On August 29, 2005 Hurricane Katrina slammed into the Gulf Coast as a Category 4 storm. In Washington, D.C., representatives of all the states were meeting at the AdoptUSKids National Adoption and Foster Care Recruitment Summit, hosted by the Children’s Bureau/ACF/DHHS through its grantee, AdoptUsKids. By the time the meeting was over on Tuesday afternoon, it was clear that there was major storm damage along the coasts of Alabama, Mississippi and Louisiana, and that New Orleans had suffered flooding from the breaching of its levees. Colleagues from the affected states left the meeting not knowing what to expect when they arrived home. The rest of us wondered what we could do to help them, both personally and professionally.

The devastation caused by Katrina and by her cousin Rita, who ripped into Texas and Louisiana less than a month later, has disrupted every aspect of life for people in those states, and will have long-reaching effects on the region and the nation. For the child welfare professionals who met in Washington, and their peers around the country, some of the most immediate critical questions would be “How will this affect children in out-of-home care, their biological families, and the families and institutions that care for them?” and “What can we do help?”

In response, the Children’s Bureau led the way, making full use of its many resources to provide:

- A special issue of the NRCFCPPP Weekly Update electronic newsletter devoted to Katrina relief efforts, sent on September 2 to our nearly 3,000 electronic subscribers.
- A toll-free hotline for people interested in providing a home for children in the aftermath of Hurricane Katrina. Callers were connected to a network of local family referral organizations across the country, which connect families to agencies which license or approve foster or adoptive families.
- A series of conference calls for child welfare directors, foster care managers, adoption managers, ICAMA managers and ICPC administrators, enabling them to share information to assist Louisiana, Mississippi and Alabama in supporting their foster and adoptive families which may have been displaced by Hurricane Katrina. Notes from the calls were posted on the NRCFCPPP website.
- Each of the seven national child welfare resource centers and AdoptUsKids
received funding from ACF to assist states in rebuilding child welfare service delivery and family court systems disrupted by Hurricane Katrina. The NRFCPPP used part of its funding to connect the Louisiana Department of Social Services with Kevin Campbell, our consultant expert in the area of family finding (see the story on page 3 for more about Kevin and his work).

Other agencies, organizations and individuals did their part as well. Some of the larger efforts included:

- The American Public Human Services Association (APHSA) issued a detailed memo on child welfare issues related to Hurricane Katrina, which included information on tracking children displaced by Hurricane Katrina; cross-checking against other information on missing children; adoption assistance and foster care maintenance payments; medical assistance; the number of foster and adoptive children with special needs who are potentially displaced; education of children left homeless by Hurricane Katrina; and information on HIPAA.

- The Child Welfare League of America (CWLA) created the Katrina Kids Fund to support its member agencies who serve children and families in the affected regions, and partnered with the Freddie Mac Foundation in the Katrina Fund for Foster Children to enable children in foster care to have the services and supports they need to recover from the devastating effects of the hurricane. This fund provided immediate disaster relief and addresses the longer-term recovery needs of community-based agencies to help them rebuild their capacity to assist children in foster care.

- The National Foster Parent Association (NFPA) launched a clothing drive and relief fund to support foster families displaced by Hurricane Katrina.

- The National Center for Missing and Exploited Children posted information about children and families, separated by the storms, who were searching for one another.

Individuals in every state, concerned about children who were separated from their families, contacted agencies about providing temporary homes. Because the safety of children in care remains the number one priority, foster parent licensing regulations could not be waived. However, this presented an opportunity to encourage many to learn more about the 518,000 children who need out-of-home placement every day, as well as the 119,000 children and youth waiting for adoption.

STATUS OF EFFORTS
As of early November, Louisiana has located all but eight children in foster care who were displaced by Hurricane Katrina and some again by Hurricane Rita. About 2,000 children in care lived in the affected areas of the state; 75% were located within the first two weeks after the storm. Efforts to locate children who evacuated with their foster families, most of whom are from Orleans and Jefferson Parishes, were complicated by the fact that caseworkers were also displaced, records destroyed by the disaster, and the foster parents with whom these children live are spread out across the country, perhaps jobless and lacking resources to communicate. Louisiana has a toll-free hotline for foster parents to call to report their whereabouts: 800-259-3428.

Mississippi and Alabama have located all of their children displaced by the storm. Texas, which took so many of those displaced by Katrina, also had a hotline for foster parents following Hurricane Rita.

LOOKING AHEAD
The psychological effects of Katrina and Rita may continue for years, for both children and families. Child welfare agencies must be sensitive to the ways this trauma affects behavior, from the stress that can contribute to child maltreatment to the ways children in care act out their emotional turmoil. We will continue to share information about resources that can help agencies assess, identify, and deal with trauma and stress.

Lessons learned in locating foster families who evacuated with their foster children can be documented and disseminated, so that in the future agencies can swing into action immediately when disaster strikes.

And most importantly, every agency can prepare its own disaster plan that specifies emergency procedures and ensures that the agency continues to function during a man-made or natural disaster. The Children’s Bureau has prepared a guide that describes why a disaster plan is necessary and identifies the elements of an effective child welfare agency plan. Topics include how to use agency staff and community resources, ways to locate foster families, alternative funding sources, interagency collaboration, and procedures for receiving disaster relief funds. Treating child welfare staff as disaster victims, training foster parents, and plan implementation and maintenance are also discussed. Find the guide online at <nccanch.acf.hhs.gov/pubs/coping disasters.pdf >
Kevin Campbell, a consultant to the NRCFCPPP, presented his “family finding” work in a Webcast on June 14, 2005. The webcast itself, as well as handout materials, are archived on our website at http://event.netbriefings.com/event/nrcfcpp/Archives/hunternrcfcppp7/. This model engages agencies in projects to find relatives for children and youth who may otherwise exit the foster care system without permanent connections to caring adults. The projects have proved very successful in a number of sites in connecting youth to 15 to 50 concerned family members. After the presentation, Gary Mallon, Executive Director of the NRCFCPPP interviewed Kevin. Since then, Kevin has helped the state of Louisiana in locating families of children separated from them by Hurricane Katrina in September, 2005.

GM: In your presentation, you talk about “Family Finding, Lighting the Fire of Urgency”, why do you think this issue is so urgent?

KC: Many children and young people who live in foster care and other residential settings like long-term in-patient psychiatric hospitals and juvenile facilities are growing up without consistent and essential relationships with adults. The loss that they experience is definable; the U.S. Department of Health and Human Services has studied the quality of affection that children living in America receive from their mothers and fathers. They reported that children between birth and 13 years of age are told that they are loved every day according to more than 80% of mothers and nearly 80% of fathers. I worked on behalf of hundreds of young people in residential care to locate connections. They had not heard those words constantly in a decade or more of moving from foster home to residential facility to juvenile facility.

This is an urgent enough reason to be concerned. However, once family finding activities begin public and private agency social workers were able to find and engage at least several adult family members who would have loved most of the young people in the project everyday but were never called.

They did this in an average of five and a half hours of work for each relative, over six months. Surely we can find the time and resources in our agencies to make this possible for every child and young person.

The young people in America’s child welfare system, their families and tax payers cannot afford the consequences or costs of raising children in temporary care who had willing relatives who would have helped if we had called them. For the vast majority of the young people served by these projects the family was out there every day. The most heard comment from them was, “If you could call now, why didn’t you call us 10 years ago?” The answer is, “We didn’t have the tools then, but we’re calling now.”

GM: You explained during your presentation that you tried different combinations of public child welfare and private non-profit staff during your projects. Which arrangements were most effective?

KC: All of the projects, regardless of design, were able to extensively identify family members for young people. But the most effective designs were those that combined public agency social workers with private non-profit staff as partners. Without exception the child welfare, child mental health and juvenile probations systems that are most effective are those that collaborate with at least one shared belief - that children must grow up in families.

Private non-profit organizations add tremendous value to community systems of care when they truly work as system partners with accountability and shared commitments. Pierce and Clark Counties in Washington State are excellent long-term examples of this as are Santa Clara, Orange and Sacramento Counties in California. All of these communities have something in common - a collaboration of systems and key non-profit organizations working together with a wraparound philosophy, values and principles.

Not every community based organization needs to provide truly unconditional acceptance and care to families in a community, but there must at least be one working with every jurisdiction. In our projects we included those organizations; it is one of the best decisions I have ever made.

I want to mention San Mateo County’s use of volunteer Court Appointed Special Advocates. I am very excited about the possibility of shaping the role of court advocates to become more focused on the basic needs of children, like having a true sense of lifelong belonging in a family and less on advocating for special “treatments” and placements. It just makes sense to me that these volunteers can be the voice of the child in the process emphasizing their need for a forever family. Better yet, let’s
include them in helping in the search. I am very pleased to be helping California CASA to write a curriculum for this and provide access to search information so that they can join public child welfare in working for the same valued outcomes.

GM: How were you able to consistently achieve success in finding and engaging so many relatives for young people?

KC: Finding the parents and relatives turned out to be easy in most situations. There was enough information in most child welfare records to get started. The file review and/or US Search reports usually lead us to at least one relative, usually several. It is the interview with the family member that finds the family. Asking question such as, “I understand that you don’t have the contact information for your second cousin who plans the family reunions, but can you and I call someone else now who does?” can be extremely productive and garner immediate results.

This is followed up by “let’s call your sister right now.” Doing it now conveys the importance of this activity more than any other approach. Once you have engaged the family, you must also involve them in a planning meeting as quickly as possible. Action tells the story here; you are either concerned and acting on your concern, or you are saying that you’re concerned and doing business as usual. Business as usual isn’t working.

GM: How do you think access to such powerful information systems to find parents and relatives will change the practice of child welfare agencies?

KC: The information to locate addresses and phone numbers for most Americans living in the United States and US Territories has been available for years. Database systems have address information on most of us that goes back to 1983.

The due diligence tools used by child welfare agencies can provide some help. My perspective is that form follows function. We use due diligence tools to prove we tried to find a parent, not to find them. Largely they are not used to find relatives. Frankly, because of the institutional beliefs that have been barriers to working with the family, there has been no reason to improve our systems to locate parents and relatives.

Today the information is available to identify literally millions of relatives for the more than 500,000 children and young people in foster care. That information is available through service providers like US Search in as little as 20 minutes.

In the past our challenges were about families coming forward and claiming their lost children. With these systems and practices it’s now about us creating the time and support for social workers to go to the family and engage them in protecting and planning for their children.

GM: What is it like to call or knock on the door of family members 10 years or more after a child has left the family? How did adult family members treat social workers?

KC: The first call or visit to a parent or family member from whom the child has been separated is almost certainly the most anxiety-producing part of this work. In most of our projects it has taken three coaching sessions and sitting with social workers to make these initial contacts.

As I mentioned earlier, having thought through an engagement strategy is very important with the first contact. Also important is to write down the specific information that you want from the person. These calls are highly emotional for the family and for you.

It’s very easy to be so captivated by the family member’s story and grief over the loss of these young people that you will end the call or visit without getting essential information. An amazingly constant experience is how kind family members have been to us, even when they ask “If you could find us now, why didn’t you come 10 years ago?”

There is nothing that is likely to happen during a first call or visit that is worse than being a young person who develops as a child without consistent love and affection while they had a fit and willing family member all along who we didn’t even call.

GM: Did family members ever refuse to get involved or help?

KC: There have been situations where a family member has been unwilling to help, but it has been very rare. My sense of this is that the circumstances that lead to involvement of the child welfare system are at its core some of the most painful for individuals and families to confront. Withdrawal from connection with the family is one way individuals or family groups cope with overwhelming circumstances.

This makes the practice of engagement an essential element of social work. Before I try to contact family members and others I plan a unique engagement strategy for each person I try to speak to. What do I know about this person? What is their connection to the children I’m working for? How difficult might this phone call or visit be for them? Finally is there something I can do to leave this person feeling that they have done something to help these children today?

Language is critical, but candor and honesty must be at the center of every conversation.

... “I’m calling you today because I am worried about your niece and nephew.”

... “You can imagine how a child might feel who has been through the things she has.”
... “I believe that you have information that could really help her today...”
... “No one but you really knows how difficult this has been for you and your family members, but there is an opportunity for things to get better and you can really make a difference.”
... “For instance, can you imagine how important knowing how many cousins you have could be? How about talents that your niece shares with someone in your family?”
... “Just for her to know that she hasn’t been forgotten would mean so much.”

Engagement is my responsibility as a human rights advocate for children and families. I believe that it is a part of my work that is essential and requires planning. To effectively engage family members and parents I must be committed to their well being and need for connections and their right to know. In other words, child-centeredness is a barrier to engaging family members in helping their children. We need to be concerned for each and every parent and family member we work with, now and later.

GM: What kind of changes have child welfare agencies that completed these projects made based on what they learned from the projects?

KC: The simplest change has been the willingness of social workers to call the family and ask for help. Each agency and jurisdiction has uniquely incorporated their lessons learned. A pattern seems to be emerging that the first place in their system that incorporation of the practice happens is with “emancipating” youth. I presume this is for two reasons; one is that time is short and there is a sense of urgency as the young person faces discharge to self. The second is that it seems to be the place where the concern about the risk of the family to the young person is lowest. Institutional beliefs die hard.

Of course the question arises early in the project, if we can find and contact so many family members for our longest waiting what does this mean for the young children and their families we are working with? Stanislaus, Santa Clara and Pierce Counties in California are using search strategies now to help identify more relatives to support young children and their parents when the Child Protective Services and Court Workers meet families.

GM: How much does it cost to access address information for parents and relatives?

KC: It has become very inexpensive to buy these reports. In some cases you can use free web sites to get an address or phone number. The extensive reports that I use in my practice cost between $25.00 and $50.00 per child; of course, they often provide the identity of 15 or more relatives and family friends.

Kevin Campbell is Vice President of Strategic Planning and Service Innovation with EMQ Children and Family Services located in Campbell, California. He is also a technical assistance provider for the National Resource Center. Kevin is primary author of “Lighting the Fire of Urgency: Families Lost and Found in America’s Child Welfare System” and “Who Am I? Why Family Really Matters.” His projects are assisting child welfare agencies in reassessing the importance of reaching out to all available family members to achieve not only connections for youth, but permanent relative placements for children earlier in their child welfare involvement.

These four photographs graphically display the connections of 25 young people in Cook County, Illinois who have been living in out-of-home care placements an average of 10 years. In the first photo, leaves on the 25 branches represent connections known to the child welfare agency at the start of a family finding project. Each time a connection was made, a leaf was added. Photos display the results after 30, 60 and 82 days.
Methamphetamine is a highly addictive stimulant associated with serious health and psychiatric conditions, the use of which is increasing nationwide. Child welfare workers are seeing growing numbers of children and families affected by their parent’s use of this drug, and many professionals are concerned about the extent and nature of this problem.

This issue of Permanency Planning Today contains an article about a promising program in Florida that is having success in treating substance abusing families while ensuring the safety of their children. It describes the drug as a serious threat with dangerous effects on the user and increased risk of abuse and neglect of children of users. However, the ever-expanding body of information about this drug points to the hope that the situation may not be as dire as is often predicted in the media.

We believe that, as you encounter children affected by their parents’ use of meth, you need accurate information about the drug, its effects on parents, the potential dangers to children, the efficacy of treatment, and the possibility of recovery for the parent. To provide you with the most recent information on the drug the following information was obtained from a paper prepared for the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services by Cathleen Otero, M.S.W., Sharon Boles, Ph.D., Nancy K. Young, Ph.D., and Kim Dennis, M.P.A.

Meth is a dangerous drug that can lead to severe problems for users and puts their children at risk. However, research indicates that the physiological damage created by methamphetamine use is reversible with long-term abstinence. Research also shows that treatment models that work for addiction to other substances are also effective for methamphetamine addiction. Treatment outcomes for methamphetamine users appear to be similar to those for users of other drugs. Successful treatment for the parent may lead to family reunification and resultant benefit to both the child and the parent.

In dealing with the children of methamphetamine-using parents, child welfare workers must be alert to the immediate and long-term symptoms of exposure to the drug itself and the chemicals used in its manufacture. They must also be aware of the potential dangers to children in a methamphetamine manufacturing situation. They need to understand the danger they themselves face in visiting a location where methamphetamine may be produced.

Child welfare workers must take into consideration the cognitive impairments that result from prolonged use. Residual impairments may be apparent for a year or more after treatment begins. A parent who appears unwilling to meet case plan requirements may in fact be unable to meet the requirements without additional support.

The issue of prenatal exposure requires attention as well. Early intervention, effective treatment, and supportive follow-up are the keys to ensuring that a healthy baby is born to a healthy mother.

Methamphetamine-using parents may have needs beyond treatment for addiction, such as needs for mental health services, medical services, housing, and employment. Their children may have needs beyond safety from immediate harm. The most effective approach to the problem of methamphetamine-using parents and their at-risk children is a comprehensive integrated services strategy, where treatment includes a range of services that support the parent in leaving addiction behind and stepping into the role of a positive, successful parent.

For the most up-to-date information about methamphetamine and other substance abuse, please check the website of the National Center on Substance Abuse and Child Welfare, a service of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment at:
http://www.ncsacw.samhsa.gov/

Gerald P. Mallon, DSW
New Program Adaptations
in Response to Growing Meth Abuse
by Shane T. Raymond, MSW
Michael A. Bernstein, LCSW

In many parts of the nation a new drug has quickly emerged as a serious threat. The concoction originated with ingredients used for treating nasal congestion, attention hyperactivity disorder and narcolepsy. It was later used to keep soldiers on the move during World War II (Kyle & Hansell, 2005).

The drug - methamphetamine and known as "meth" - can be easily manufactured in the back of a car, hotel room or in the home of any American family. As a result of its simple production methods utilizing over-the-counter products containing Dextedrine and Methedrine, the drug has become cheap and plentiful. According to the 2004 National Survey on Drug Use and Health, 1.4 million persons age 12 and up have used methamphetamines in the past year, while 600,000 have used within the past month. Moreover, the same survey has indicated that the number of users who met criteria for illicit drug dependence or abuse grew from 164,000 in 2002 to 346,000 in 2004.

Effects of the drug are centered primarily upon the central nervous system. An initial "rush" tapers off into prolonged alterations of behavior that can last an entire day. It has been known to permanently alter brain chemistry and functioning. Adverse reactions include heart attacks, brain damage and stroke. Psychological and behavioral effects include anger, panic paranoia, hallucinations, repetitive behavior, confusion, jerky or flailing movements, irritability, insomnia, aggression, incessant talking and convulsions. Violent aggression toward self and others is not uncommon (Kyle & Hansell, 2005).

Although studies indicate that there is a higher rate of use among western states, smaller rural communities are also being affected (SAMSHA Advisory, 2005). The tri-county area encompassing Florida's Department of Children and Families District 14, located in the center of the state, is no exception. The rural and agricultural area that comprises Polk, Hardee and Highlands County has a population of about 645,000 (U.S. Census Quick Facts, 2004 population estimate), and is well-known in the state as an area of major methamphetamine production and use.

Children of parents who abuse drugs or alcohol are three times more likely to be abused and four times more likely to be neglected than children of parents who do not (Wells & Wright, 2004). A survey conducted of 500 county officials throughout 45 states indicated that out-of-home placements of children have increased due to methamphetamine use. Survey respondents indicated that they believe family reunification is more difficult in cases involving methamphetamine use than in other forms of abuse (Kyle & Hansell, 2005).

In response to the elevated abuse of drugs, Gulf Coast Community Care, a division of Gulf Coast Jewish Family Services, has established a program to better meet the needs of substance abusing families within the child welfare system while ensuring the safety of children. Gulf Coast is a community-based nonprofit agency that provides protective services supervision as part of Florida's privatized child welfare system. Gulf Coast is one of four providers in this rural region of Florida under the umbrella of a fifth non-profit lead agency, Heartland for Children.

In response to growing methamphetamine use, Florida's Family Builders Program, established in the mid-1990's, provides in-home therapeutic and skill teaching services to families involved in the child welfare system. In July 2005, the Family Builders Program contracted with Heartland for Children to initiate a specialized substance abuse component to help improve service outcomes and permanency. At least one parent in every family was involved with methamphetamine use.

The families referred to this new program component participate on a voluntary basis and can refuse services at any time. In addition to linking the drug abusing parent with community drug treatment agencies, and following up to make sure treatment is continuing, the program provides intensive in-home services for the parent to mitigate the secondary consequences of the addiction on the child and family. Two Certified Addiction Professionals divide up a caseload and two paraprofessionals assist with service provision.

Unique interventions are employed in working with the families assigned to the specialized substance abuse unit. One of the most effective methods involves journaling and having the person describe their life story and how it has led to the present situation. On-site drug testing is randomly administered by the counselors to ensure that the substance-abusing parent is maintaining sobriety. The counselors also verify that the parent is attending Narcotics Anonymous/Alcoholics Anonymous meetings on a regular basis and receiving treatment as appropriate.

Program staff also address issues of personal responsibility and decision-making, parenting skills, provide family interventions, help develop skills to improve family communication and provide transportation to essential appointments.

There have been 12 families referred to the program through the child welfare system. Treatment plans have been implemented and the interventions appear to be making a positive impact. The duration of treatment is usually 120 days; therefore final outcomes have yet to be determined. However, early results indicate a significant reduction in drug use, and improved family functioning. Eleven of the 12 adults involved in treatment have tested negative for drugs during each of their random drug tests. Documented observations of the family dynamics by the in-home treatment teams indicate improved communication and interaction between family members.

Program staff informally report reduced indicators of abuse and neglect, and most significantly, a new willingness on the part of methamphetamine abusing parents to assume greater and more functional parental responsibility.

There is every indication that this intervention paradigm is going to be successful with methamphetamine-abusing families.
There is undoubtedly a need for in-depth analysis and research on this newly formulated approach to treating drug addicted families. Future research considerations should examine methamphetamine use and specific treatment methods. It is hoped that the Family Builder's substance abuse component will reshape the design of future child welfare intervention programs. As growing numbers of methamphetamine related child abuse cases enter the system, it is critical that there be new methods and adaptations to successfully address a growing problem that is national in scope and is having a notable impact on child welfare services.

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REFERENCES


TiDBITS FROM THE STATES
LOOKING FOR A NEW IDEA OR A FRESH APPROACH TO AN OLD PROBLEM? CHECK OUT THESE IDEAS FROM AROUND THE COUNTRY. CONTACT THE NRCFCCPPP FOR MORE INFORMATION ON ANY THAT INTEREST YOU.

DISTRICT OF COLUMBIA:
“Revamping Youth Services” identifies benchmarks for youth development that will be addressed at family team meetings for each youth at ages 15/16, 17/18, 19 and 20 in the areas of case planning/life skills, family/permanent connections, education, employment/vocation, health/mental health, and housing. Implementation begins in 2006.

NEW HAMPSHIRE:
Under a demonstration (research) grant from HHS, the NH Division for Children, Youth & Families is collaborating with Casey Family Services. Building on the premise that stronger marriages may prevent disruption of adoptive placements, the program allows for “couple retreats” at a residential camp for families. The parents engage in training, and the children participate in camp-like activities. The five-year grant allows at least four camping sessions per year for 12 families at a time. In addition to the research component, it is considered a post-adoptive service for families.

NEVADA:
The Division of Child and Family Services supported passage of legislation to establish a subsidized guardianship program for relatives. It allows for specified relatives over age 62 with legal guardianship to receive TANF assistance equal to the foster care maintenance payment.

OHIO:
$10 million in TANF funding has been set aside to provide incentives to kinship caregivers to take legal custody of children who have been adjudicated abused/neglected, dependent, or unruly. Families can receive up to $1,000 initially and $500 per following six-month periods, with a cap of $3,500, to provide this care if they meet income and other requirements. This is an incentive, rather than an assistance program.

SOUTH DAKOTA:
Issued wireless laptop computers to all CPS staff, who can access the Internet via cell phones and now have the ability to access files and complete paperless paperwork wherever they are. Other technological advances include electronic notebooks that allow them to write in longhand, as well as voice recognition software, both of which “translate” information into typed text.

VERMONT:
In order to ensure that all children coming into foster care received timely initial assessments, some rural districts have arranged for a local pediatrician to block out time every week to do assessments on all children who came into care in the preceding six days; follow-ups are scheduled at that time. This also provides an opportunity for the pediatrician to use that time for catching up on paperwork if there are few new placements during the week.

VIRGINIA:
“Pathways to Permanency” is a collaborative effort by the Hampton Juvenile and Domestic Relations District Court and the Hampton Department of Social Services, in cooperation with other agencies providing services to families for children in the City’s foster care system. The goal is to develop a standardized case planning tool in the form of a binder that the family, social worker, attorneys, service providers and judge all use to document information for the family in a timely manner. The binder includes a startup packet containing information about the foster care system. Social workers use additional case planning inserts for each agency that provides services; other inserts include information about best practices such as concurrent planning that may affect the family.

WASHINGTON:
The “Passion for Action” Statewide Youth Advisory Board consists of 20 youth and young adults who have been recipients of Children’s Administration (CA) services. Members were recruited and trained in leadership and self-advocacy at weekend retreats by CA in partnership with the Washington Education Foundation and Casey Family Programs. The Board speaks at various state events, participates in ongoing collaborative committees, and meets regularly with the Assistant Secretary of CA.
There is a poignant cartoon featuring proverbial chickens separated by a road. The chicken on the one side shouts to the other, “How does a chicken get to the other side of the road?” His counterpart replies, “I am already there!”

This was the common refrain when the Wyoming Department of Family Services (DFS) began implementing family-centered practices two years ago in response to the Child and Family Services Review (CFSR).

When told it was moving to family-centered practices, nearly all DFS staff responded positively, saying, “That is what we’ve been doing for years,” or, similar to the chicken’s words, “We’re already there.”

As I read the 81-page CFSR, it became obvious our Program Improvement Plan (PIP) had to be inclusive of the myriad partners we have in child welfare, both public and private. We have actively involved them in the process, first agreeing on the role of DFS, which is to ensure certain families have the tools and support to raise their own children, and that communities are encouraged to take responsibility for their own families.

Although we understood the DFS had a responsibility to do its job better, we also recognized that even if we did it perfectly, we were one of many players, and, as much as possible, all players had to be on the same page if the system was to change and meet the goals of the CFSR.

The PIP developed fundamentally around this objective, offering a range of initiatives inviting parents and the community to take more responsibility for the welfare of families, even as its specific goals were used to drive an improvement in DFS’s practices.

Perhaps the most exciting was developing a common understanding around a shared goal. The Casey Family Program was a key player, loaning its Wyoming division director to DFS for the two-year PIP implementation period. Brenden McKinney brought considerable knowledge and resources from Casey, adding credibility and affirmation to many of our efforts.

The cornerstone of the Wyoming effort is Family Partnerships. Working with the governor and other human service agency directors, a decision was made to shift to family-centered practice across agency lines. To institutionalize the new approach, Wyoming trained caseworkers in child welfare, as well as personnel in the areas of probation and parole, mental health and substance abuse, education, and other areas, to use Family Partnership Teams as the basis for working with families, regardless of where they entered the system.

Using a process similar to family decision-making, all human service agencies share a common practice-creating a unified case plan, with the family driving the result. Families sit together at the table with the professionals and their community support system. At times, parents, relatives, friends, church members, teachers, neighbors, and others are included.

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The plan starts with the strengths of the family and concludes with the buy-in and acceptance of every participant sharing responsibility for the family’s success. This process converts the phrase family-centered practice into practice. In other words, the chicken actually moves to the other side of the road.

Truly shifting the paradigm isn’t simple. It requires an honest review so long-time child welfare staff recognize the difference between what they’ve done for years and what is meant by family-centered practice. In training DFS staff, it became clear that, unlike the parable of the elephant and the six blind men, we were using the same words to describe entirely different practices. We accomplish this review internally with a quality-assurance protocol and, with our partners, through the key providers’ active cooperation.

An important provider group, Wyoming Youth Services Association (WYSA) led the way. WYSA is a professional organization representing non-profit group homes and residential treatment facilities in Wyoming. These folks, who are worth commending, saw the same need, obtained a grant from the Daniels Fund, and undertook a facility-by-facility review of their current practices, receiving recommendations from a CWLA review about how to get in sync with the department’s new direction.

The public system relies heavily on a good relationship with nonprofit facilities, and successfully implementing the PIP required this cooperation and common approach.

We also need a shift in our own thinking. Truly delivering family-centered practices meant an internal self-examination of our worldview:

Why are people poor? Why are the people we serve in the system? How caseworkers answer these questions determines their ability to effectively deliver services.

With Casey Family Program’s help, we are training all administrators, managers, supervisors, and line workers, as well as key community partners and even client families over three years. Called “Undoing Racism,” the training allows individuals and the group to open an honest dialogue, not only about the effect of race, but also about socioeconomic differences and how long-held beliefs about others play a role in service delivery.

How’s it all working? We are using a “mini-CFSR” quality-assurance examination to see if the practice is actually changing. We think it is. DFS staff, WYSA, and other partners have undertaken considerable training over the last year. Change is hard. How’d the chicken get to the other side of the road? The answer is, “Slowly.”

We are reminded of Elaine Ryan’s statement to Congress on the CFSR process. The Congressional Liaison for the American Public Human Services Association, Ryan explained to a congressional committee about how hard the states have worked to improve services: “Most of the states are now too pooped to PIP!”

We are, but the data is showing it’s all making a difference, and there’s no other reason to be in this business.

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Public child welfare systems have long recognized the value of parent/child visitation as a core element in their work with children and families. The quality of the family visitation activity provides an important measure for informing child welfare social workers about family dynamics, and their strengths and needs in determining appropriate services to support reunification goals. As well, structured visitation, viewed through a therapeutic lens, has the added benefit of assisting parents with experiential guidance in better understanding and performing their role as parent, thereby enhancing their parenting skills. Such an approach may be considered somewhat unique. In Rhode Island, it is highly regarded.

The Families Together Program - a public-private partnership between the Rhode Island Department of Children, Youth and Families (DCYF) and the Providence Children’s Museum, is an innovative therapeutic visitation program that has been providing a strong balance for child welfare social workers and for children and parents struggling to overcome difficult circumstances. Families Together began in 1992 as a small visitation element - centering around the playful environment of the children’s museum - allowing parents to be in a comforting atmosphere with their children and engage in playful activities. Through this process, the Families Together program director, as a clinician, was able to observe difficult situations and provide helpful guidance to parents so that they could handle situations with new behaviors and more confidence. This ultimately promoted better interactions with their children. The positive results of this small endeavor began to be felt in expanding circles within the child welfare agency, which generated more interest and enthusiasm to allow more families to experience this unique visitation opportunity. Over the past 15 years, the Rhode Island DCYF has been evolving this innovative therapeutic visitation program through a deepening collaboration with the Providence Children’s Museum, providing more resources for the program to expand and add clinical staff.

The Families Together Program is designed for children and parents who are separated by court order due to abuse and neglect. This therapeutic visitation program promotes opportunities for children and their parents to experience a series of visits at the Providence Children’s Museum, the state’s only hands-on museum designed for children and their families. Since its inception, the program has grown steadily, gaining respect throughout the DCYF. As the Department regionalized into four geographic service areas, the Families Together Program took on even more significance. Becoming a visitation attraction throughout the DCYF regions, parents and children were able to play and learn together under the supportive guidance of the Museum’s family therapists. Families Together has served over 2000 people in more than 500 families since it began.

Families in crisis face many challenges. Family members must develop new relationships - new ways of interacting, respecting, understanding and communicating with each other. Frequently court-separated parents and children only see each other in sterile government office buildings or noisy fast-food restaurants. Such environments can create an additional barrier for parents trying to build or rebuild healthy relationships with their children.

Providence Children’s Museum provides a welcoming, stimulating, safe environment for family interaction. Splashing and experimenting with water, learning about pets or discovering how shapes come together encourages active play and communication between parents and children. The children and the parents can discover together that they can make mistakes and succeed. In some instances the adult can lead; in others the activity will be led by the child. Both children and parents have an opportunity to share experiences, stories and knowledge in a setting that integrates learning and fun. This kind of interaction is encouraged in all families, but is of particular value to families who are rebuilding relationships. Providence Children’s Museums hands-on exhibits are accessible to families of all backgrounds, abilities and levels of education. Since visits occur when the Museum is open to the public, the therapists observe parents and children in an active community setting.

Families Together serves children ages 1-11 and their parents. Families, referred to the program by their DCYF social worker, make a series of visits to the Museum over a period of several months. Families Together therapists work closely with caseworkers and other members of the treatment team to ensure the visitation strategies are an integral part of the treatment plan.
comprehensive case plan. Caseworkers value the objective viewpoint of the therapists as they design a permanency plan for the child, required under the Federal Adoption and Safe Families Act of 1997. In addition, caseworkers receive a more complete picture of each family, which leads to more accurate and valid recommendations to Family Court judges. Beyond guiding family interaction at the museum, Families Together staff work with DCYF social workers, to help them make the best diagnostic and therapeutic use of family visitation. The program is continuing to change visitation practice throughout Rhode Island.

Families Together therapists are available in each of DCYF’s four Regional Offices to assist with a visit or offer guidance to a social worker and, with DCYF’s Child Welfare Training Institute at Rhode Island College, program staff provide formal training on experiential learning and family-centered practice. Families Together helps social workers move from being passive observers to actively assisting parents gain a better understanding of their own role and responsibilities in meeting the needs of their children.

In 2003, the Department of Children, Youth and Families and the Families Together Program were recognized as one of only fifteen finalists for the highly-competitive Innovations in American Government Award. The program received a $10,000 grant as a finalist in what is often referred to as “the Oscars” of government award programs. Innovations in American Government is a program of the Kennedy School of Government at Harvard University, which is a partnership with the Council for Excellence in Government. Each year, there are five programs selected from among the 15 finalists, and these award winning programs represent initiatives of high achievement in government across the country. Each of these initiatives serves to promote greater confidence in the public sector, and opportunities within the private sector. Innovations in American Government focuses its attention on efforts that will improve government by identifying federal, state and local programs worthy of replication. Though not chosen among the 5 winning programs, the Families Together program is one that is continuing to generate interest and discussion - both among other states’ child welfare professionals and other children’s museum directors.

As the Rhode Island Department of Children, Youth and Families begins to focus on implementation of its Program Improvement Plan and strengthening opportunities for improving parenting capacities, such public-private partnerships as represented in the Families Together Therapeutic Visitation Program will become more and more integral in the operations of the child welfare system. As DCYF Director, Patricia Martinez, points out, “our system has benefited significantly from this growing partnership with a community agency not traditionally associated with child welfare services.” Ms. Martinez adds, “it is this type of innovation that helps the larger society better understand the role and responsibilities of child welfare agencies, and we all realize that by working together we are able to identify alternative approaches and solutions that can truly make a positive difference for the children and families we serve.” The Rhode Island DCYF is actively promoting stronger collaboration with community-based agencies throughout the state in the design and delivery of its services. This concentration is geared toward further enhancing family-centered practice approaches, and emphasizing forums for shared decision making - with the families and with community stakeholders - in assessing not only child and family needs, but the systems’ needs as a whole.

Heidi Brinig is the Director of the Families Together Program at the Providence Children’s Museum.

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Visit Providence Children’s Museum and learn more about Families Together online at <http://www.childrenmuseum.org>
PROMISING APPROACHES IN CHILD WELFARE

The Child Welfare Review Project assists the Children’s Bureau in compiling promising approaches that reflect innovative efforts by the States in meeting the needs of children and families. The promising approaches highlighted on the Web site are organized into descriptions that include the title of the approach, categories in which the approach is classified, the sponsoring agency, contact information, a brief summary of the approach, and the estimated length of time in which the approach has been in existence. The promising approaches are listed by State and by category. The categories correspond with the items reviewed in the child and family services reviews (CFSRs), safety, permanency, and well-being.


IMPACT OF METHAMPHETAMINES ON THE CHILD WELFARE SYSTEM

Methamphetamine use is a growing problem for children and families across the country. The National Clearinghouse on Child Abuse and Neglect Information has developed a list of resources on a variety of topics to help child welfare workers understand what methamphetamine is and how it affects users.

http://nccanch.acf.hhs.gov/topics/issues/meth.cfm

FUNDING OF CHILD & FAMILY SERVICES REVIEWS PROGRAM IMPROVEMENT PLANS

Although most states are implementing their PIPs without major changes in resources, some states have provided new funding and others have reallocated existing resources in creative ways to support the achievement of PIP goals. These new and reallocated resources primarily are being used in two ways: to increase and stabilize the front-line child welfare workforce and to enhance states’ quality assurance efforts. The findings of this report from the National Conference of State Legislatures are based on a review by NCSL of PIP-related documents and informal telephone interviews with key state contacts who are responsible for overseeing PIP design and implementation.

http://www.ncsl.org/programs/cyf/fundingcfsr.htm

The NRFCPPP publishes an electronic newsletter each week that keeps subscribers informed about new Internet-based publications, conferences & other events of interest to child welfare professionals. This section lists some of the valuable resources we have highlighted over the past few months.

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STATE RESOURCES ON FAMILY GROUP DECISION MAKING

The NRFCPPP web page on family group decision-making has several State guides for implementing this practice in its various forms. Listings include materials from California, Iowa and Mississippi. We hope to keep adding state practice procedures in this area as well as others in which jurisdictions prepare documents aimed at helping workers put family-centered practices into effect.

http://www.hunter.cuny.edu/socwork/nrcfcpp/information.html

ASKING THE RIGHT QUESTIONS: A JUDICIAL CHECKLIST TO ENSURE THAT THE EDUCATIONAL NEEDS OF CHILDREN & YOUTH IN FOSTER CARE ARE BEING ADDRESSED

This Technical Assistance Brief from the Permanency Planning for Children Department of the National Council of Juvenile and Family Court Justices provides a field-tested checklist that judges can use to make inquiries regarding the educational needs of children and youth under their jurisdiction with the goal of positively impacting their educational outcomes and preparing them for adulthood.

http://www.ncjfcj.org/content/view/572/432/

CONCURRENT PLANNING: WHAT THE EVIDENCE SHOWS

This issue brief includes a review and synthesis of research on concurrent planning and presents successful examples of concurrent planning from the field that demonstrate evidence-based practice. Information from the first round of Child and Family Services Reviews relating to how States use concurrent planning is also presented. The brief was developed in partnership with the Child Welfare League of America Research to Practice Initiative, under subcontract to the National Clearinghouse on Child Abuse and Neglect Information.


Best of Weekly Update