manage behaviors
- Services and support for fathers, grandparents, and other caregivers

**Victim-Centered Services**

- Emergency room training and support for children who are potential victims of abuse and sexual abuse
- Interpersonal violence
- Lack of pediatric SANE programs in ERs statewide

**Treatment to Lessen Harms of Abuse or Neglect Exposure; and to Prevent Problem Behavior and Future Involvement in Violence**

- Access to children's mental health services; long wait or not available; long wait for psychiatric services for adolescents
- Concerns about inconsistency of the services provided by the Children's Behavioral Health Initiative (CBHI); quality of in-home therapy services varies
- Quality of in-home therapy services varies widely
- Many therapists who are new to the field, working with families with complex needs
- No preventive services for children growing up with a substance using parent (support groups, clinical services, mental health treatment)
- Psychiatric services for children; extremely long wait times

**Family-Centered Treatment for Behavioral Health Needs**

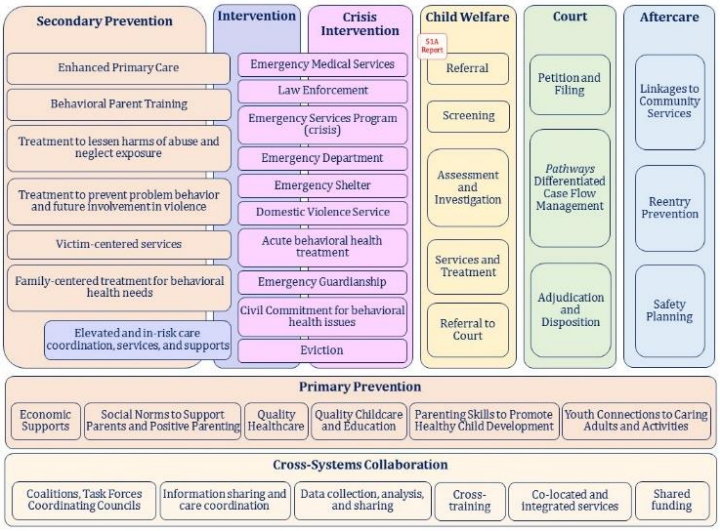
- True family-centered treatment is not available in Massachusetts; services for children and parents simultaneously
- Screening, assessment, and treatment for parents' trauma
- Information exchange between treatment providers, DCF, and court
- Contacting methadone clinic to confirm patient and dose; clinics close at 1pm; problematic for pregnant people taking methadone who have babies after 1pm
- Fear of accessing substance use disorder treatment or other assistance, for fear of child removal
- Lack of substance use disorder and/or mental health challenges treatment that allows children or provides services for children; lack of recognition among treatment providers of identify as parents
- Capacity of crisis service to be mobile; children should not always go to emergency department; lack of options for crisis
- Lack of experience and professional development opportunities for service and treatment providers; high turnover; low reimbursement rates or no rates for services needed; compassion fatigue among providers



**NOTE:* *These resources and gaps were identified during the focus groups and summit. They are based solely upon the perspective and opinions of those who participated.*

## CHILD WELFARE

*Populations In-Risk: Treatment and services to halt behavior and advance healing for victims*




### RESOURCES

**Referral; Screening; Assessment and Investigation; Intervention, Services, and Treatment; Referral to Court**

- Hampden County DCF Offices: Springfield, Holyoke, Van Wart
- DCF Legal: General Counsel, Regional Counsel, Deputy Regional Counsel
- DCF Clinical: Regional Substance Use Coordinators, Area Clinical Managers, Area Resource Coordinators, Western Regional Intensive Placement Coordinator, Clinicians, Case Managers
- DCF Co-Chairs Family Recovery Council meetings

### GAPS

- Lack of understanding/transparency of how DCF operates among community partners
- Data collection and sharing across systems; access to data; data on outcomes; data on drivers of involvement (among parents); makes prevention planning difficult; no DCF data in state public health warehouse; missed opportunities for indicators that can drive legislative and policy changes
- Support for fathers; support for noncustodial parents; support for caregivers
- Complexity of DCF cases and need for coordination among multiple caregivers
- Lack of cross-sector collaboration hurts families
- Level of experience of staff; ongoing training and professional development opportunities for staff

**Referral**

- Filing and removal based on history, despite present circumstances
- Understanding that substance use/relapse is not equivalent to abuse/neglect
- Filing on mothers who are stable on medications for opioid use disorder
- Implicit bias concerns; mothers of color filed on more than white mothers

**Screening**

- Not all providers know about Plans of Safe Care for pregnant moms
- Concern that the nexus between substance use and parenting is not present prior to removal

**Assessment and Investigation**

- Concerns about consistency of responses
- Individualized visitation that matches risk; not one hour per week for everyone; unclear on how visitation is determined; bonding with babies is not possible with one hour per week; payment for visitation services is not possible for some families
- Lack of understanding about relapse among DCF staff
- Lack of clarity about risk assessments for parents; when do they happen, do they happen
- Level of care matching for treatment recommendations for parent; not everyone needs or is appropriate for residential

**Intervention, Services, and Treatment**

- Trauma of removal; how do we remove the harm and not the children
- Information exchange between DCF staff and community partners (schools, treatment providers)
- MOU's between DCF, Family Resource Centers, and Community Connections, to coordinate releases, share service plans
- Multiple case plans with different timelines that don't sync with how long it takes to address the actual needs
- Support/services for parents for whom reunification is not going to happen; ways to stay connected to children
- Lack of parental involvement in development of Action Plan; services on Action Plan that aren't available in the community; parents don't always understand Action Plan



***NOTE:** These resources and gaps were identified during the focus groups and summit. They are based solely upon the perspective and opinions of those who participated.*

- Multiple systems with service/action plans in each; systems don't coordinate or communicate
- Coordination with housing authorities when children are in DCF custody; not losing housing
- Coordination of services, information sharing, and relationships among DCF and providers
- Clarity about urine drug screening and best practices; lack of places for urine drug screening; concern about false positives/false negatives
- Support for parents at-risk of relapse
- DCF staff awareness of community-based services
- Services for children with disabilities
- Concern that the approach is not strengths based
- Concerns about residential facilities; inexperienced staff; concentration of high needs children
- Support and services for grandparents raising grandchildren

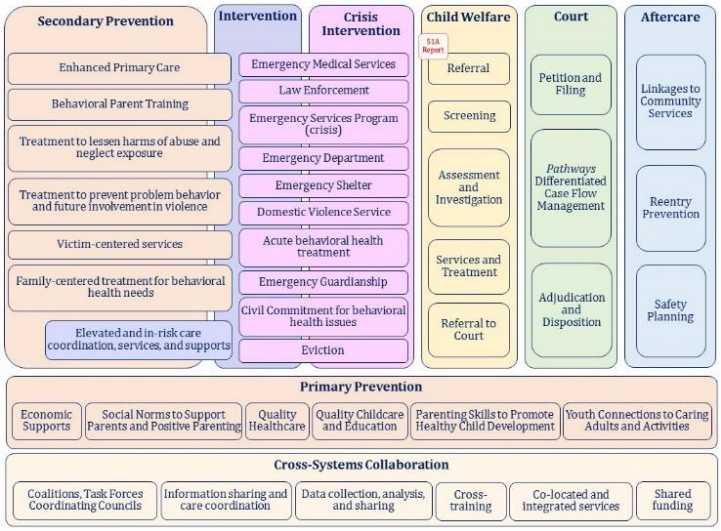
**Referral to Court**

- Concern that DCF does not invite social workers or other providers to meetings when DCF attorney is not present

## COURTS AND COURT PARTNERS

### RESOURCES

- Hampden County Juvenile Court: Clerk's Office, Probation, Judiciary
- Court Clinic, BHN
- Dually Involved Youth Program
- *Pathways* Initiative
- Child Welfare Mapping
- Hampden County District Attorney's Office
- Committee for Public Counsel Services: CAFL Unit, Social Service Advocates
- Department of Children and Families Attorneys
- Hampden County Bar Association
- Western Massachusetts Legal Aid
- Mental Health Legal Advocates, Enlace




### GAPS

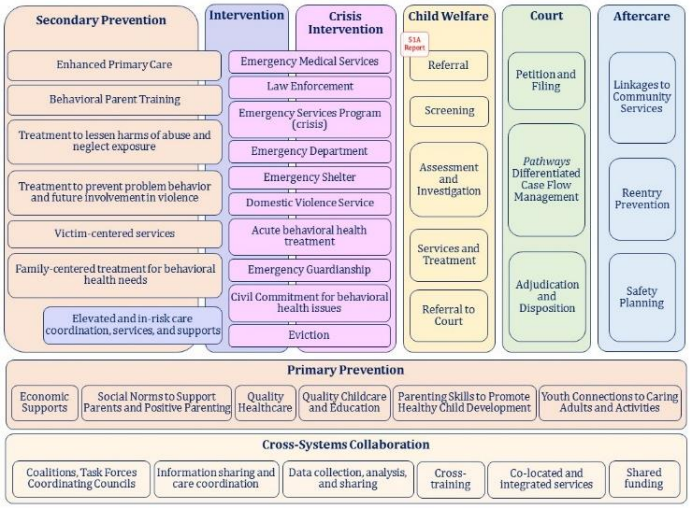
- Transparency; families not understanding court processes
- Dually involved youth services need to be available for all youth in need
- No family treatment court access in Hampden County; would help with formalizing and sustaining relationships, information exchange, shared responsibility of complex cases, leveraging the positive influence of the judge, extending support and accountability
- Court staff and partners need an avenue for continued knowledge about conditions and eligibility requirements for services and referrals; how are these programs coordinated and interconnected; concern that some services are available only if the family has an open DCF case
- Complexity of joint defense in CAFL cases (with parents and children)
- High prevalence of substance use disorder and mental health challenges among CAFL cases
- Need relationship building among attorneys to improve outcomes
- Concern among attorneys about impact of removal and subsequent disengagement of parents; punishment as opposed to support
- Lack of restorative justice program in court with high-level stakeholder ownership
- Data collection and sharing from and with the court
- Collaboration with housing court and juvenile court
- Engagement and collaboration with schools
- Training and education for attorneys
- Capacity of private Bar



**NOTE:* *These resources and gaps were identified during the focus groups and summit. They are based solely upon the perspective and opinions of those who participated.*

## AFTERCARE

*Selective: Populations at-risk due to personal, family, or community factor*
*Indicated: Populations displaying detectable signs or symptoms of child maltreatment behavior at very high risk*




### RESOURCES

**Linkages to Community Services**
**Reentry Prevention**
**Safety Planning**

- DCF safety planning

### GAPS

- Support for parents/children post reunification
- Support for parents and children when reunification is not going to happen; how to keep connections

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## VALUES FOR WORKING TOGETHER

**Massachusetts Community Justice Project Values**

- Hope
- Choice
- Respect
- Abolish Stigma
- Person-first language
- Celebrate diversity
- Step up, Step back
- Recovery is possible

**Added by Hampden County Summit Participants**

- Focus on primary prevention
- Agree on and set attainable and reachable goals; generate energy
- Think sustainability
- Lived experience (affected families) at the table
- Key justice partners at the table
- Outcomes: willingness to look at ourselves and ask what could we have done better
- Consider communication; is it what families want or expect?
- Include data on race and ethnicity and LGBTQ

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## APPENDICES

# Appendix A: Summit Participant List

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# APPENDIX B: RESOURCES

| **Massachusetts Web Sites** | |
|---|---|
| Massachusetts Trial Court | mass.gov/courts |
| Massachusetts Community Justice Project | mass.gov/massachusetts-community-justice-project |
| Department of Public Health: Bureau of Substance Addiction Services | mass.gov/orgs/bureau-of-substance-addiction-services |
| Massachusetts Resources for Pregnant Women | massclearinghouse.ehs.state.ma.us/category/BSASPREG.html |
| Department of Children and Families | mass.gov/orgs/massachusetts-department-of-children-families |
| Department of Elementary and Secondary Education | doe.mass.edu |
| Department of Mental Health | mass.gov/orgs/massachusetts-department-of-mental-health |
| Department of Youth Services | mass.gov/orgs/department-of-youth-services |
| Office of the Child Advocate | mass.gov/orgs/office-of-the-child-advocate |
| Early Intervention Division | mass.gov/orgs/early-intervention-division |
| Substance Use Helpline (treatment finder) | helplinema.org |
| Massachusetts Behavioral Health Access (treatment availability) | mabhaccess.com |
| National Alliance on Mental Illness: Massachusetts | namimass.org |
| Massachusetts Association for Mental Health | mamh.org |
| Center for Law, Brain and Behavior | clbb.mgh.harvard.edu |
| Community Health Training Institute | bfcme.hriainstitute.org |
| Institute for Health and Recovery | healthrecovery.org |
| Committee for Public Counsel Services | publiccounsel.net |
| MassHealth | mass.gov/topics/masshealth |

| **Additional Web Sites** | |
|---|---|
| Casey Family Programs | casey.org |
| National Center for State Courts | ncsc.org |
| Children and Family Futures | cffutures.org |
| Substance Abuse and Mental Health Services Administration | samhsa.gov |
| National Center on Cultural Competence | nccc.georgetown.edu |
| National Center on Substance Abuse and Child Welfare | ncsacw.samhsa.gov |
| National Center for Trauma Informed Care | tash.org/nctic/ |
| National Institute on Drug Abuse | drugabuse.gov |
| Office of Juvenile Justice and Delinquency Prevention | ojjdp.ojp.gov |
| Policy Research Associates | prainc.com |
| Title IV-E Prevention Services Clearinghouse | preventionservices.abtsites.com |

# APPENDIX C: FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

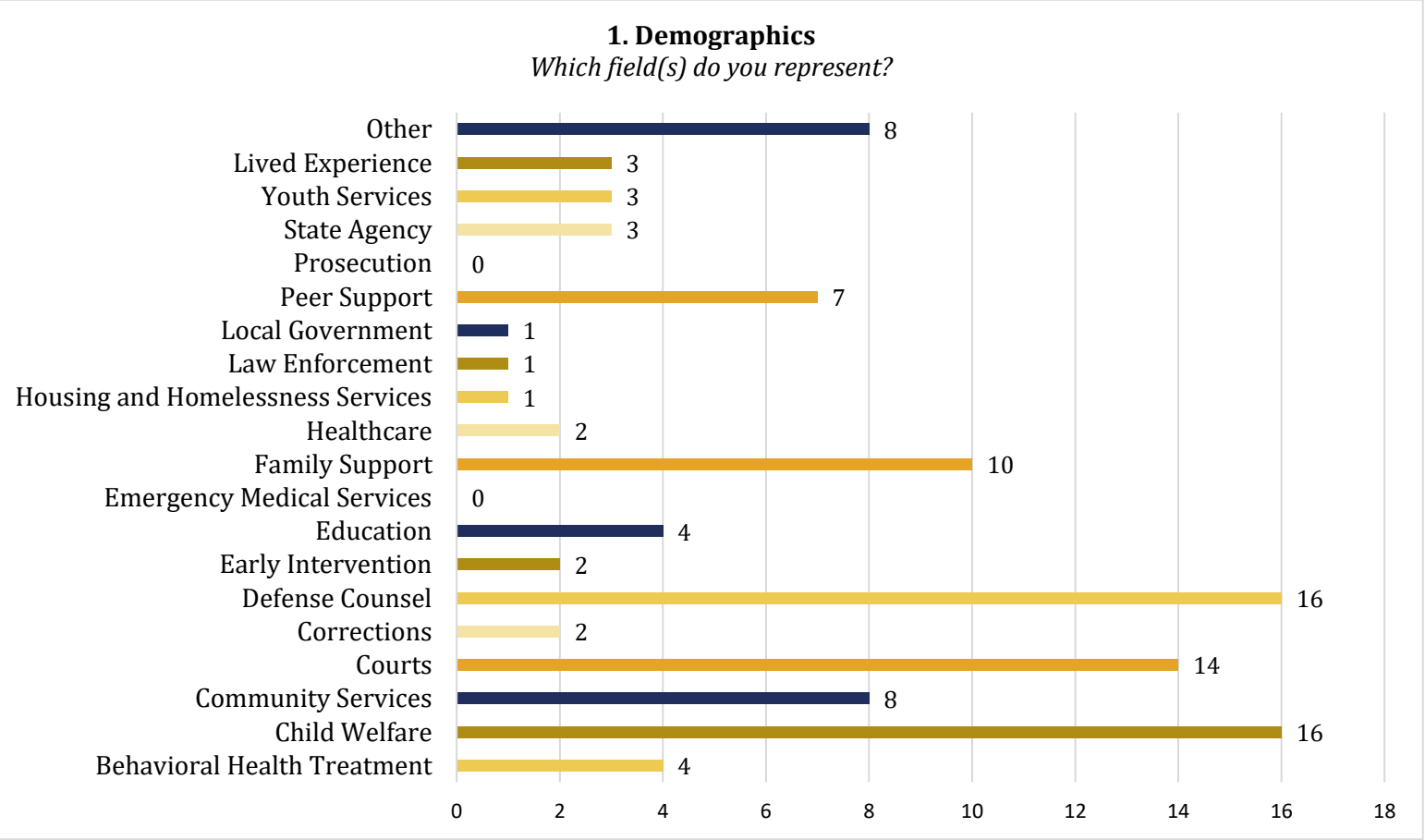
Twenty-eight pre-summit focus groups and key informant interviews were held to better understand the primary gaps and resources for children and families at-risk of involvement, or currently involved with, the child welfare system in Hampden County.

At the end of each discussion, participants were asked how they would spend $1 million to address the needs of vulnerable children and families in Hampden County. Responses are listed below in no particular order.

- Increase consistency and access to clinical supports throughout removal and placement processes for children of all ages
- Improve cross-systems collaboration; identify one partner who can coordinate care across systems for children and families
- Address access to housing: supportive services for homeless population; affordable housing; safe housing for children and families; housing with built-in services; funding for Transitional Living Programs
- Access to treatment for co-occurring disorders; access to resources for children impacted by parental substance use
- Create "trauma teams" that could respond to families in crisis and provide trauma-informed services
- More foster homes, including foster family placements for mothers with babies; services for young adults aging out of foster care, and foster homes where siblings can stay together after removal
- Increase access to intensive, wrap around in-home services
- Enhance workforce development, training, and compensation for individuals and providers serving vulnerable children and families (including teachers)
- Open a full-service community center that provides wrap around services for children and families in one location; referrals to community resources, extracurricular activities, behavioral health services and evaluations, homelessness and housing services
- Education and training for families geared towards parenting: understanding child development, building healthy relationships
- Improve educational supports for children: access to educational resources to use at home that align with classroom work (whether remote or in-person); scholarship fund for youth 18+ to help with college and basic needs; invest in afterschool programming that runs until the evening with homework support, parent training classes, social and emotional learning, dinner, and activities
- Increase funding to support parents who want to re-enter the workforce but lose important subsidies (childcare, food stamps, housing) due to income eligibility requirements; enhance workforce development opportunities
- Develop a public awareness campaign to shift societal views of parenting in general and in recovery; normalize that parenting is hard, relapse is part of recovery, and self-care is not selfish
- Pro-social activities for children in Hampden County; positive youth development; weekend programming in the community; open a free dance program; increase access to lifelong connections, mentors, and positive role models

# Appendix D: Community Self-Assessment

The purpose of the Community Self-Assessment is to ascertain Hampden County's level of collaboration and key indicators relevant to vulnerable children and families. This survey was conducted as part of the planning for the Hampden County Child Welfare Mapping Summit. Results will be used to inform efforts and to identify opportunities for improving responses across the child welfare landscape. The survey consists of 64 items on a Likert scale.




*n=56* **Responses rounded to the nearest whole percent*

| **2. Collaboration and Capacity Building** *Please indicate your level of agreement with the statements below as they relate to Hampden County.* | **Strongly Agree** | **Agree** | **Neither Agree or Disagree** | **Disagree** | **Strongly Disagree** | **Don't Know** |
|---|---|---|---|---|---|---|
| **2a.** There is cross-system recognition that responsibility for supporting vulnerable children and families lies with all systems. | 25% | 30% | 13% | 18% | 13% | 2% |
| **2b.** There is a lead agency that is responsible for and has the capacity to convene stakeholders and ensure that collaboration is productive. | 9% | 16% | 14% | 29% | 21% | 11% |
| **2c.** There is a cross-system stakeholder coalition/task force, focused on improving outcomes for vulnerable children and families. | 5% | 16% | 20% | 23% | 18% | 18% |
| **2d.** Stakeholders are engaged in efforts to foster a shared understanding of gaps in the child welfare landscape. | 5% | 30% | 18% | 23% | 16% | 7% |
| **2e.** Stakeholders have established a shared mission and common goals to facilitate collaboration between child welfare, justice and community systems. | 2% | 25% | 20% | 25% | 21% | 7% |
| **2f.** Stakeholders engage in frequent communication on child welfare issues, including opportunities, challenges and oversight of existing initiatives. | 4% | 25% | 18% | 27% | 20% | 5% |
| **2g.** Stakeholders focus on overcoming barriers to implementing effective programs and policies for vulnerable children and families. | 2% | 30% | 18% | 18% | 23% | 9% |
| **2h.** Stakeholders share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement. | 4% | 20% | 20% | 24% | 22% | 9% |
| **2i.** Stakeholders share resources and staff to support initiatives focused on vulnerable children and parents. | 5% | 20% | 16% | 35% | 20% | 4% |
| **2j.** Stakeholders engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates. | 2% | 25% | 16% | 25% | 22% | 9% |
| **2k.** Based on research evidence and guidance on best-practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to vulnerable children and parents. | 2% | 22% | 18% | 36% | 16% | 5% |
| **2l.** A comprehensive analysis of funding sources and streams targeting children and families has been conducted for this region. | 0% | 7% | 18% | 27% | 13% | 35% |
| **2m.** Stakeholders are knowledgeable about trauma-informed and evidence-based strategies for children and parents who are at-risk of child welfare involvement. | 4% | 33% | 13% | 31% | 13% | 7% |

| **3. Access to Services** *Please indicate your level of agreement with the statements below as they relate to Hampden County.* | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|---|
| **3a**. Vulnerable families in Hampden County have timely access to navigation services facilitating identification of and access to programs and resources. | 7% | 21% | 11% | 41% | 16% | 4% |
| **3a.** Vulnerable families in Hampden County have timely access to care coordination services. | 7% | 30% | 13% | 30% | 18% | 2% |
| **3a.** Vulnerable families in Hampden County have timely access to education, skills training, job opportunities, and work supports to move into stable work that generates a livable wage. | 7% | 20% | 21% | 29% | 20% | 4% |
| **3a.** Vulnerable families in Hampden County have timely access to adequate housing options and housing supports. | 4% | 14% | 13% | 36% | 32% | 2% |
| **3a.** Vulnerable families in Hampden County have timely access to adequate energy assistance options. | 5% | 34% | 23% | 14% | 9% | 13% |
| **3a.** Vulnerable families in Hampden County have timely access to food insufficiency support (SNAP, WIC). | 13% | 59% | 16% | 5% | 0% | 7% |
| **3a.** Vulnerable families in Hampden County have timely access to financial support (TANF). | 11% | 36% | 29% | 13% | 5% | 7% |
| **3a.** Vulnerable families in Hampden County have timely access to affordable, high-quality child care. | 4% | 11% | 25% | 30% | 25% | 4% |
| **3a.** Vulnerable families in Hampden County have timely access to subsidies to assist with cost of high-quality child care. | 5% | 11% | 29% | 34% | 14% | 5% |
| **3a.** Vulnerable families in Hampden County have timely access to prosocial activities and mentors for youth. | 5% | 13% | 25% | 38% | 16% | 4% |
| **3a.** Vulnerable families in Hampden County have timely access to early learning and development programs (HeadStart). | 7% | 57% | 20% | 7% | 4% | 4% |
| **3a.** Vulnerable families in Hampden County have timely access to educational advocates for children. | 7% | 30% | 20% | 21% | 14% | 7% |
| **3a.** Vulnerable families in Hampden County have timely access to health insurance enrollment/adjustment (MassHealth). | 14% | 57% | 11% | 9% | 2% | 7% |
| **3a.** Vulnerable families in Hampden County have timely access to primary care. | 16% | 48% | 14% | 7% | 2% | 11% |
| **3a.** Vulnerable families in Hampden County have timely access to dental care. | 14% | 32% | 23% | 7% | 4% | 14% |
| **3a.** Vulnerable families in Hampden County have timely access to adult mental health services, including treatment for trauma. | 7% | 42% | 9% | 34% | 21% | 2% |
| **3a.** Vulnerable families in Hampden County have timely access to child mental health services, including treatment for trauma. | 7% | 23% | 9% | 38% | 23% | 0% |

| | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|---|
| **3a.** Vulnerable families in Hampden County have timely access to adult substance use disorder treatment and supports. | 9% | 34% | 16% | 25% | 14% | 2% |
| **3a.** Vulnerable families in Hampden County have timely access to youth substance use disorder treatment and supports. | 7% | 16% | 27% | 29% | 20% | 2% |
| **3a.** Vulnerable families in Hampden County have timely access to family recovery support services. | 5% | 20% | 18% | 38% | 18% | 2% |
| **3a.** Vulnerable families in Hampden County have timely access to early intervention services. | 13% | 55% | 14% | 11% | 0% | 7% |
| **3a.** Vulnerable families in Hampden County have timely access to home visiting programs. | 7% | 25% | 27% | 25% | 7% | 9% |
| **3a.** Vulnerable families in Hampden County have timely access to domestic violence services | 9% | 30% | 20% | 25% | 9% | 5% |
| **3a.** Vulnerable families in Hampden County have timely access to informal social supports (i.e., parent support groups, faith-based groups). | 2% | 38% | 21% | 20% | 7% | 11% |
| **3a.** Vulnerable families in Hampden County have timely access to legal services. | 9% | 38% | 16% | 23% | 13% | 2% |
| **3a.** Vulnerable families in Hampden County have timely access to immigration services. | 5% | 9% | 38% | 16% | 11% | 20% |
| **3a.** Vulnerable families in Hampden County have timely access to intellectual disabilities services for adults. | 7% | 29% | 17% | 23% | 13% | 11% |
| **3a.** Vulnerable families in Hampden County have timely access to peer support/mentors for parents for successfully navigating child welfare and court systems. | 2% | 13% | 23% | 30% | 20% | 11% |
| **3a.** Vulnerable families in Hampden County have timely access to parent skills programs. | 4% | 38% | 18% | 20% | 16% | 4% |
| **3a.** Vulnerable families in Hampden County have timely access to parenting education that includes resources on child development and the impact of trauma on children's development and wellbeing. | 5% | 21% | 27% | 27% | 14% | 5% |
| **3b.** Non-custodial caregivers can access the services and supports that they need. | 2% | 16% | 21% | 34% | 18% | 9% |
| **3c.** Families receive information and services responsive to their culture and language. | 4% | 16% | 23% | 34% | 16% | 7% |

| **4. Child Welfare** *Please indicate your level of agreement with the statements below as they relate to Hampden County.* | **Strongly Agree** | **Agree** | **Neither Agree or Disagree** | **Disagree** | **Strongly Disagree** | **Don't Know** |
|---|---|---|---|---|---|---|
| **4a.** Parents are fully engaged in the development of their Action Plan. | 0% | 16% | 13% | 23% | 34% | 14% |
| **4b.** Parents have access to advocacy in the development of their Action Plan. | 2% | 23% | 9% | 23% | 27% | 16% |
| **4c.** Action Plans are individualized and tailored to the needs and strengths of each family. | 4% | 16% | 13% | 20% | 34% | 14% |
| **4d.** Child welfare staff understand and facilitate connections to evidence-based and trauma-informed strategies for parents. | 2% | 18% | 11% | 27% | 29% | 14% |
| **4e.** Child welfare staff understand and facilitate connections to evidence-based and trauma-informed strategies for children. | 4% | 20% | 18% | 16% | 29% | 14% |
| **4f.** Child welfare staff receive sufficient and regular training on child development, trauma, poverty, substance use disorder, mental health, and domestic violence. | 4% | 16% | 20% | 7% | 29% | 25% |
| **4g.** Child welfare staff understand and are equipped to facilitate access to the supports families need for long term stability. | 4% | 16% | 21% | 13% | 32% | 14% |
| **4h.** Child welfare staff use individualized assessments when making decisions about removals. | 2% | 14% | 14% | 21% | 29% | 20% |
| **4i.** Child welfare staff use individualized assessments when making decisions about reunifications and case closures. | 2% | 16% | 18% | 18% | 29% | 18% |
| **4j.** Child welfare staff use individualized assessments when making decisions about family time (visitation). | 2% | 11% | 14% | 21% | 32% | 20% |

| **5. Courts** *Please indicate your level of agreement with the statements below as they relate to Hampden County.* | **Strongly Agree** | **Agree** | **Neither Agree or Disagree** | **Disagree** | **Strongly Disagree** | **Don't Know** |
|---|---|---|---|---|---|---|
| **5a.** Court staff understand and are supportive of evidence-based strategies to address the needs of parents. | 2% | 25% | 18% | 18% | 15% | 22% |
| **5b.** Court staff understand and are supportive of evidence-based strategies to address the needs of children. | 4% | 24% | 24% | 20% | 7% | 22% |
| **5c.** Court staff facilitate access to community-based treatment and services. | 2% | 27% | 15% | 27% | 13% | 16% |
| **5d.** Court staff accept the clinical decisions that medical and behavioral health treatment professionals recommend on the treatment of behavioral health issues. | 5% | 32% | 21% | 13% | 2% | 27% |

| | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|---|
| **5e.** Court staff understand what information is needed from each service provider to make decisions regarding child safety, placement, and permanency. | 4% | 18% | 21% | 18% | 13% | 27% |
| **5f.** Court staff receive sufficient and regular training on child development, trauma, poverty, substance use disorders, mental health, and domestic violence. | 2% | 14% | 20% | 5% | 20% | 40% |
| **5g.** Court timeframes are individualized and tailored to the needs of each child and family. | 4% | 5% | 18% | 23% | 32% | 18% |
| **5h.** Court staff routinely elicit and engage the perspective of the child in proceedings. | 3% | 21% | 22% | 22% | 7% | 24% |
| **5i.** Court staff elicit and engage the perspective of the parent in proceedings. | 4% | 20% | 20% | 25% | 11% | 21% |

# APPENDIX E: ACTION PLAN

| **Priority:** Efficient and coordinated prevention and service network: timely access to services; comprehensive and updated list of resources; culturally competent and bilingual services; capacity; resources that are under or over-utilized; access for communities outside of Holyoke and Springfield; access to mental health services for children | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Activities/Tasks** | **Resources** | **Timeframe** | **Barriers** | **Responsibility** |
| Explore innovative initiatives happening in other states and adapt to Massachusetts (ex. the gatekeeper project in Santa Cruz, CA) | Develop singular database that lists available beds and services by county and serves as central access point<br><br>Form rapid response team that can make on site assessments/evaluations and referrals to clinicians who can provide immediate, in-home services | CBHI has existing statewide database<br><br>Handle with Care<br><br>EOHHS Behavioral Health Redesign | Ongoing | Silos, funding, information exchange issues, ability to centralize and streamline existing databases, legislation | Human service agencies statewide, Secretariats, MassHealth, DCF, DOE, Courts, EOHHS |
| Increase care coordination | Identify opportunities for care coordination and navigation<br><br>Organize resource roundtables 2x per year (court/community) | . | | Silos, funding, information exchange issues<br><br>State and federal regulations (HIPPA, 42 CFR) | |
| Develop an inventory of all key partners, the services that they provide, and current capacity | | Mass 211, Family Resource Center resource booklets, Family Recovery Council of Western MA, Holyoke Safe Neighborhood Initiative, Hampden County Addiction Task Force, 413 Cares, Regional Network to End Homelessness, Hampden County Youth Housing Demonstration Project, Coordinated Family and Community Engagement (CFACE) | | Comprehensive database of Hampden County resources does not exist<br><br>A lot of coalitions are topic/service specific; resulting in a lot of siloed networks | |

| **Priority:** Cross-systems care coordination and support for children and parents: pre-filing; after resolution; during and after reunification; information and exchange systems that protect confidentiality but allow for support of vulnerable children and parents | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Activities/Tasks** | **Resources** | **Timeframe** | **Barriers** | **Responsibility** |
| Improve cross-system care coordination to assist families in managing overwhelming sea of resources and systems | Bring families, schools, community-based agencies, and religious entities to the table | | | | |
| Expanding mediation and triage processes pre-filing | Create programs, processes, and policies that allow cases to be put on hold while services are implemented to avoid moving forward in the C&P process<br><br>Develop system to flag families that would be good fit for triage cases | DCF | | Similar project used to exist in Greenfield (Triage Project) – funding ran out | |
| Conduct a policy review around confidentiality and the limitations of information sharing | Ensure services are being used as intended<br><br>Identify and establish multiple touchpoints in the community for families to get connected to services | EOHHS Integrative Health Model; Family Resource Centers | | Agency competition for funding impacts communication, collaboration, agency staffing and capacity | |
| Improve cross-sector coordination and communication before birth to improve outcomes for mother and child | Improve provider connections | Plan of Safe Care (POSC) | | Standardized process for working collaboratively with DCF prior to the birth of a baby does not exist | Service providers in collaboration with DCF |

| **Priority:** Programs/processes for cross-sector and collaborative resolution of open DCF cases: with child welfare, court, attorneys, treatment, services, advocacy, parents, children | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Activities/Tasks** | **Resources** | **Timeframe** | **Barriers** | **Responsibility** |
| Increase the number of cases resolved short of trial, while decreasing the amount of time cases are open in court. | Collect data on how it works now. Apply identified strategies.<br><br>Collect more data and feedback. Replicate what works. | AOJC direction on Mass Courts code use and data collection. | ?? | We don't have much data on the issue, or it's so raw it doesn't teach us much. | AOJC |
| Facilitate a collaborative path to reunification to ensure safety for children while supporting parents long-term | First, get the attorneys involved to talk to each other more. Then make sure they're armed with information and resources to give to clients. Ensure common goals and mutual understanding | Attorneys and social workers need caseloads that are reasonable enough that they can dedicate time to this level of cooperation.<br><br>If the court sets expectations, and asks about the results, that will help encourage it. | This can be part of each court hearing. Parties will need to commit time out of court to communicate with each other. Agencies need to make it clear to staff that collaboration is the preferred method of conflict resolution. | This will be a culture shift for some. Many are hungry for it. It will also stretch some attorneys to work collaboratively, while also preparing for trial. Individuals need to know where to go if they experience barriers to information exchange on individual cases. | The court can lead from the bench. We may also be able to offer more structure to the conversations through voluntary things like "triage" or some sort of conciliation program. |
| Expand "visitation" to be a broader opportunity for parents and children to spend family time together and give parents an opportunity to build skills and to demonstrate the skills they are learning | Get DCF to look at it more broadly than just the one hour a week that they do for everyone. Collect information about all of the community resources available to supervise visits. Develop expectations about what "supervision" means so that family members, teachers, other professionals can facilitate more family time. | We need DCF on board. And we need all of the community partners to join in the ways they can help provide the level of supervision necessary to assure child safety. Court funds (indigent court costs act) are available to pay for services requiring a fee. A comprehensive list of agencies that would supervise family time would be tremendously helpful. | We would need some organizing meetings on the topic. We would need time to gather the resource information. | This would be a culture shift. We might find resistance in cases where there are serious danger issues present. If the court makes a "statement" about what the community standard should be, we should be able to move forward. Potential pushback about time constraints on DCF SWs for more than 1 hr/week. | The Court could convene a group to discuss, collect the resources, and come to an understanding with DCF about what is possible. |
| Respond to people already in the system and facing the court. | | | | | Only Juvenile court judiciary was mentioned, but there was very little time for this. |

| | | | | | |
|---|---|---|---|---|---|
| Department more open to how to handle the case, more options to preserve family.<br><br>More detailed service/action plan. Increase time together to achievement of set goals.<br><br>Individualization of case assessment and definition of case barriers. Resolve imminent danger without losing momentum for progress<br><br>Ability for parents to demonstrate skills they are gaining while child is in custody. More options for visitation that are naturalistic.<br><br>Give parents input in goals for their remediation, individualize goals and make them more reasonable. Get rid of outdated rigid DCF action plans.<br><br>Truth, completeness, nuance and honesty in information gathering.<br><br>Consideration of attachment and child's interests over theoretical issues such as blood-rights<br><br>Safe Babies Court Team model replication<br><br>Vermont visitation system replication, consideration of children's trauma and development in planning visitation time, setting, and coaching.<br><br>Collaborative approaches that incorporate multiple community entities who have relationships with the families.<br><br>Ability to negotiate between parents and DCF without putting a judge in the middle. Ability to negotiate with the clinical team when they are too rigid or insensitive to family needs.<br><br>Communication across the very large broad system, not just the formal system. Knowledge of the entire available system.<br><br>Earlier communication to resolve issues.<br><br>Better assessment of how parents are doing and benefiting when sent to "parenting class" not just a check the box phenomenon.<br><br>Bring all of the providers and the system in one discussion, within a safe space. | | | | | |

| **Priority:** Training and education across sectors on relevant topics: working with vulnerable children and families, local resources, motivational interviewing, child development, risk/safety, substance use disorder, mental health, trauma, interpersonal violence, identification of needs and level of care/service matching, compassion fatigue, structural racism and implicit bias; cross-training between agencies | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Activities/Tasks** | **Resources** | **Timeframe** | **Barriers** | **Responsibility** |
| Gather information about what is already happening with respect to training and education across agencies, with the understanding that implicit bias training is foundational to many other components of the priority | Identify agencies with and without implicit bias trainings; standardize efforts so quality is consistent across agencies (i.e. addresses stigma and includes people with lived experience) | | | | |
| Create an educational network (primarily for providers) that focuses on adult learning tactics; there seems to be a need for collaborative partnerships – "partnership that has no reprisal" | Incorporate some form of implementation or follow up educational support that facilitates ongoing learning<br><br>Leverage institutional knowledge and community partnerships<br><br>Train people to be "issue spotters" not "issue creators"<br><br>Identify important measures: % of folks we can get trained and key outcomes (ex. racial disparities in reporting to DCF systems)<br><br>Recognize agency limitations; we don't all need to be experts – leverage networks and collaborations of people who can help. Become comfortable saying "I don't know but I know who to ask" | Schools<br><br>Utilizing local community champions and experts as trainers may eliminate some financial barriers | Ongoing | There may be challenges that limit a workforce/provider's ability to implement training received | |

| **Priority:** Workforce issues among youth serving and behavioral health providers: high turnover, supervision, least experienced staff working with highest needs families, training, reimbursement rates, compassion fatigue and vicarious trauma | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Activities/Tasks** | **Resources** | **Timeframe** | **Barriers** | **Responsibility** |
| Stable, dependable workforce | Highly Training<br><br>Highly Commitment<br><br>Highly Skilled - Success in working with young people<br><br>How to make positions more inviting<br><br>Available and quality training<br><br>Manageable work requirements<br><br>Cap for caseworkers for quality services and reduced stress of caseworkers | Resources – time for training, supervision, time for supervision, support for supervisors, hold to build contracts so good supervision can be done, training repository, need bilingual workforce, reasonable caseloads and requirements<br><br>Stakeholders – DCF, service providers<br><br>Already engaged – Knowledge Center, Western MA Training Committee | Ongoing<br><br>How to Start-<br><br>Better funding to have realistic caseload/quality of life issue<br><br>Improve fee for service structure/not comparable to other structures/look at productivity model<br><br>Look at requirements for documentation/ requirements are overwhelming<br><br>Recruitment for clinicians<br><br>Support for building positions for persons with lived experience with living wages<br><br>Student Internship Programs<br><br>Start recruiting/informing at the high school level (numbers of students in college in Social Work | Training available but not well-known<br><br>Not enough clinicians<br><br>Under paid<br><br>Many work requirements/documentation<br><br>Licenses<br><br>Balance with productivity requirements<br><br>Fee for service structure/not reimbursed for meeting to collaborate/doesn't cover actual costs<br><br>Lack of collaboration<br><br>Needs for children and families has increased<br><br>More mental health needs<br><br>Lack of bilingual workforce<br><br>Private social workers only take private insurance because Mass Health is so difficult to use | Possible Agencies<br><br>MA Council of Human Service Providers<br><br>Mass Health<br><br>Executive Office of Health and Human Services<br><br>Agency Service Providers<br><br>Association of Behavioral Health Care<br><br>Human Service Forum |

| | | | | | |
|---|---|---|---|---|---|
| | | | programs has decreased)<br><br>Figure out how to recruit bilingual and culturally competent workforce | | |
| Assessments and Coordination of Care | 1. Ability to do good assessments<br><br>2. Ability to create a good clinical formulation around assessment<br><br>3. Ability to do good coordination of care | | | Lack of communication<br><br>Lack of time to collaborate<br><br>Data and Information Sharing | |
| Compassion Fatigue/Vicarious Trauma | Ability to have multidisciplinary discipline teams – ability to share experience and receive support<br><br>Quality supervision<br><br>Experience and Training<br><br>Prioritize mental health treatment of children and ensure these cases have extensive experience with these type of cases | | | Culture of agencies and lack of collaboration due to billing requirements<br><br>All cases seem to have become very serious and difficult cases | |

# APPENDIX F: SUMMIT EVALUATION

Day 1: Child Welfare Mapping

| What is your role in the community? | |
|---|---|
| Justice System: Police, Courts, Attorneys, Corrections, etc. | 26% |
| Child Welfare | 0% |
| Mental Health and/or Substance Use Disorder Treatment and Recovery Support | 5% |
| Domestic Violence Services | 0% |
| Education and Childcare | 5% |
| Youth Serving Agency | 0% |
| Healthcare | 5% |
| Early Intervention | 0% |
| Family Support | 21% |
| Housing and Homelessness Services | 0% |
| State Agency | 21% |
| Lived Experience (as a child/parent with current/past child welfare involvement) | 0% |
| Other | 16% |

| Please rate the extent to which you agree or disagree that today's summit met each of its goals. | STRONGLY AGREE/ AGREE |
|---|---|
| 1. This Child Welfare Mapping summit helped identify resources, gaps and duplication in our community. | 94% |
| 2. The summit provided ample opportunities for networking and information sharing. | 94% |
| 3. The summit helped us to determine priorities for change. | 88% |
| 4. The summit emphasized the importance of cross-sector collaboration and the use of best practices. | 94% |

| Please rate program aspects | STRONGLY AGREE/ AGREE |
|---|---|
| **1.** Overall I am satisfied with the content and quality of the summit. | 94% |
| **2.** The summit was well organized. | 94% |
| **3.** Relevant examples were given during the presentations. | 89% |
| **4.** The facilitators demonstrated a high level of expertise on the subject matter presented. | 89% |
| **5.** The facilitators were well prepared concerning key issues and needs of the community. | 94% |
| **6.** Training materials and resources provided were helpful. | 94% |
| **7.** There was representation from key services and decision-makers. | 83% |
| **8.** There was opportunity for engagement of all participants, including people with lived experience. | 50% |

*n=19*

Day 2: Taking Action for Change

| What is your role in the community? | |
|---|---|
| Justice System: Police, Courts, Attorneys, Corrections, etc. | 38% |
| Child Welfare | 0% |
| Mental Health and/or Substance Use Disorder Treatment and Recovery Support | 23% |
| Domestic Violence Services | 0% |
| Education and Childcare | 8% |
| Youth Serving Agency | 8% |
| Healthcare | 8% |
| Early Intervention | 0% |
| Family Support | 8% |
| Housing and Homelessness Services | 0% |
| State Agency | 8% |
| Lived Experience (as a child/parent with current/past child welfare involvement) | 0% |
| Other | 0% |

| Please rate the extent to which you agree or disagree that today's summit met each of its goals. | STRONGLY AGREE/ AGREE |
|---|---|
| **1.** The summit prepared us to implement systems change. | 92% |
| **2.** The action plan developed today contains several attainable, low-cost action steps that will likely result in positive changes. | 77% |
| **3.** The summit provided ample opportunities for networking and information sharing. | 100% |
| **4.** The summit emphasized the importance of cross-sector collaboration and the use of best practices. | 100% |

| Please rate program aspects | STRONGLY AGREE/ AGREE |
|---|---|
| **1.** Overall I am satisfied with the content and quality of the summit. | 100% |
| **2.** The summit was well organized. | 100% |
| **3.** Relevant examples were given during the presentations. | 100% |
| **4.** The facilitators demonstrated a high level of expertise on the subject matter presented. | 100% |
| **5.** The facilitators were well prepared concerning key issues and needs of the community. | 100% |
| **6.** Summit materials and resources provided were helpful. | 100% |
| **7.** There was representation from key services and decision-makers. | 100% |
| **8.** There was opportunity for engagement of all participants, including people with lived experience. | 92% |

*n=13*