

Center for Advanced Studies
in **Child Welfare**

School of Social Work
UNIVERSITY OF MINNESOTA



CW360^o

a comprehensive look at a prevalent child welfare issue

Safety

Permanency

Well-Being

Interdisciplinary Collaboration in Child Welfare
Spring 2023

From the Editors

Welcome to the Center for Advanced Studies in Child Welfare's annual issue of CW360°! The focus of this issue is interdisciplinary collaboration in child welfare — how people, teams, programs, and policies all work effectively together to optimally serve children and families. In this issue, we explore the barriers to collaborative work, strategies to improving partnerships, the benefits of interdisciplinary learning, promising and innovative programming, and the impacts on service delivery for those with lived experiences.

In child welfare, interdisciplinary practice is often referred to as multidisciplinary teamwork, or MDTs (multidisciplinary teams). The Child Welfare Information Gateway defines interdisciplinary practice as “representing a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and plan for children and families.” When we think about the many touchpoints of a child, parent, or family engaged in child protection, it can be overwhelming to consider the amount of workers, services, programs, and disciplines that people are asked to navigate. It is our job to think critically and make changes to improve service collaboration across child welfare, mental health, education, housing, medical providers, law, and others.

In this year's CW360°, readers will find research and best practices related to working across disciplines. For example, what are the most vital components to success? What are the essential elements to sustain collaborative practices? How can we improve interdisciplinary learning and integrate collaboration into professional development? Can working on interdisciplinary teams reduce

bias? Can interdisciplinary learning reduce workforce burnout? While there are barriers to collaboration and, as Dr. Palusci points out, we are all working under “different professional languages, professional cultures, and even under different statutes,” we must continue to address these barriers to appropriately and effectively serve children and families.

As we prepare for each issue of CW360°, our team conducts an extensive literature review and an exploration of best practices. We seek feedback from individuals who work on the specific topic or are well-positioned to write articles that offer insights on a range of policies, programs, and strategies to inform the child welfare practice community. CW360° is divided into three sections: overview, practice, and perspectives. The overview section takes a broader look at the importance of interdisciplinary collaboration and summarizes recent research, including areas that need further attention. The practice section features articles from housing providers, Children's Advocacy Centers (CACs), Tribal experts, and examples of effective interdisciplinary collaboration in the practice community such as the CARES program in Madison, Wisconsin or the Be@School Program and the Adoption Medicine Clinic both in Minneapolis, Minnesota. The perspectives section features voices from parents, social workers, system-impacted youth, and those that have spent time facilitating interdisciplinary learning with our very own PACC and PLX programs at CASCW.

Additionally, we have provided a resource guide to further support learning and growth. Note that we have removed the reference

section from the printed editions of CW360° in order to make space for additional content. You can find a full listing of the citations in PDF format on our website at z.umn.edu/CW360-2023.

Finally, CASCW will host our 23rd Annual Spring Child Welfare Conference on May 4th, 2023 at the Delta Hotels in Minneapolis. Please join us! The conference will be in-person, with an opportunity for groups to stream live. Along with our keynote speaker, this applied approach conference will feature several panels composed of people with lived experience and those in a variety of professions that intersect with child welfare including public health, housing, behavioral health, disability, and more. Registration and more information can be found at cascw.umn.edu/2023-cascw-annual-spring-conference.

As Sue Abderholden points out in her article, we can start to think about interdisciplinary work using a house metaphor. She says when people talk about interdisciplinary work, they often talk about “silos.” But silos are stationary, and you can't move them, there are no doors. Sue describes a more apt description of interdisciplinary work might be a house. There are different rooms within a house, rooms that people can move between or bring something from one room into another. There are doors as well that can be opened to facilitate interdisciplinary collaboration.

This is hard work and we'd like to express our appreciation and gratitude for those professionals working in the child welfare system. We encourage you to “move from one room to another” in your work with children and families!

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Connecting the Rooms in the House: The Importance of Interdisciplinary Child Welfare Practice

Sue Abderholden, MPH

Behavioral Health

The pandemic has resulted in a laser focus on our children. We know that they are not doing well. Numerous surveys show increased depression, anxiety, suicide attempts, emergency room use, and dysregulation.

Parents, caregivers, teachers, and others that support children and youth are all trying to figure out what to do. The legislature and governor are working to develop proposals to address the increased needs, knowing that our current fragile systems are not equipped or able to meet them.

work might be a house. There are different rooms within a house, rooms that people can move between or bring something from one room into another. There are doors as well that can be opened to facilitate interdisciplinary collaboration. My mind, when thinking about interdisciplinary work, goes to the kitchen – specifically the kitchen table. It’s usually the most active room in the house, meeting basic needs, but there is also something about “breaking bread” together that facilitates collaboration.

State and federal funding come in different streams, but if we think of the streams as



When people talk about interdisciplinary work, they often talk about “silos.” But silos are stationary, and you can’t move them. Silos store things like grain, and there aren’t really doors. A more apt description of interdisciplinary work might be a house.

In the child welfare space, there are discussions as to how to work in an interdisciplinary way to address these needs. It is critical that these discussions take place. Think of all the systems that impact a child’s well-being and mental health – education, food and nutrition, housing, health insurance, access to health and mental health care, transportation, etc. Lack of access to adult mental health and substance use disorder treatment also impacts children. When adults caring for children are struggling with their mental health, it impacts children.

As policy makers begin to try to address the children’s mental health crisis, it’s imperative that social workers and others present the big picture of what it will take to address this crisis. It’s not one thing, it’s multiple things.

When people talk about interdisciplinary work, they often talk about “silos.” But silos are stationary, and you can’t move them. Silos store things like grain, and there aren’t really doors. A more apt description of interdisciplinary

funding certain rooms within a house, it becomes easier to think of how to collaborate and build a strong house for our children and families. Some of the best programs use braided funding, a mix of different streams.

Take the school-linked mental health grants. It’s a wonderful example of working across disciplines and collaborating to meet the

needs of children. It’s clinical mental health professionals, school support personnel, teachers, paraprofessionals, and parents all working together to help a child. It recognizes the important role that each play in a child’s life and the different resources they each bring to the kitchen table.

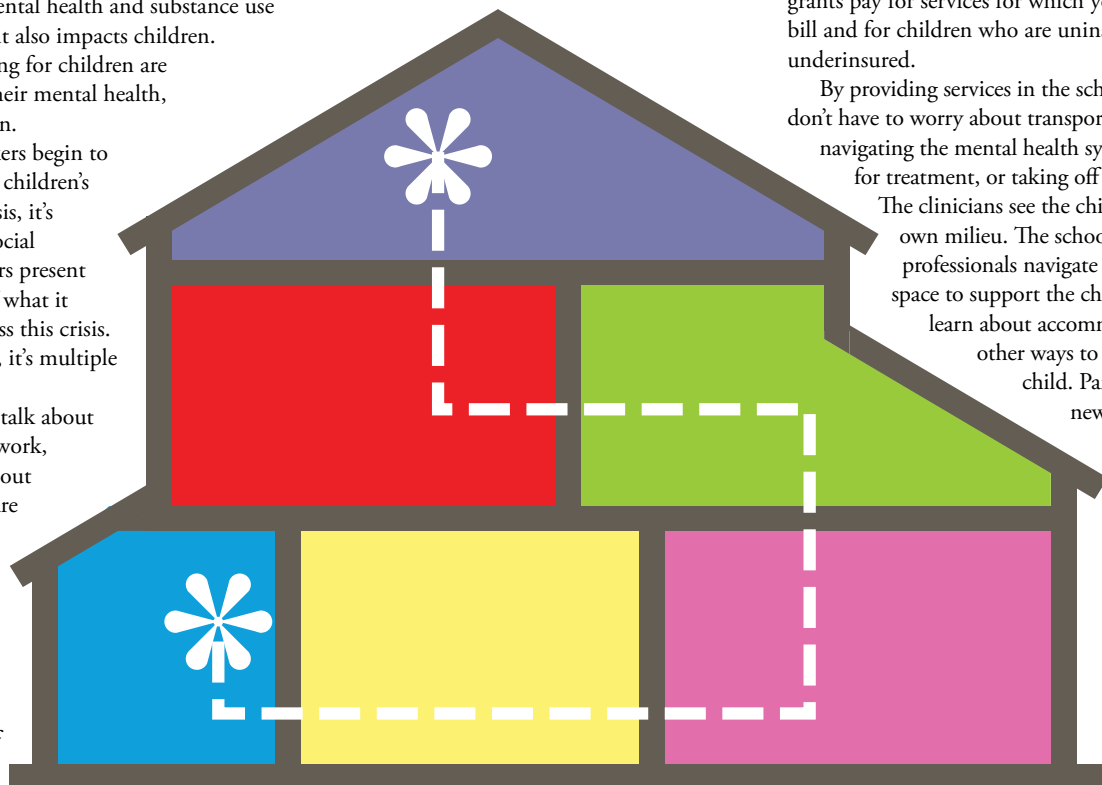
Funding is from public and private insurance and from state and local grants. The providers bill for what they can, and the grants pay for services for which you cannot bill and for children who are uninsured or underinsured.

By providing services in the school, parents don’t have to worry about transportation, navigating the mental health system, paying for treatment, or taking off of work.

The clinicians see the child in their own milieu. The school support professionals navigate the education space to support the child. Teachers learn about accommodations or other ways to support the child. Parents learn

new tools to help their child.

Now, more funds for this grant program would be great, since not every school building has a



program. But expansion can only happen if we address workforce shortages, workforce diversity, payment rates, increasing school support personnel, and ensuring payment parity for telehealth. We need to think about building social emotional skills in the early grades as a preventative step and to stop suspending children in K-3 particularly. And

that should be coming together on this issue – child protection, children’s mental health, and juvenile justice, along with anti-poverty programs.

There are many reasons why a child may need residential treatment for their mental illness and not all are related to parental neglect or abuse. Hearing and learning from each other’s

Bring a “treasure” from one room into another if needed to meet a child’s need.

We can’t separate our head from the rest of our body. We can’t view the child as a single entity. We need to be looking holistically at the child and their family. We need to be looking at not just diagnosis and treatment but also the other factors that help a child grow and develop to be a healthy adult, including connection to their culture and addressing racism. We need to make sure our system has a diverse array of people and strategies supporting and helping the child and their family. This includes making sure they have food and housing security and access to health care, mental health care, and dental care.

As legislators begin to debate how to spend the incredible state surplus, let’s remind them that there isn’t one thing that will do the trick and address the children’s mental health crisis – there are multiple policies they must adopt and fund to make a difference. Let’s work together to make this happen.

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We can’t view the child as a single entity. We need to be looking holistically at the child and their family.

we need to address housing instability to maintain those connections to the clinicians and school support personnel – as well as their teachers.

Another issue that could benefit from more interdisciplinary work is children’s residential treatment. For too long we have created one door for children needing residential treatment – child protection. While we have moved away from custody relinquishment in Minnesota, we still require screening teams and relative searches no matter the reason the child needs residential care. There are really three systems

perspectives could lead to a better system to address the needs of children and youth and make sure that the paths we create to access this level of care are appropriate. Too often in Minnesota the paths to this level of care were driven by funding streams, including funding streams that discriminate against mental health treatment, not what was best for the child and family.

Bringing us back to the “house”, let’s begin to move from one room to another. Don’t just stay in the child protection room, education room, or children’s mental health room. Roam freely between them to learn from one another.

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PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

Interdisciplinary Education and Collaboration in Child Welfare

Mary McCarthy, PhD, LMSW, Kavitha Kailasam, Kimberly Wilson, MS, Lyn Slater, PhD, MSW, and Melanie Smith

With feedback from the Principal Investigators for each of the Interdisciplinary Education sites, in particular Tricia Gardner- University of Oklahoma, Kelly Bass- University of South Dakota, and Wendy Copeland, Child Advocacy Centers of Mississippi

Workforce Development

Child welfare systems in the U.S. are being called out for the systemic failures that adversely impact families (Group, 2022). Some critics are calling for the abolition of the public service system and the funding streams that support it (Detlaf et al., 2021). Others are focused on transforming the system to one that is more family centered. A common theme from both groups is the criticism of child welfare services as stand alone, siloed bureaucracies that, despite receiving funding, leave family needs unmet and perpetuate the disparities that result from systemic racism and oppression. There are both institutional and cultural barriers to integrating services and funding in ways that engage communities to better understand and respond to their needs (Reder & Duncan, 2003). One barrier to system transformation is the lack of a diverse multidisciplinary workforce prepared for interdisciplinary practice. This paper will offer a brief introduction to interdisciplinary education, why it is important for child welfare, and offer

family. Team members bring all their skill and expertise to the service of children and families and work in a way that maximizes the delivery of the service.

Why is interdisciplinary practice important in child welfare?

- Child welfare work is complex and multifaceted. For decades, responsibility for child protection has been located within one organization charged with investigating allegations of abuse and neglect. We know this approach does not work as a foundation for providing services to support child safety.
- When child deaths are reviewed, poor or non-existent coordination and communication between professionals who have seen the family or child are identified as missed opportunities to save a life.

Efforts to implement and sustain multidisciplinary practice in child welfare have been ongoing for decades. While there is strong interest in the approach, few professionals working in child welfare have the education or training to participate in or lead this type of practice.

their initiatives. All three have approached multidisciplinary education in different ways and have important information to share because of their work over the past 18 months.

Educational Preparation for Interdisciplinary Practice

The University of Oklahoma Health Sciences Center (OUHSC), the oldest continuously operating child welfare focused interdisciplinary training program in the country, worked to improve the multidisciplinary child maltreatment workforce across the state of Oklahoma through expansions and improvements to their existing Interdisciplinary Training Program (ITP) (Gardner et al., 2020). This is a two-semester training program for advanced students in medicine, nursing, law, social work, public health, sociology, psychology, and related disciplines with more than 550 graduates. The enhancement started with improving marketing materials and recruiting additional students from locations outside the Oklahoma City Metro area. A priority was expanding the virtual program to other colleges in the area to increase access for students in rural areas.

While significant progress was made in developing materials for outreach and marketing, it was difficult to find new partner universities to cross list the ITP courses. The outreach began just after the pandemic shutdown when colleges were preoccupied with managing their current curricular offerings. Creating the opportunity for greater staff and student access to the ITP program remains a priority for the ongoing work through outreach to additional institutions and educational programs across Oklahoma.

OUHSC improved the current ITP program evaluation by developing a standardized procedure to track knowledge gains and obtain student satisfaction ratings and weekly formative reflection assessment in their courses. Significant time was invested in the development, testing, and implementation of evaluation procedures. The results are currently being gathered and analyzed. The end of the spring semester will yield the first results for a full class year.

The University of South Dakota (USD) School of Health Sciences and the Center for the Prevention of Child Maltreatment conducted multidisciplinary focus group sessions with professionals throughout South Dakota to develop a series of rural and tribal case studies that better reflects the child welfare population of the state, enhancing the current

The goal of this coordinated service delivery is to improve the services delivered to families that result in high quality, effective services that respond to the needs of the child and family.

examples of work underway in three initiatives that expand interdisciplinary education programs with a focus on child welfare.

What is interdisciplinary practice and why is it important in child welfare?

A definition of interdisciplinary practice used internationally comes from the World Health Organization (2010) which states that it is, “when multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care.”

In child welfare, interdisciplinary practice is commonly called multidisciplinary teamwork. It is defined as “representing a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and plan for children and families receiving child welfare services” (Child Welfare Information Gateway, n.d.).

The goal of this coordinated service delivery is to improve the services delivered to families that result in high quality, effective services that respond to the needs of the child and

In 2021, the Children’s Bureau (CB) received funding from Congress as part of the Congressional Omnibus Bill to create pilot projects to enhance multidisciplinary child advocacy studies that could show how to improve training in child abuse prevention and responses. The legislation stated:

[Congress] supports efforts across the country to implement rigorous undergraduate and graduate curricula to improve the training of future criminal justice, social work, medical, mental health, and other professionals who will encounter cases of child abuse. The Committee encourages the HHS to pilot an initiative to support the implementation of undergraduate and graduate curricula on the maltreatment of children. (U.S. Congress, 2020)

Under its cooperative with the National Child Welfare Workforce Institute (NCWWI), the Children’s Bureau asked NCWWI to develop a request for proposals and select three currently existing multidisciplinary educational programs to be funded to enhance or expand

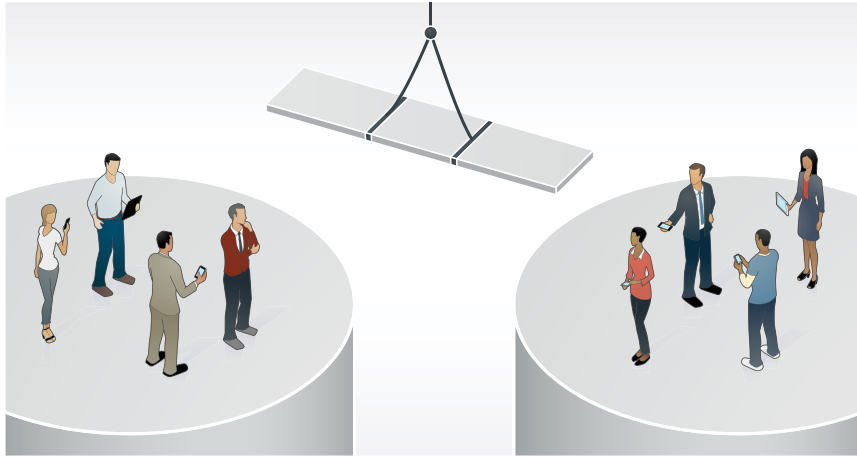
Child & Adult Advocacy Studies (CAASt) graduate certificate curriculum. The CAASt graduate certificate at USD is a 4-course, 12-credit online graduate-level program that allows traditional and non-traditional students to enhance their understanding of trauma across the lifespan, improve their ability to work in a multidisciplinary team, and encourage professional and system response to child

maltreatment in South Dakota. The cases are now being organized into a textbook, which will be used within the program to prepare students for real-life field experiences. An evaluation plan was implemented to determine the effectiveness and validity of using these cases within the CAASt curriculum to enhance student learning and experience.

Preliminary results from student focus groups suggest that course content and interdisciplinary case discussions served to identify professional bias, changed perceptions and, consequently, resulted in changes at the practice level. Through exposure to other disciplines, students report understanding the value of using MDTs and accessing other professionals at the prevention level as well as the intervention level. Case based learning, assignments, and small group discussions were reported to be effective learning methods that support participation in multidisciplinary practice.

The Children's Advocacy Centers of Mississippi (CACM) is a membership organization providing statewide training, funding, technical assistance, and leadership to local child advocacy centers and professionals who are responsible for responding to reports of child abuse. The CACM also provides coordination, technical assistance, and training support to 28 colleges, universities, community colleges, law schools, and medical schools that offer interdisciplinary Child Advocacy Studies (CAST) courses throughout Mississippi.

As the only state supporting statewide implementation of CAST courses in the country, CACM focused their work on curriculum enhancements that improved worker's abilities to identify, prevent, and respond to incidences of child abuse. CACM developed simulation modules which could be integrated into the graduate and undergraduate curricula across the state. The simulation modules were designed to increase students' knowledge of the Adverse Childhood Experiences study, mandated reporting, minimal facts interviewing, a trauma-informed victim-centered approach, and recognizing and documenting child abuse. They also completed renovations on a new train-



ing center with customized spaces to prepare students for practice in child welfare. Program evaluation is still an area for development. The work over this past year has reinforced the importance of having both training and formative program evaluation data to help guide the work into the future.

Power of Interdisciplinary Education and Practice

The three funded sites made presentations in December 2022 that focused on what they accomplished over the 18 months of funding. The audience included faculty and staff from the three sites as well as CB staff, regional child welfare specialists, and NCWWI staff. There was a large group discussion about the value of interdisciplinary education and practice. Some of the ideas that participants shared include:

- “Interdisciplinary Education and Practice shifts the focus to what a family /child needs, rather than what is the role of one specific agency/ profession.”
- “When you bring different disciplines together, you’re bringing different perspectives and lenses, so that process in itself helps with addressing inequities. This includes not just the perspectives from different disciplines, but different experiences—culturally and lived.”
- “We can compound our impact by looking at root causes across these various areas.”

Each program spoke consistently about the importance of the CB funding for allowing them to enhance the work they were doing. The funding allowed them to hire staff dedicated to recruitment and outreach, develop cases, review curriculum to ensure content focused on racial equity, ICWA, active efforts, family engagement, resiliency and prevention services, preparing simulations, and enhance their evaluation capabilities. Most educational programs focused on interdisciplinary practice in child welfare are started by an interested faculty member and have no additional support. It is volunteer work on the part of the faculty person based on commitment or individual

work to apply for small awards or grants.

Sustainability and Future Needs

Expanding the disciplinary reach for these programs is a big priority. There is consistent enrollment from medicine, nursing, law, and social work. All three programs seek greater partnerships with educational programs, as well as criminal justice and psychology.

All three programs aspire to follow graduates as they enter the workforce to learn more about how the interdisciplinary program is preparing people for work and how skills are transferred into employment settings.

Building a competency-based cross discipline program takes time and resources, especially when it is led by faculty who must also contend with tenure requirements. There are some excellent models that can be used to jump start the work (Charles et al., 2010). Disseminating information about these three programs will add to the list of potential resources. A funding commitment to enhance current programs for 5 years could go a long way towards developing a blueprint for preparing a competent interdisciplinary workforce for the future.

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Interdisciplinary Legal Practice: Sound Child Welfare Policy

United Family Advocates

“So I can see my baby every day?” Vanessa said with tears in her eyes. “For the first time since this ordeal began, I finally feel like I can breathe. I don’t know where I’d be without you guys.”

Law

Vanessa had given birth to her first baby four months prior. Her fiancée was struggling with methamphetamine use, and their financial situation forced her to return to work. Not being able to afford day care, she made the mistake of leaving her daughter with her dad.

The child welfare agency removed Vanessa’s baby the next day upon hearing the doctor at the hospital say that the injuries were non-accidental. Three weeks later, the agency recommended that Vanessa not receive the opportunity to get her child back and that an adoption plan should be made for the baby.

Vanessa’s lawyer immediately employed experts, made discovery requests, and set the matter for a contested hearing. Meanwhile, the lawyer’s in-house social worker began working with Vanessa to ensure she enrolled in counseling and understood the agency’s position.

The discovery revealed video footage of the interviews done at the scene, text messages between Vanessa and her fiancée, and additional medical evidence. Because of the clear evidence of Vanessa’s protective capacity, her lawyer was able to convince the agency to change its recommendation and offer her the opportunity to reunify.

One month later, the agency held a team meeting to discuss Vanessa’s progress in reunification. The lawyer’s social worker attended the meeting because the agency would not allow lawyers to attend. Given Vanessa’s progress in counseling, her social worker asked if anyone would object to Vanessa going to the caregiver’s home every day at 5pm for the evening feeding. Everyone agreed.

By the time this article publishes, Vanessa will have reunified with her daughter.

United Family Advocates is a bipartisan group of child welfare advocates dedicated to keeping families together through effective child welfare policy. Among its priorities is reforming the Child Abuse Prevention and Treatment Act (CAPTA). Congress passed CAPTA in 1972 in an attempt to curtail and protect against child abuse allegations. Through the years, however, social services agencies have come to conflate neglect with abuse, often confusing what underlies each concept and the perceived harms each causes. This story shows

United Family Advocates is a bipartisan coalition of child and family advocates who seek policy solutions to create a more compassionate and just approach to child welfare that focuses on supporting rather than separating families. We bring together advocates from across the political spectrum who have divergent views on many issues, but are united by our commitment to a future in which children and families find safety and support from community investment rather than government intervention.

For a complete list of UFA’s CAPTA reform proposals please see: z.umn.edu/UFA_CAPTAreform.



how interdisciplinary representation supports several of UFA’s key principles:

- Stop unnecessary family separations;
- Family-led case planning, especially in the absence of an identified safety threat;
- Preventing misdiagnosis of abuse or neglect;
- Limit law enforcement’s ability to separate families.

This type of interdisciplinary collaboration in child welfare cases means that attorneys partner with social workers, parenting experts, mentors, and other non-legal professionals to assist in their representation.

foster care is expensive. A combination of state, county, and federal resources are used to fund: (1) monthly foster care maintenance payments; (2) Medicaid costs; (3) social worker and service provider salaries; and (4) administrative costs associated with foster care placement, including determining a child’s eligibility for federal support of the placement” (Thornton & Gwin, 2012).

Additionally, the federal government already has a funding mechanism in place. Federal funds provide for a percentage of reimbursement for parent and child representation, which includes interdisciplinary work. Accessing these funds requires a

This type of interdisciplinary collaboration in child welfare cases means that attorneys partner with social workers, parenting experts, mentors, and other non-legal professionals to assist in their representation.

Our nation’s child welfare system is supposed to be a temporary intervention designed to keep children safe and strengthen families. Families who enter this system, however, often carry generations worth of trauma, poverty, and a host of legal and non-legal needs. This multidisciplinary team works to assist the parent by identifying barriers to successful parenting and removing them.

While ideally this support would come from agency child welfare workers, often they are ill equipped and under resourced to do anything except deal with the immediate safety issues, and tight timelines can be unforgiving when trying to save parental rights. Having more than just a legal advocate for a parent or child can ensure that someone is paying attention to all of a person’s specific needs. These needs can range from help securing appropriate transportation or childcare to advocating for the educational rights of their children. In the long-term, that kind of support can make all the difference.

Moreover, this type of holistic support makes financial sense. “Maintaining a child in

willingness from someone with decision-making authority to make the initial, reimbursable investment. Once accomplished, accessing the funding becomes matter of coordination between a state’s social service agency and the entities who distribute funding to the attorney providers.

This type of multidisciplinary representation ultimately helps not simply the parent, but the entire family. At the beginning of Vanessa’s case, the child’s attorney and in-house social worker made a home visit. The attorney had argued with the agency to ensure this relative placement could occur immediately, despite protestations of them wanting to wait months until the Court made factual findings. The attorney was successful, and the baby healed and began thriving in the relative’s home.

During the visit, the social worker noticed that the baby still had limited movement in one arm, despite having been medically cleared by the pediatrician. She was able to contact a doctor who promptly diagnosed and identified a proscribed treatment course. By the time of the meeting, the baby had regained full

Effective Interdisciplinary Practice with Substance Use and Child Welfare Professionals

Joan M. Blakey, MSW, PhD

Chemical Health

Almost 13% of children under 18 years old live with a parent with substance abuse disorder in the United States (Lipari & Van Horn, 2017). Child maltreatment cases involving substance abuse increased from

18.5% in 2000 to 38.9% in 2019 (National Center on Substance Abuse and Child Welfare [NCSACW], 2019). Many believe this increase in substance-involved families is related to the opioid epidemic. In 2019, almost 40% of child maltreatment cases involving parental substance

disciplines and systems to help families meet the requirements of their case plans.

Factors That Promote Effective Interdisciplinary Practice

To serve child protection-involved families, many professionals must often work together without guidelines to create effective interdisciplinary teams, which are essential to parents' ability to navigate the child protection system successfully. Blakey (2014) found that professionals who engaged in effective interdisciplinary practice often increased the

involves knowing and explaining the role of the other professional to all major stakeholders. For example, when parents would complain about their child protection caseworker to the treatment counselor, they often helped the parents see child protection from a different vantage point. They helped them understand how child protection caseworkers could help them accomplish their goals. The treatment counselors explained to their clients that child protection was not purposely hurting them or taking their children but working to ensure their children's safety. The substance abuse treatment counselors often worked with parents to understand how their actions may have put their children at risk. However, when the substance abuse treatment counselors sabotaged the other professionals and viewed them as adversaries, the outcomes often led to parents losing custody of their children.

Working as a unified team also involves supporting the recommendations of other professionals. For instance, child protection caseworkers incorporated the recommendations of the substance abuse treatment counselors when writing up the parents' case plans and vice versa. Working as a unified team was essential to interdisciplinary practice because it meant that professionals presented as a team, supported one another, provided a consistent message to parents, and everyone was held accountable for doing their part. Respecting the expertise, knowledge, and experience of the other professionals involved with the family is vital to the success and the ability to create unified interdisciplinary teams.

Ongoing Communication

Ongoing communication is the final factor of effective interdisciplinary practice. It is critical to have open, honest, ongoing communication, share information, and solicit other professionals' opinions and perspectives, particularly when the other professional's expertise could be beneficial. Moreover, all parties must remain actively involved and continue to do their part to facilitate and maintain a good working relationship. Research found that limited information sharing and involvement, failing to disclose information and assessments, and failure to check in and provide ongoing communication often contributed to women losing custody of their children. As work demands increase, ongoing communication is often compromised, derailing interprofessional practice, leading to misunderstandings and misinterpretations, and creating adversarial relationships.

Respecting the expertise, knowledge, and experience of the other professionals involved with the family is vital to the success and the ability to create unified interdisciplinary teams.

abuse have led to the placement of children in out-of-home care (NCSACW, 2019).

To help parents address the issues that brought them into child protection, most child protection systems, whether county or state-administered, partner with community agencies to provide services to families to help them address the issues that led to child abuse or neglect. Child protection caseworkers often oversee and usher cases through the child protection system. However, depending on the issues, families must participate in and complete various services, including parenting classes, therapy/psychological services, and services related to children's needs. When substance abuse brings families into contact with the child protection system, those families also must participate in and complete substance abuse treatment. Child protection caseworkers must work with other professionals across

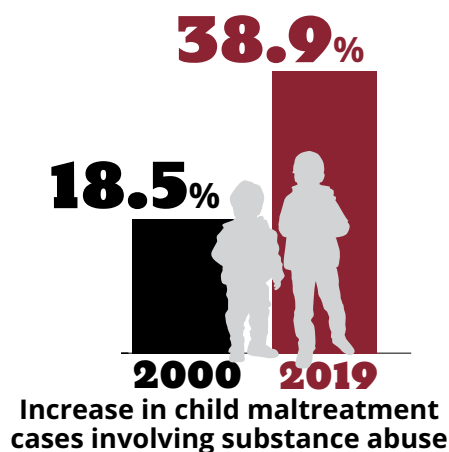
likelihood that child protection-involved families retained or regained custody of their children. The three primary factors that promote interdisciplinary practice among professionals working with child welfare-involved families are as follows:

Shared Vision

A shared vision involves professionals working towards desired outcomes. Although professionals may play different roles, the vision should be shared and complementary. For example, Blakey (2014) found that when the child protection caseworkers and substance abuse treatment counselors in her study saw their role as providing a safe, drug-free environment for children, these families tended to be successful. The child protection caseworkers were focused on helping the parents ensure their children's safety and well-being. The substance abuse treatment counselors helped the parents resolve underlying issues that adversely affected their ability to provide safe environments for their children. While the professionals had different roles, the vision for these families was shared, which was critical to the success of the interdisciplinary team.

Working As a Unified Team

The second interdisciplinary factor is how the professionals will work together to reach that shared vision. If two professionals fail to work as a unified team and back one another up, there will be problems, and the client will pay the price for the professionals' failure to work collaboratively. Working as a unified team



Multidisciplinary Collaboration in Child Protective Clinical Consultations: Bringing Mental Health, Substance Abuse, Domestic Violence, and Child Protection Together

Marina Lalayants, PhD, MPA



Background and Program Description

Mental illness, substance abuse, and domestic violence are widespread psychosocial problems that co-occur and are closely linked to child welfare. Because each maltreatment case is complex and multifaceted, it requires the involvement of multiple disciplines that can conduct comprehensive assessment of the family and child and generate a treatment plan. Research demonstrates that multidisciplinary case-specific consultations and trainings have assisted child protective

services (CPS) workers in recognizing indicators of domestic violence, substance abuse, or mental illness, improved their assessment skills, helped interview more sensitively, provided enriched information on resources (Fleck-Henderson, 2000), decreased duplication of services among agencies (Pence & Wilson, 1994), and improved quality of services (Hochstadt & Harwicke, 1985). Additionally, some researchers believe that the multidisciplinary collaborative practice provides mutual support for professionals engaged in emotionally stressful work (Kolbo & Strong, 1997).

With the foregoing benefits in mind, Administration for Children’s Services (ACS) of

New York City established the multidisciplinary Clinical Consultation Team program. These teams are located within the ACS offices and provide CPS caseworkers and supervisors direct access to consultants with expertise in mental health, domestic violence, and substance abuse. Working in teams, consultants support and educate child welfare staff in making casework decisions, facilitate access to community-based services, and provide office-based training in their respective disciplines.

While collaborative practice is desired, it can be difficult to achieve due to various challenges (Darlington et al., 2004; Lalayants, 2008). Moreover, there is little research

Factors for building stronger collaborations

<p>Setting the stage</p>	<p>With careful preparation and planning, potential challenges (i.e., resistance to engage in collaborations, reluctance to utilize consultants) could be anticipated and strategies to overcome them could be built into the program design. It was important to convey the importance and advantages of collaboration early on.</p> <p><i>“It’s getting people to understand why all three disciplines are needed...”</i></p>
<p>Establishing formal and informal communication channels</p>	<p>Working in a public child welfare agency, CPS workers relied on a directive “from the top” to engage in collaborative practices. To some respondents, such mandates conveyed organizational commitment to the need for collaboration as well as established communication channels formally (and informally).</p>
<p>Building a shared identity and working towards shared goals</p>	<p>Prioritizing the needs of the family and keeping child welfare as the common goals allowed for integration of multiple perspectives while curbing potential professional differences aside.</p> <p><i>“It is willingness to know that there are other perspectives and different lenses, and it’s ok to disagree. We have to try not to worry so much about our particular disciplines but what would make more sense for the family.”</i></p>
<p>Personal and professional qualities: Flexibility, openness, respect, and ability to listen</p>	<p>These qualities allowed team members to be able to engage with one another and work together. Being flexible and open to accepting new/different perspectives was instrumental to successful multidisciplinary work.</p> <p><i>“We were asking questions across each other’s disciplines without being so rigid in ours, which is really important. We look at these cases on a case-by-case basis, we try to be flexible, especially when we’re working with others.”</i></p>
<p>Strong team leadership</p>	<p>At the organizational level, the role of leadership was crucial in setting the structure for collaboration, providing adequate resources, and fostering communication between all parties involved. Additionally, the role of the team leader was instrumental in establishing team practices, monitoring and resolving possible issues.</p> <p><i>“I always use this analogy of the orchestra—we got drums there, we got wind instruments, and they all can play separately but then when they come together, they have to be able to harmonize, and if they can’t do it, they’re just going to make a lot of noise. It’s my job as a team coordinator to orchestrate them.”</i></p>
<p>Continuous feedback and evaluation</p>	<p>Mechanisms that helped continuously provide feedback, re-examine, and evaluate the successes achieved through collaborations, shed light on challenges and solutions, and acknowledge successes were crucial. This also allowed upper management to monitor the level of achievement of program goals and objectives, examine program impact, and identify areas for improvement.</p>

identifying organizational and structural factors essential to successful collaborations (Lalayants & Epstein, 2005). Yet, there could also be factors, structures, and situations that promote collaboration and make it successful. Thus,

Study Findings

Overall, the multidisciplinary consultations were seen as an advantage: they generated stimulating discussions, expanded perspectives, deepened understanding of the complexity

Conclusions and Implications

Multidisciplinary collaborative practice is a developmental process that takes time and efforts to achieve. Preplanning, commitment, strategic and deliberate actions, and support (formal and informal) are needed to sustain collaborative practices. Administrators can use this knowledge to further plan and address challenges at each stage of multidisciplinary collaboration development and implementation. The issues uncovered and generalizations drawn in this study are consistent with research in other organizational environments, suggesting that the types of difficulties experienced in the collaborative process may be highly transferable and strategies for improving collaborative practices may be applicable to a variety of settings.

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Overall, the multidisciplinary consultations were seen as an advantage: they generated stimulating discussions, expanded perspectives, deepened understanding of the complexity of case issues, helped CPS workers engage families more successfully, and provided a comprehensive view of the complex cases.

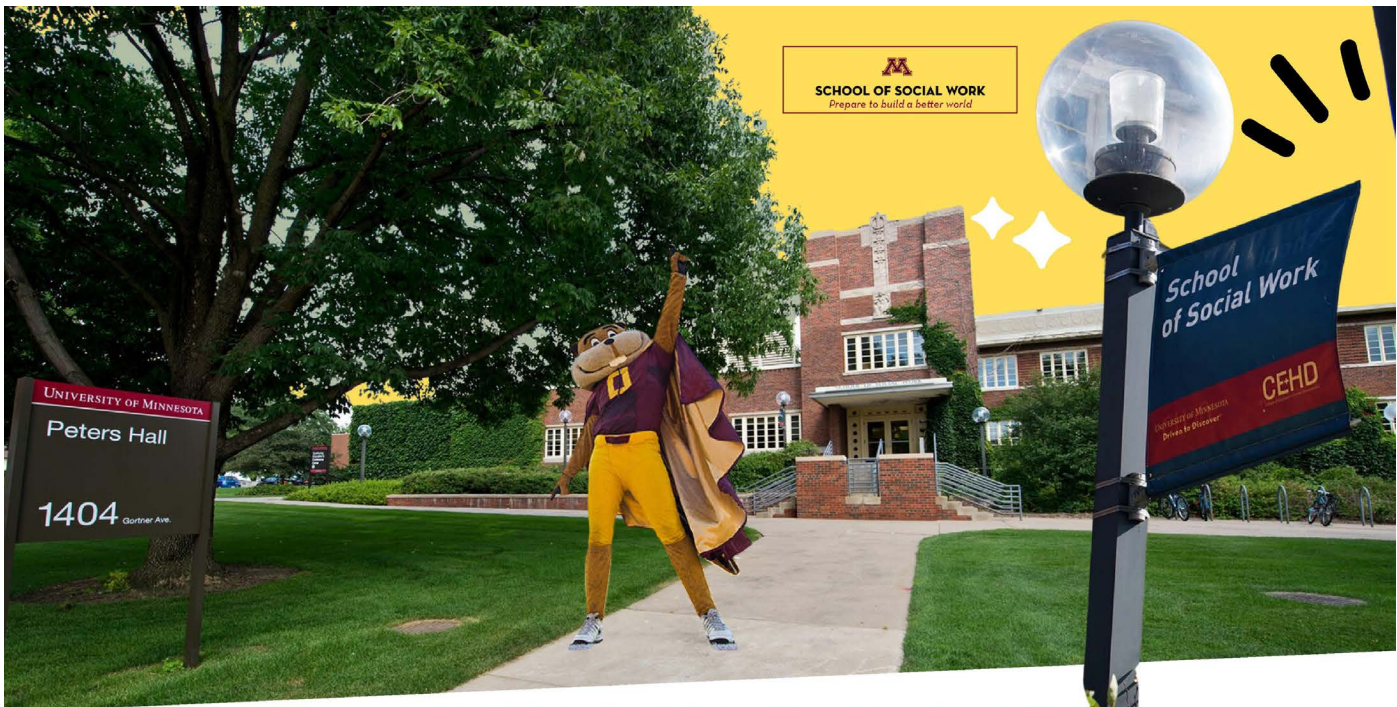
one naturally wonders what factors promote and impede best practices in multidisciplinary collaborative practice in child protection?

As part of a large multi-method evaluation project, experiences of multiple key stakeholders were studied through qualitative interviews in order to identify factors promoting multidisciplinary collaborative practice (Lalayants, 2013, 2010). Qualitative data were gathered from CPS caseworkers (n=30), CPS supervisors (n=30), consultants in mental health, substance abuse, and domestic violence (n=21), and team coordinators and managers (n=10).

of case issues, helped CPS workers engage families more successfully, and provided a comprehensive view of the complex cases.

Despite the many advantages, there were a number of significant challenges identified by multiple professionals: resistance among various disciplines engaging in consultations; professional and organizational culture differences among multiple professionals; power struggles; and lack of formal collaborative protocols.

Respondents identified factors that helped them overcome these challenges over time and build stronger collaboration. (see table on previous page)



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Greater Alignment Between Early Childhood and Child Welfare Best Meets Young Children's Unique Needs

Elizabeth Jordan, JD and Sharon Vandivere, MPP

Early Childhood

Early childhood is an extraordinarily important time for brain development. Young children's brains are developing at an incredible rate, and their early experiences, both positive and negative, can have a life-long impact (Center on the

Developing Child, 2007). As practitioners and researchers in the child welfare field, we know that experiences of maltreatment and placement in foster care are formative circumstances for early childhood development (Healey & Fisher, 2011). For child welfare systems to support the well-being of young children and promote their permanency, it is imperative that system leaders and practitioners collaborate with early childhood systems to meet the unique needs of young children and their parents.

Young children are more frequently placed in foster care than older children. In FY 2020, nearly two out of three children experiencing separation from their families in this way were age 8 or younger (Jordan et al., 2022). Of children birth to age 8 with substantiated maltreatment reports that year, child protective services agencies identified 69 percent as victims of neglect, 23 percent for physical abuse, and 6 percent for sexual abuse (Jordan et al., 2022). The implications of child welfare involvement are of particular concern for young children of color, who are disproportionately subject to child welfare intervention due to historical and ongoing racism (Child Welfare Information Gateway [CWIG], 2021).

Improving child welfare outcomes for young children requires minimizing the need for foster care removals and, if separation does occur, reunifying families quickly and safely. We believe that robust and consistent coordination between early childhood and child welfare programs, services, and systems can help ensure child and family needs are met. To accomplish this, system leaders must work together, keeping in mind the unique needs of young children. In a recent brief from Child Trends, *Alignment Between Early Childhood and Child Welfare Systems Benefits Children and Families*, we outline areas ripe for stronger system alignment:

Many states and communities are committing to build more robust support systems for children and families, designed to prevent maltreatment and entry into foster care. This is an ideal moment for system leaders and practitioners in early childhood and child welfare systems to set joint goals and develop a unified and tailored approach to supporting families with young children.

Areas ripe for stronger system alignment

Coordinate efforts around preventing child abuse and neglect and preventing foster care placement. In many states, both systems are investing heavily in the prevention of maltreatment and removal from home. Efforts that spring from the child welfare community, such as the implementation of the Family First Prevention Services Act, the Thriving Families, Safer Children Initiative, and the use of federal funding streams including the Child Abuse and Prevention Treatment Act (CAPTA) and Title IV-B should include the perspectives of the early childhood field in both planning and implementation (CWIG, n.d.a; Administration for Children and Families, 2020; CWIG, 2019; Child Trends, 2021). For example, several home visiting models are eligible for federal reimbursement both through the Family First Prevention Services Act and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Coordination of home visiting services may be a natural and efficient first step in aligning the two systems. States can also seek opportunities to train child care providers and other early childhood professionals, many of whom are mandated reporters, in identifying child maltreatment only when appropriate. Given that racial disproportionality appears in the first step of child welfare involvement—maltreatment reporting—such trainings might reduce racial disproportionality and support all children's well-being (CWIG, 2021). Early childhood systems should also coordinate with child welfare efforts to examine and revise mandated reporting and maltreatment definition policies and practice.

Create seamless services and supports for children and families with substantiated maltreatment cases. For young children that experience the trauma of maltreatment and foster care placement, early intervention services should be received as soon as possible to increase their effectiveness. Child welfare systems can coordinate with Part C Early Intervention to make sure children receive appropriate screenings (as required by CAPTA) and services (CWIG, 2018). Child welfare systems can partner with child care agencies and programs in many ways. For example, they can collaborate to ensure access to high-quality child care for young children in foster care or at risk of entering foster care. They can also facilitate trainings and resources for child care providers – like the Trauma Informed Care Training from the Child Care Resource Center – to help providers know how to support young children who have experienced trauma (Child Care Resource Center, n.d.). Finally, for young parents who have themselves experienced maltreatment or who may be in foster care themselves, coordinating child welfare and early childhood services and supports is an opportunity to better support these young families.

Partner together in reform efforts to create more equitable experiences and outcomes. In many states, both the child welfare and early childhood systems are striving to achieve more equitable experiences and outcomes for children and families of color. Across the country, child welfare agencies are working to rectify their historic and ongoing role in harming children and families, particularly Black and Indigenous families, through policy and practice strategies (Citrin et al., 2021; CWIG, n.d.b). These include creating commissions or committees (New York City), setting specific and actionable goals (Washington), and changing legislation (National Conference of State Legislatures) (National Conference of State Legislatures, n.d.; New York City's Administration for Children's Services, n.d.; Washington State Department of Children, n.d.). Resources like CSSP's *Supporting the First 1,000 Days of A Child's Life: An Anti-Racist Blueprint for Early Childhood Well-Being and Child Welfare Prevention* can guide child welfare systems in creating a joint agenda with early childhood that promotes equity (Citrin et al., 2021). In addition to early childhood leaders and practitioners, those with lived experience with the child welfare system—including former foster youth, parents, parenting youth, and foster and adoptive parents—should also be engaged in any systems reform efforts.

This article is based on Alignment Between Early Childhood and Child Welfare Systems Benefits Children and Families, a 2022 brief from Child Trends written by Elizabeth Jordan, JD, Sharon Vandivere, and Esther Gross. Elizabeth Jordan, JD is director of policy

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The Importance of Advocacy Across Child Welfare, Schools, and Juvenile Justice

Kele Stewart, Esq

Juvenile Justice

The child welfare system interacts with the education and juvenile justice systems in ways that too often exacerbate negative outcomes for children in out-of-home care. An ecological perspective recognizes that a child's well-being is impacted by the reciprocal relationships among the child and their environment including family, peers, school, community and social service, or legal interventions (Van Wert et al, 2016). It is important to understand how these interactions work in order to implement practices and policies that help children thrive.

The Web of Negative Outcomes

The poor educational outcomes and disproportionate juvenile justice involvement of children in out-of-home care are well documented (Herz et al., 2012; National Working Group on Foster Care and Education, 2018). Studies show that compared to peers from similar backgrounds, children in out-of-home care perform below grade level, have lower test scores and high school graduation rates, and more school disciplinary problems (Smithgall, 2004; Wiegman, 2014). Children in out-of-home care are overrepresented in special education and, simultaneously, under-identified for needed disability services (Stone, 2007). They are also overrepresented in the juvenile justice system where they have worse procedural outcomes than their peers (Citizens for Juvenile Justice, 2015). They are, for example, more likely than other youth to be detained, adjudicated delinquent, and confined rather than receive probation (Goetz, 2020).

Educational deficits and juvenile justice encounters contribute to challenges faced by former foster youth as adults including low college attainment and job earnings, high unemployment, housing instability, and incarceration (Courtney et al., 2011; Katsiyannis et al., 2008; U.S. Department of Health & Human Services, 2014). Because racial inequity is endemic to all three systems, children of color bear the brunt of negative outcomes fueled by system interaction (Stewart, 2022).

Interconnected Structural Mechanisms

Traumatic experiences that trigger CPS involvement put children at risk for emotional and behavioral problems that interfere with learning or increase the risk of juvenile justice interaction (Stone, 2007; Van Wert et al.,

2016). However, the negative outcomes of children in out-of-home care cannot be explained solely by their trauma exposure at home (Doyle, 2007; Rubin et al., 2007; Ryan & Testa, 2005). Family separation is itself traumatic with lasting consequences (Trivedi, 2019). Rather than helping children to heal, child-serving systems too often inflict additional trauma.

Placement instability is a major predictor of juvenile justice involvement and academic or school disciplinary problems (Citizens for Juvenile Justice, 2015; Villegas et al., 2014).

It is imperative that the child welfare, schools, and juvenile justice systems promote protective factors that mitigate trauma and eradicate harmful systemic practices.

Frequent moves “with no constancy of love, trust or discipline” (Trivedi, 2019, p. 545) contribute to social, emotional, and behavioral problems (Konijn et al., 2019; Villegas, 2014). One study found that youth with even one less placement change per year were almost twice as likely to graduate from high school (Pecora, 2006). Congregate care—especially large facilities with low-skilled shift staff—is another setting linked to poor school and juvenile justice outcomes (Juvenile Law Center, 2018).

Given placement instability, children in care are likely to have multiple school changes (Clemens et al., 2016). High schoolers placed in a juvenile justice facility are even more likely to experience high school mobility (Clemens et al., 2016). Each school change may result in learning gaps or loss of credits and hinder the ability to develop relationships with peers and teachers or participate in extracurricular activities (Sheesley, 2016). Without these relationships, children in foster care are unable to accumulate social capital that acts as a protective factor and helps in practical ways like school engagement and having mentors and advocates (Jim Casey Youth Opportunities Initiative, 2012; Levy et al., 2014).

Foster care involvement increases the likelihood children will be funneled into the juvenile justice system, either directly or via the school-to-prison pipeline (Juvenile Law Center, 2018). Complex trauma, and resulting impairments to a child's ability to self-regulate, are a contributing factor that gets magnified by systemic factors like instability and congregate care (Goetz, 2020). Children in care are often arrested for a mental health crisis or status offenses (Goetz, 2020). Children in congregate settings, where Black adolescents disproportionately live, are particularly likely to be referred to law

enforcement for minor infractions like fights, petty theft, or property damage (Cutuli, 2016). Other systemic factors include lack of positive attachments with adults and lack of opportunities to participate in positive youth development activities like sports and extracurricular activities. While in the juvenile justice system, educational opportunities are inadequate and when children are released, their regular school may push them into alternative schools from which they are more likely to drop out (Macomber et al., 2010).

At school, special education can have a nega-

tive multiplier effect for children in out-of-home care (Geenen et al., 2013). Children in care are overrepresented in special education where, despite the program's intended goals, they may not get needed disability-related services and underperform academically (Zetlin et al., 2012). Children in foster care are disproportionately classified with an emotional behavioral disorder and placed in more restrictive settings than non-foster care children in special education (Emerson & Lovitt, 2003; O'Higgins et al., 2017). Special education is also implicated in the school-to-prison pipeline. Although federal law limits school suspensions for behavior related to the student's disability, students in special education are more likely to be suspended from school and expelled than other students, especially children of color (Redfield & Nance, 2016).

Cross-System Approaches

“Prevention and intervention efforts must be informed by understanding of mechanisms at every level of the ecological system” (Van Wert et al., 2016, p. 16). While there are useful recommendations to improve interdisciplinary collaboration and coordination across systems, we should focus our efforts on preventing families from entering child welfare or juvenile justice (Herz et al., 2012; National Working Group on Foster Care and Education, 2014). It is imperative that the child welfare, schools, and juvenile justice systems promote protective factors that mitigate trauma and eradicate harmful systemic practices. Children must have opportunities to develop positive attachments to nurturing adults who can advocate across all three systems.

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Building a Case for Interprofessional Education for Professionals Responding to Suspected Child Abuse and Neglect

Elizabeth A. Cleek, PhD, RN, CPNP-PC and Lynn K. Sheets, MD, FAAP

Workforce Development

Health care professionals (HCPs) were introduced to child abuse and neglect (CAN) as a health concern through Kempe et al.'s (1962) seminal paper, "The Battered Child Syndrome." However, Kempe et al. (1962)

introduced CAN through the focused lens of physical abuse, describing it as a pediatric medical diagnosis. In subsequent years, CAN has been described more expansively through the lens of public health, explaining that CAN presents beyond clinical manifestations (Petersen et al., 2014), poses global lifelong health consequences (Felitti et al., 1998; Mersky et al., 2013; Reuben et al., 2016), and victimizes a larger number of children (United States Department of Health and Human Services [US DHHS], 2022). With the understanding of CAN as a public health problem, HCP roles in responding to suspected CAN extend beyond medical diagnosis to mandated reporting of reasonable suspicions of CAN – which requires HCPs to collaborate

infants and children 3 years and younger, given American Academy of Pediatrics (2022) well-child visit recommendations. However, while CAPTA (2010) requires HCPs to engage with child welfare professionals as mandated reporters, significant barriers to effective interprofessional collaboration between HCPs and child welfare professionals exist. Several barriers have been identified in the literature, leading both HCPs and child welfare professionals to act in their professional "silos" (Campbell et al., 2020, p. 46).

Cleek et al. (2019) sought to better understand interprofessional barriers in responding to suspected CAN, specifically barriers between HCPs, CPS, law enforcement, attorneys, and judges. Identified barriers to interprofessional collaboration included HCP uncertainty to the process and consequences of reporting suspected CAN, CPS' perceived lack of respect by other professions, and lack of respect for professional boundaries as identified



competencies: (a) roles and responsibilities, (b) values/ethics, (c) interprofessional communication, and (d) teamwork. Cleek (2020) determined the need for the four competencies are amplified when applied to an IPE curriculum for CAN, given the broad scope of child welfare professions. Responses to suspected CAN requires collaboration between professions working under different professional languages, professional cultures, and even under different statutes for responding to suspected CAN. Thus, uniquely broadening the scope of IPE within CAN education is crucial for these professions to understand how to effectively work together and to protect children from CAN.

As CAN is a U.S. public health problem (US DHHS, 2022), effective responses to suspected CAN must be conducted early and systematically and include multiple professions (CECANF, 2016). Next steps to improve interprofessional collaboration within CAN responses should include IPE curricula for child welfare professionals to address the knowledge gaps among those professions.

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Findings from Cleek et al. (2019) identified a need for interprofessional education (IPE) among professions involved with suspected CAN.

with child welfare professionals and/or law enforcement (Child Abuse and Treatment Act [CAPTA], 2010).

In recent years, federal legislation (Family First Prevention Services Act, 2018) and federal advocacy (Commission to Eliminate Child Abuse and Neglect Fatalities [CECANF], 2016) calls have also emphasized the need for early and interprofessional collaborative responses to suspected CAN. Early identification is needed as CAN disproportionately affects children 3 years and younger (US DHHS, 2022). Additionally, early intervention is needed to mitigate lifelong toxic health effects of CAN, as described within the Adverse Childhood Experiences (ACEs) literature (Filetti et al., 1998; Mersky et al., 2013; Reuben et al., 2016). Furthermore, interprofessional collaboration is needed to address the multifaceted, societal risk factors for CAN (Hunter & Flores, 2021). Given the multifaceted risk factors and consequences of CAN, no one profession or agency can routinely prevent or address suspected CAN (CECANF, 2016).

HCPs are well poised to respond to CAN as a public health problem by identifying and responding early to suspected CAN. HCPs caring for children have frequent contact with

by law enforcement. One judge notably described a global misunderstanding among all participants about all other professional roles, "...it's almost like they [HCPs, CPS, law enforcement]'re all saying, 'Well, they're not doing enough.'... they're doing all that they can do, but their perception is that the others are not doing what they need to do" (p. 175). The misunderstanding among professionals about others' roles can lead to breakdown in collaboration, potentially leaving children at risk due to weakened responses to suspected CAN.

Findings from Cleek et al. (2019) identified a need for interprofessional education (IPE) among professions involved with suspected CAN. IPE occurs when students and professionals from different professions come together to learn from, about, and with each other (World Health Organization, 2010). IPE is common among students in health science professions (Interprofessional Education Collaborative [IPEC], 2016). However, the CAN literature and Cleek (2019) suggest the need to extend IPE beyond health science professions to include child welfare professions for IPE curricula specific to CAN.

The IPEC (2016) framework is commonly used for IPE curricula and includes four core

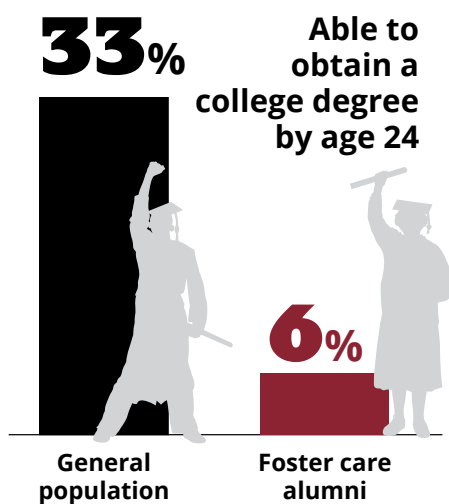
Stopping Out and Its Impact on College Graduation Among Foster Care Alumni

Angelique Day, PhD, MSW and Bekah Litz, MSW, University of Washington, Seattle School of Social Work

Higher Education

College is widely considered as the key to higher earning potential, job stability, and employability (Baum et al., 2013; U.S. Department of Education [USED OE], 2014; Okpych & Courtney, 2014). However, for many populations college can feel out of reach. Access to college is impacted by race, gender, socioeconomic status, social support, and parental collegiate enrollment (DeAngelo et al., 2011). Youth who experienced foster care, also known as foster care alumni (FCA), are underrepresented in higher education as a result of some of these factors. Financial difficulties and college readiness are common reasons FCA struggle to complete their degree or must pause their education (Blome, 1997; Courtney et al., 2009; Geiger & Beltran, 2017; Merdinger et al., 2005). Despite the challenges facing FCA, roughly one third of youth exiting foster care enroll in college at some point in their lives (Courtney et al., 2009; Dworsky & Perez, 2009). However, 72% of FCA had not obtained their degree or certificate within 6 years of entering college compared to 40% of the general population (U.S. Government Accountability Office, 2016). Only 6% of FCA will obtain a college degree by age 24, compared to 33% of the general population (Courtney et al., 2009).

There are several ways a student's progress towards a degree may be interrupted: dropping out completely, ending enrollment at one institution and transferring, and stopping out. Stopping out is when a student ends their enrollment and reenrolls after an extended period of absence (Levine, 2012).



Understanding these differences in attrition is critical to develop policy and support programs that reflect the needs of FCA and may help with student retention. There are policies that have addressed FCA access to college such as the Education and Training Voucher program,

FCA. The Education and Training Voucher (ETV) Program, tuition waiver programs, and the Pell Grant program all provide financial aid for FCA; however, these programs also contain age and time restrictions that can prevent FCA from accessing funding. Considering that only

Collaboration and communication between state child welfare agencies and universities can support students to increase access to resources for which FCA are eligible.

tuition waivers, and Pell Grants, but often they stop short of ensuring FCA have the support needed to graduate. It is critical that policy makers utilize the current body of research and future research to inform and reform policy for FCA who pursue postsecondary education.

A recent study was conducted with data from a random sample of 803 students who were enrolled at a large 4-year university in the Midwest. The data was from over a 10-year period and included 438 FCA and 365 low-income, first-generation students without foster care history (Day et al., 2021).

Overall, FCA took longer to graduate (13 semesters vs 11 semesters for non-foster youth) and were more likely to stop out, which had an impact on their graduation rates compared to first-generation students (Day et al., 2021). FCA were significantly more likely to experience a stop out episode compared to their first-generation peers and Black FCA stopped out at nearly twice the rate of their White peers (Day et al., 2021). Studies have found that disparities related to race and ethnicity lead to disparities in educational outcomes, which predict graduation from both high school and higher education (Geiger & Beltran, 2017). FCA were more likely to stop out sooner than their first-generation peers, and each stop out instance increased time to graduation. Notably, despite FCA being more likely to stop out, FCA were more likely to reenroll (16.8%) and graduate compared to their first-generation peers (12.1%). Stopping out was not always associated with having a lower GPA; there are other reasons students take breaks along their academic journey. Stopping out doesn't equate to dropping out, and universities need to support students who stop out when they are ready to continue their educational goals.

6% of FCA had a degree by the age of 23 and 72% of FCA had not obtained their degree or certificate within 6 years of entering college, current policy is incredibly limiting (Courtney et al., 2009; U.S. Government Accountability Office, 2016).

The ETV program allows states to provide FCA with up to \$5,000 a year for higher education or training. If youth are receiving funds on their 21st birthday they remain eligible until they are 23, assuming they are progressing towards program completion (Center For the Study of Social Policy, 2009; Okpych, 2012). 22 states have tuition waiver programs for FCA providing no cost or low-cost options (Hernandez et al., 2017). However, many of these programs have age and time restrictions. For example, some require applicants to be under the age of 21 or that waiver use must be for consecutive years of study. The Pell Grant program is the largest need-based financial aid resource available for undergraduates (Bettinger, 2004). The amount a student can receive is based on cost of attendance, family contribution, and if the student is enrolled full or part time. Students can collect a maximum of \$6,345 per year if attending school full-time (Federal Student Aid, 2020). This grant is available for up to 12 full-time semesters or 6 academic years. If a student stops out, it does not impact the Pell Grant timetable. Students who fluctuate between stopping out and part-time enrollment may become ineligible for funding which could negatively impact a student's decision to continue with their degree (Bettinger, 2004).

Gaining awareness of and navigating the application processes of various programs and grants can be complicated. Many FCA stop out due to financial difficulties or other life circumstances, not due to academic failure (Day et al., 2021). This indicates that institutions need to support FCA navigate financial circumstances to prevent students from stopping out. Universities are not always knowledgeable about targeted financial aid

Policy Implications

The findings of this study highlight the need to amend current state and federal policies to better align with the needs and realities of

resources FCA are eligible for; additionally, universities may have processes that leave the onus of navigating financial aid to FCA themselves. One example is requirements that necessitate students to verify their FCA status. Inability of students to track down current or former caseworkers to collect these documents can result in FCA being unable to collect the financial benefits they are eligible for from the state/university or cause severe delays in their ability to access critical funds, causing them to stop out and prioritize employment over school to make ends meet.

The Child Abuse Prevention and Treatment Act (CAPTA) and the Family Educational Rights and Privacy Act (FERPA) are the two policies that can inadvertently be a barrier to universities supporting FCA. CAPTA and FERPA can be interpreted in ways that prevent child welfare agencies and universities from sharing information that is necessary for FCA to receive specific financial aid (Day et al., 2013). FERPA is generally more flexible in its interpretation and what is allowable for institutions to share in terms of supporting students to access critical programs; for this reason, universities need to develop systems to communicate with the state child welfare agency. It takes the onus off the student to prove their foster care status and better trust can be built between financial aid offices and students, as these institutions will know for

sure if a student is eligible for a specific benefit before it is offered to them. Additionally, when universities better understand what supports FCA are entitled to, schools can strategically reprioritize how discretionary funds can be used to support FCA. Collaboration and communication between state child welfare agencies and universities can support students to increase access to resources for which FCA are eligible. This proactive planning and support can help prevent the need for FCA to stop out during their postsecondary education.

The reality is nearly half of FCA will stop out at least once (Day et al., 2021). Current policies do not provide enough financial support to prevent stop out and youth may need time prior to pursuing post-secondary opportunities. Despite current policies' intention to serve underrepresented groups, policies do not fully consider the needs and realities of FCA or other underrepresented groups. Additionally, institutions of higher education can and should increase their understanding of what is available to FCA and create processes to better support FCA navigate financial aid opportunities to prevent stopping out.

Recommendations:

- Expand age restrictions on ETV program and tuition waivers
- Increase Pell Grant size and extend the time limits for eligibility

- Incentivize the development and implementation of college based FCA support programs
- Train financial aid staff and academic advisors on FCA specific financial aid opportunities and the limitations of those programs when students make the decision to stop out
- Foster cross-agency planning and communication between child welfare agencies, financial aid offices, and academic advisors to better support FCA

If you are interested in reading the full study it can be found at z.umn.edu/StoppingOutStudy.

If you are interested in continuing to learn more about FCA and Higher Education, check out the National Collaborative for Foster Care Alumni and Higher Education (NRC-FAHE) at www.nrc-fahe.org/. NRC-FAHE is a network of researchers and practitioners who aim to improve practice and influence policy related to FCA and promote postsecondary access and retention of youth in care and FCA.

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- Evaluate practices and strategies aimed to increase relational permanence



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Using Multidisciplinary Teams in Child Abuse Medicine

Vincent J. Palusci, MD, MS

Medical

A Short History of Medical Teams

The goals of all medical professionals are to optimize physical and mental health and to ensure that child maltreatment (CM), like other adverse childhood experiences and social determinants of poor health, will be mitigated or eradicated. In addition to being clinicians who assess and treat children with possible child abuse and neglect, physicians, nurses, and other

investigators and streamlined evaluations that reduced trauma from the evaluation (National Children's Alliance, n.d.). Teams became hospital-based, community-based, rural, and regional with professionals from psychology, law, education, psychiatry, dentistry, and sometimes CPS workers and prosecutors. The Children's Hospital Association offered guidelines for team structure and function in 2005 to improve diagnosis and child protection. By 2009, 60-72% of children's hospitals had a CPT or child abuse program (NACHRI, 2006; Krugman, 2013). There

structures and professional roles were expanded to add expertise and perspective for the benefit of the child and to assist in the medical evaluation (Bross, et al., 1988; Alfandari & Taylor, 2021). There is now reasonable evidence to support the idea that teams generally reduce bias and are more effective in improving criminal justice and mental health responses compared with standard agency practices (Herbert & Bromfield, 2019; Hochstadt & Harwicke, 1985; Lalayants & Epstein, 2005); this has been found to apply to CPTs as well (Draus, 2017; Palusci & Botash, 2021; Powers et al., 2019). An early study also noted that teams' recommendations and placement decisions were usually followed by CPS (Wallace et al., 2007). Some CPTs have further developed into interdisciplinary medical teams, who work together to complement one another's expertise, actively train others, and coordinate work toward shared treatment goals (Palusci & McHugh, 1995).

Teams moved from the hospital to the community with the development of freestanding child advocacy centers (CACs) that offered co-located investigators and streamlined evaluations that reduced trauma from the evaluation.

medical providers have important roles in the child protection and child welfare systems. This includes their participation in the multidisciplinary evaluation of CM and other collective action to help children and families in particular and society in general (Palusci, 2004).

While medical multidisciplinary teams are usually composed of physicians in different medical specialties working with other allied health professionals, these teams have expanded to become a best practice for the medical evaluation of CM. Abraham Jacobi joined other professionals after the Mary Ellen case in New York City (Palusci, 2017), but Dr. C. Henry Kempe created a dedicated team of doctors, psychologists, nurses, and social workers to evaluate children with possible physical abuse at the University of Colorado by the time of the publication of his landmark article, "The Battered Child Syndrome" (Kempe et al., 1962; Schmitt, 1978). Social workers at the Children's Hospital of Pittsburgh and the Children's Hospital of Los Angeles began to systematically evaluate abused children in their institutions in the 1950's using medical teams (Krugman, 2013). These hospital-based child protection teams, or CPTs, spread throughout the country, often beginning as a physician-social worker team (Bross, Chadwick, Philip, & Newberger, 1993; Goldstein & Griffin, 1993).

Barton Schmitt published *The Child Protection Team Handbook* in 1978 with a revision ten years later (Schmitt, 1978; Bross et al., 1988). By 1988, it was estimated that there were more than 1,000 CPTs in hospitals and academic medical centers. Teams moved from the hospital to the community with the development of freestanding child advocacy centers (CACs) that offered co-located

are now CPTs with a medical component in hospitals, CACs, mental health centers, departments of social services, military installations, and tribal jurisdictions.

Effective Team Processes

A medical evaluation is more than just obtaining medical history and doing a physical examination (Asnes et al., 2021). Early on, the functions of the team were found to vary, with case review being the sole focus in some, with direct service delivery and education in others (Reece, 1992). Because of the complex nature of an optimal evaluation, a number of team

Expanding Professional Roles in Teams

Physicians have expanded their expertise through training and certification as have nurses (Block & Palusci, 2006; Horner, 2022). Nurses also visit homes of new parents to help reduce CM risk (Donelan-McCallet et al., 2009). Advanced practice nurses have been placed in CPS agencies to function as medical consultants to CPS workers (Nieman et al., 2013). Social workers and child life specialists have been trained to perform

Continued on page 42



Collaborating Across Disciplines to Optimize Decision Making

Trevor Berberick and Marcia Milliken, MA

Medical

Over the past four decades, the use of interdisciplinary teams in response to child abuse and maltreatment claims has grown exponentially. When staffed and sustained effectively, interdisciplinary teams are invaluable resources to county workers, law enforcement, community agencies, and the children and families most affected. The Minnesota Department of Human Services strongly encourages child welfare agencies to utilize interdisciplinary teams to assist in decision making involving “frequency, recency, or severity of child maltreatment concerns.”

According to Minn. Statute 260E.02, each county “shall establish a multidisciplinary child protection team” or interdisciplinary team with representatives from multiple disciplines, including child welfare, law enforcement, health care (medical and mental health), tribes, community-based agencies, parent groups, and “other agencies serving children and families.” These interdisciplinary teams “may provide case consultation, [i.e.,] a case review process in which recommendations are made concerning services to be provided... and for screening reports.”

Benefits of an Interdisciplinary Team Approach

Responding effectively to child abuse and maltreatment requires the collaboration and cooperation of many disciplines—it cannot be adequately achieved by one discipline alone. The reality is that affected children and families need intervention and assistance from many fields, including those outside the county structure. As such, multidisciplinary collaboration on the front end helps to “maximize limited resources by bringing together different disciplines to deal with the complex issues” affecting abused children, youth, and their families (Young & Nelson-Gardell, 2018) p. 577.

In addition to improving investigative practices, interdisciplinary teams emerged in response to “the need to coordinate diminishing community resources more efficiently” (Jacobson, 2001). As resources and funding for county and community-based agencies have continued to dwindle, counties utilizing interdisciplinary teams have managed to do considerably more with less. Research indicates that working with a proficient interdisciplinary team allows for more effective distribution of limited agency resources (Olson & Johnson, 2016). Case coordination has also been found to improve communication



and information sharing (Lalayants, 2008) and “reduce fragmentation and duplication of agency services,” (Hochstadt & Hardwicke, 1985), which proves to be cost-effective. When interdisciplinary teams include representatives from multiple disciplines, youth and families are more likely to obtain crucial healthcare services and receive better coordination of all services.

job satisfaction while decreasing burnout. To tap into the possibilities an interdisciplinary team can offer a community, there are several things a team can do.

Strong teams are comprised of a diverse membership with distinct perspectives and ideologies, and interdisciplinary conflicts can be expected if left unaddressed (Young & Nelson-

The reality is that affected children and families need intervention and assistance from many fields, including those outside the county structure.

The goal of interdisciplinary teams is to promote well-coordinated investigations and “minimize additional trauma to the child victim/(survivor) (Chamberlin & Chase, 2017). Indeed, proficient teams have consistently been found to substantially minimize the degree of additional system-inflicted trauma and child trauma symptoms experienced by children and families (Olson & Johnson, 2016; Herbert & Bromfield, 2017; Connors-Burrow et al., 2012). Taken altogether, the improvements offered by using an interdisciplinary team approach are consistently recognized to benefit not only partner agencies and their representatives, but service delivery and client outcomes as well (Marina, 2008).

Developing a Strong Team

Interdisciplinary teams are designed to improve outcomes for children and families, amplify limited agency resources, improve child protection and criminal system outcomes, and increase providers’ effectiveness, expertise, and

Gardell, 2018). This is important to address directly, as having an overarching feeling of social support within the interdisciplinary teams predicts “resilience and positive case outcomes” (Ballard et al., 2017).

One of the first steps a team should take is creating a shared purpose and team guidelines. This will include clearly understanding why the team has come together and the group’s shared goals. It’s also crucial to identify shared team values. The next step is typically to develop team guidelines or protocols. Guidelines are a written synthesis of agreed-upon logistical underpinnings that will guide a team. They provide clarity regarding team member/agency roles and responsibilities, help to onboard new members, ground a team in its foundational principles, and further minimize interagency conflict (Betram, 2008).

Each professional discipline plays a vital role in child welfare cases. Clarifying the roles and responsibilities is essential in identifying the team’s purpose and each member’s job

scope, expectations, and goals. Understanding individual roles on the team helps build trust and avoids confusion among members and duplication of services. Training should focus on mutual understanding of the unique roles within the team and the boundaries of their roles. Training should emphasize respecting each other's expertise and perspective.

Effective team communication is critical for interdisciplinary teams to work well together. Training teams on communication

is vital to maintaining a respectful and collaborative environment.

Team building training is essential to ensure teams work well together. Team building equips team members with skills to build and maintain strong teams. Training should cover building trust and collaboration through team-building exercises, shared decision-making, and recognition of individual contributions.

Additionally, cultural understanding is essential to a team's success. Team members

team coordinator significantly improves the quality of overall collaboration "by reducing the administrative burden on workers associated with" teaming (Laylants, 2008). Having someone in this role who is dedicated to supporting the team and its general coordination proves to be a vital resource towards improving case outcomes (Ballard et al., 2017).

This is an added benefit in Minnesota, where the statutes governing multidisciplinary teams (260E.02) indicate that a team member must be designated as the lead person responsible for the planning process. Many teams choose to designate a representative from their child welfare agency as their team coordinator; this is not a requirement, though it has proven to be a successful model. Some teams have chosen to rotate their duties to decrease role fatigue and allow multiple members to gain expertise.

Using an interdisciplinary team approach improves outcomes for kids and families. Training is important as teams are established and continues to play a vital role as teams grow and develop.

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Interdisciplinary teams are designed to improve outcomes for children and families, amplify limited agency resources, improve child protection and criminal system outcomes, and increase providers' effectiveness.

techniques can help build team cohesiveness. While communication can be challenging due to differences in professional language, communication styles, and cultural backgrounds, communication training gives team members the knowledge and skills to communicate effectively. This could include topics such as active listening, how to communicate clearly and concisely, and appropriate language and terminology.

Equally important is training on resolving conflict. Conflict happens occasionally in interdisciplinary teams, so knowing how to communicate and manage conflict constructively is essential. This can include conflict resolution strategies and skills in compromise. Effective conflict resolution

from different disciplines have different cultural backgrounds, perspectives, and organizational culture. These differences can impact communication and collaboration. Training should give team members the skills and knowledge they need to recognize and appreciate cultural differences. These skills play an important role when working with children and families from cultures different from their own. The training should cover cultural strategies, such as asking questions and avoiding assumptions.

Another consideration is to implement the role of the team coordinator. After developing written guidelines for the team, a coordinator can assist with the bulk of scheduling meetings, case reviews, and periodic team check-ins. A

The Well-being Indicator Tool for Youth (WIT-Y)

The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota has partnered with Anu Family Services to develop the Well-being Indicator Tool for Youth (WIT-Y), a self-assessment tool for youth aged 15-21 years. The WIT-Y allows youth to explore their well-being across eight domains: Safety and Security, Relationships, Mental Health, Cognitive Health, Physical Health, Community, Purpose, and Environment.

The WIT-Y consists of three components:

The WIT-Y Assessment, The WIT-Y Snapshot, and The WIT-Y Blueprint.

For additional information visit: z.umn.edu/wity



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Be@School: A Model of School, Child Welfare, and Community Collaboration

Amanda Harrington, MSW, LICSW, JD

Education

A hallmark of the Be@School program is to engage in interdisciplinary work. That work takes many forms including maintaining relationships with schools, contracting with community

agencies, cross reporting to child protection, collaborating with other areas of the county, accessing services, and a lot of communication.

Be@School is Hennepin County's early response to truancy. While many of us who work in child welfare parse out truancy and educational neglect, the legal definition of "continually truant" does not specify age outside of the student being school aged. Minn. Stat. §260A.02, Subd. 3. requires designated professionals to report suspected abuse or neglect. The law also allows schools to report ongoing truants to the county attorney (Minn. Stat. §260A.07). Why is all this legal citation important? One of the biggest challenges to maintaining strong interdisciplinary work is data privacy.

Since its inception in 2010, Be@School has been cultivating relationships with schools.



for greater information sharing between school staff and Be@School in addition to emails and phone calls.

The program also works closely with the community by contracting with community agencies. Be@School believes that families may

some offer similar services, although they may have different qualifying criteria. Be@School collaborates with other areas of the county to reduce duplication of efforts, cut down on confusion for families, and leverage resources to get families what they need.

Be@School works closely with Hennepin County child protection to prevent families from going deeper into the juvenile justice system. When school attendance is the only issue, most families are given an opportunity to access voluntary Be@School services before a child protection investigation is opened. Be@School also cross reports cases to child protection when voluntary services have been unsuccessful.

Families may need many resources but may not have the capacity to access them all at once. For this reason, when Be@School receives a report from a school, we check county systems to see if any other service is open with the family. Be@School looks for areas where case management may already be provided such as child protection, probation, children's mental health case management, or the Parent Support Outreach Program (PSOP). If another service is open in the county, we communicate with the assigned social worker. Generally, county services are already working to address the underlying barriers that impact school attendance (poverty, mental health, substance abuse, etc.). Additionally, Be@School may refer families to other areas of the county so that they can access specific services. Be@School is a short-term program, and other areas of the county may offer longer term services or have

One of the biggest challenges to maintaining strong interdisciplinary work is data privacy.

Schools are allowed to make reports and provide information to Be@School because they are mandated reporters. In Hennepin County, there is also a standing court order that allows all schools that make truancy referrals in Hennepin County to provide information to the Hennepin County Attorney's Office (November 3, 2002 Order, Fourth Judicial District, District Court- Juvenile Division). The schools also have an ongoing duty to update information.

This collaboration between schools and the County Attorney's Office could have stopped at law enforcement, which is what county attorney's offices are generally known for. More importantly, we ask schools to make reports to Be@School so that we can identify and reach out to families who may not yet be in crisis but could use support. This system also provides the opportunity for the county to support school staff, who are often stretched thin trying to support students and families with limited resources. Be@School social workers also facilitate meetings with families and school staff to improve communication and common understanding. The program's web-based information system (BASIL) allows

be more receptive to a community agency that they know and trust rather than county staff. We rely on the agencies to best understand the needs of the families and the communities they serve and stay nimble enough to respond to those needs. For this relationship to work, Be@School has contracts with each agency to clarify the role of the county and agency and allow data sharing about students and families.

Communication between community agencies and schools usually will not happen without a signed release of information (ROI). The same web-based system used with schools allows Be@School to share information easily and securely with contracted community agencies. Because schools can update Be@School and Be@School can update agencies, there are still ways to collaborate. Agency staff consistently strive to get a signed ROI so they can work directly with school staff. Communication between school staff and the agencies providing the direct service is critical in supporting students and families in addressing underlying barriers to attendance.

Be@School has also worked hard to build relationships within the county. Numerous programs serve children and families and

Collaborating on Child Abuse Cases: Strategies to Maximize Relations Between Stakeholders in the CAC Model

Kendra N. Bowen, PhD and Lisa M. Nichols, MA



The child advocacy center (CAC) model was introduced in 1985 to overcome siloed traditional approaches between law enforcement, child protective services (CPS), medical and mental health professionals, and other child advocates to provide a centralized response to child physical and sexual abuse cases (Faller & Henry, 2000; Herbert & Bromfield, 2016; Kolbo & Strong, 1997; U.S. Department of Justice, 2000). This multidisciplinary team (MDT) approach is the cornerstone of the CAC model, in which team members typically meet weekly with these stakeholders to discuss current child abuse cases, and full cooperation and collaboration are crucial to ensuring the effectiveness of the CAC model. Working on child abuse cases is complex due to many factors, including the network of agencies that must collaborate to ensure the well-being of each child and that justice is served. The purpose of this brief is to offer suggestions for stakeholders to work together in ways that will reduce the friction found in the CAC model.

Collaboration Amongst Stakeholders

The main stakeholders in the CAC model, in addition to the CAC, are law enforcement and CPS. These agencies maintain their own independent goals and workflow when investigating child abuse cases; however, they are often dependent on each other and other stakeholders (Bertram, 2008). In practice, these collaborations have shown to be difficult (Newman & Dannenfels, 2005; Bowen & Nhan, 2020, 2021). Bowen and Nhan (2020, 2021) conducted a multimethod pilot study with a local CAC, interviewing 11 employees of the CAC, law enforcement who work child abuse cases, and CPS employees. The researchers also received 62 completed questionnaires from law enforcement officers who work within the CAC model. The following are a few important suggestions to maximize collaboration among stakeholders based on these studies.

Agency Education

Many stakeholders have surface-level knowledge about other agencies in the MDT meetings. This can create friction, especially with law enforcement and child protective agencies since they both investigate cases but have different time frames, goals, and deadlines.

The respondents in Bowen and Nhan's (2021) study discussed the importance of educating everyone on "this is what I have to do when I get a case. This is what my day-to-day job looks like" (p. 121). One CAC respondent said that being upfront about the differences between agencies would help tremendously to reduce friction (Bowen & Nhan, 2021). Therefore, educating all personnel about the mission and goals of each stakeholder agency and communicating the reasoning behind procedures and deadlines will facilitate understanding and respect for those differences.

Team Building

Team building and collaboration build trust and mitigate conflict. Within the CAC model, stakeholders have their differences, but they share a commitment to child well-being and justice. Many times, similarities are forgotten, and team building can fall

90% agreed that their local CAC conducted beneficial trainings and provided access and resources to attend additional training relevant to their job. It is crucial for CACs and other stakeholders to provide training opportunities to law enforcement (Bowen & Nhan, 2020).

Holistic Record Keeping

An additional recommendation includes a holistic approach to record-keeping that includes case outcomes and the victim and family's well-being. This is not only beneficial for evaluative purposes, grants, and training, but many CAC model personnel genuinely have an interest in each case, victim, and family (Bowen & Nhan, 2020). Many CAC and child protection employees do not see the criminal case outcome if there is one. Similarly, law enforcement officers do not get to know the victim or see a victim's successful recovery. As a CPS respondent noted, "Officers only get

...educating all personnel about the mission and goals of each stakeholder agency and communicating the reasoning behind procedures and deadlines will facilitate understanding and respect for those differences.

short due to its limited use. "The challenge is creating opportunities for people to connect and interact in meaningful ways, outside of regular meetings or presentations" (Scudamore, 2016, para. 10). Consistently working on team building creates a positive work environment that makes every stakeholder feel included and part of a greater shared goal. The shared goal of victim recovery and justice is the heart of the CAC model, but it can get lost as stakeholders lose a sense of unity with each other.

Law Enforcement Training and Resources

Overall, 61% of law enforcement respondents in Bowen and Nhan's (2020) study requested more training in child abuse cases. Over half of the 62 law enforcement respondents disagreed with the statement that their law enforcement agency provided the resources needed for them to effectively do their job. Since the pandemic and the social justice movement, law enforcement budget cuts have occurred, which could make money and resources to combat child abuse tighter. Any advocacy on the part of the CAC or other stakeholders to respective police departments to increase budgets (and manpower) for officers who work child abuse cases is suggested (Bowen & Nhan, 2020). Additionally, of the same respondents, over

exposure to the victim at the forensic interview. They don't get to bond with the kids like we do" (Bowen and Nhan, 2021). A holistic record-keeping system for all stakeholders to access could significantly increase the communication and efficiency of the CAC model.

The CAC model is evidence-based and positively changes victims' and their families' lives. These suggestions are not groundbreaking, but they can make a significant impact if they are at the forefront of the model.

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An Interdisciplinary Practice Pilot: Southern University of New Orleans' Inter-professional Certificate Program

Torin Sanders, PhD, LCSW

Higher Education

The field of child welfare is one of social work's most established and essential areas of practice. The issue of child well-being is as precarious now as ever, as our country still wrestles with child abuse and child neglect, the lifelong trauma that it creates, and our systemic responses such as child removal, foster care, adoption, and family reunification.

The Millie M. Charles School of Social Work at Southern University of New Orleans,

and adoption, and related issues such as trauma. The issues of racism and poverty are viewed as a cross-cutting context for all policies and practices within the child welfare field. Students will be challenged to demonstrate competencies in the areas of engaging anti-racism, diversity, equity, and inclusion in practice, using practice-informed research and research-informed practice, and engaging in policy practice.

The second course for the Certificate program provides students with an in-depth understanding of the lived experiences of

The overall goal of the certificate program is to develop leaders who can make change within child welfare....and to increase the interdisciplinary pool of professionals who engage with children and families in the child welfare system.

as part of its IV-E grant, has developed an Online Inter-professional Certificate Program in child welfare practice. The target audience is primarily current child welfare workers but will also be available to persons with undergraduate degrees in psychology, criminal justice, nursing, and sociology, etc. Additionally, professionals with graduate degrees in the fields of law or public health may also want to pursue this certificate as it will increase their knowledge and skill set to be an effective, life-long worker in the challenging child welfare environment.

The overall goal of the certificate program is to develop leaders who can make change within child welfare, locally and nationally, and to increase the quality of service provided by the interdisciplinary pool of professionals who engage with children and families in the child welfare system.

The program is designed for a one-year commitment. It requires the successful completion of five courses (grade of C or above). Two courses are offered each semester with the exception of the summer where one final course is offered. Each course is multimedia in nature and includes readings, videos, biweekly assignments, discussion forums, guest speakers, one or two major assignments, and quizzes or exams. The courses are asynchronous, but the program also offers opportunities for synchronous learning during each course. Lastly, the Certificate program covers all nine competencies mandated by the Council on Social Work Education (CSWE).

The first course provides students with an in-depth understanding of the historical and contemporary issues within the child welfare field including abuse and neglect, foster care

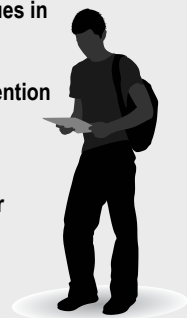
African American children and other special populations such as Native American, Hispanic/Latinx, and LGBTQ+ children and their families. Furthermore, students will gain knowledge regarding the treatment of these populations within the child welfare system. African American children, for example, have been overrepresented in the child welfare system for many decades. Lastly, students will be challenged to conceptualize their learnings within the framework of the NASW Code of Ethics, specifically as it relates to the call to cultural humility.

The third course for the Certificate program provides students with a thorough overview of the laws that have historically and currently impact child welfare practice as well as how practitioners may better address the health challenges and vulnerabilities children impacted by the child welfare system often experience. Ensuring that the rights of children are not violated and that their health is protected through vigilant advocacy and demanding access to quality health care are essential skills for today's child welfare practitioners. Ensuring that a child's health and legal rights are valued and respected are considered ethical responsibilities of the professional.

The fourth course in the sequence provides students with an overview of evidence-based intervention (treatment) approaches currently used throughout the child welfare field as well as strategies utilized by courts such as custody evaluation, child custody mediation, and parenting coordination. Students will survey these approaches as several of them require intensive training in order to become proficient in their usage as an approach to intervention.

The Five Required Courses at a Glance

- 1 Historical & Contemporary Issues in Child Welfare
- 2 African-American Children and Special Populations
- 3 Legal & Health Issues in Child Welfare
- 4 Overview of Intervention Approaches in Child Welfare
- 5 Integrative Seminar in Child Welfare



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Southern University at New Orleans is a public, historically Black university that seeks to promote upward mobility for traditional and non-traditional students who come from marginalized communities.

The fifth and final course builds upon the practice knowledge and skills acquired in prior courses by offering students the opportunity to apply knowledge and skills to actual child welfare cases that cover a broad spectrum of practice scenarios. Using a case study format, students will delve into several selected cases as well as have the opportunity to present cases of their own. Students will be challenged to demonstrate competencies in the areas of assessment, intervention, and evaluation of practice with individuals, families, groups, organizations, and communities.

The Certificate program is expected to begin in Fall 2023 with its first cohort. We look forward to hosting this program to help strengthen child welfare practice across disciplines to ultimately better serve children and families.

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Relationship Building Skills for Strong Tribal Partnerships

Suzanne Garcia

Child Welfare

State staff working across both jurisdictions and disciplines who lack experience working with tribal child welfare agencies and/or urban Native service providers can struggle building the kind of partnerships that allow everyone to best serve the family. They might be unsure about how to start; they might be asked to improve already bad relations; or they may be working in an environment that isn't truly supportive of close tribal/state relations, all of which might lead to avoidance. This piece provides practical tips for staff who facilitate or are part of an interdisciplinary team or child protection team and want to develop or improve a partnership with representatives from a child's tribe and/or other Native service providers. The good news for these staff is that they may already have many of the skills needed, but they may not have implemented them in the way that will be suggested in this piece.

- **Think about pre-existing relationships with tribes you can build upon.** Because you are working across disciplines, there are numerous opportunities for improved collaboration. For example, you may be working in a jurisdiction where the child welfare agencies don't have an established relationship with Native service providers, but the courts or law enforcement do have a working relationship with them. Take a strengths-based approach. Consider all the existing partnerships across jurisdictions and disciplines to explore where trust and common values have been established and build upon that foundation.
- **Pick up the phone and arrange an in-person meeting.** Trusting relationships are built on the respect shown by person-to-person contact. Written communication such as emails, notices, and letters can lead to misconceptions and misunderstandings. Yes, ICWA requires written notice, but don't wait until you have reached that point in a case to begin establishing a relationship. Work with the tribal agencies in a multidisciplinary manner to provide active efforts and prevention services to avoid separation of the family.
- **Consider your meeting spaces.** Ensure the meeting space is considered by all to be a welcoming and safe environment – especially for the tribal representatives with whom you work. If the team is going to meet regularly, consider asking the tribal representative or Native provider if they have a preferred meeting space. Because of



the multidisciplinary nature of the work, you will probably have more than one option.

- **Empower the conversation.** Just as the family is the expert about their needs and what will work for them, tribal representatives and Native service providers are experts on what will work for the families in their community and the culturally grounded services and community gatherings that are available to support families. Be intentional about making space for the tribal representatives to speak and be an attentive listener.
- **placement preferences are followed, and a child is separated from their parents but living with relatives, the dynamics of the case, and therefore timelines, can be very different. Ask the tribal representative or service provider for their thoughts before coming to any conclusions about issues such as timelines and services.**
- **Build and maintain trust by being true to your word.** Work with tribal staff is built on relationships. If you tell someone you are going to do something – do it. If an unforeseen challenge gets in the way – be proactive about informing tribal staff.

Building multidisciplinary relationships with tribal agencies and Native providers requires the skills and values workers already use when developing relationships needed for multidisciplinary work. Rely on them for building new partnerships with tribal agencies and urban providers.

- **Bring an open mind.** The members of the multidisciplinary team each want what is best for the child and the family. But each team member's concept of what is "best" can be highly influenced by the disciplinary background of the worker and the agency they represent (Pardess et al., 1993). Listen to understand.
 - **MDT meetings are not echo chambers.** With heavy caseloads and numerous responsibilities, it is easy to slip into a habit of treating cases the same and arriving at meetings with already drawn conclusions. For example, staff may believe that cases involving substance use issues require "these exact kinds of services" and can be expected to run along "this kind of timeline". Intentionally avoid this approach. Especially when working with Native families, healing might take different forms. Ceremony, cultural activities, and events hosted by a tribe might be as or more effective towards promoting family healing than the conventional forms of counseling and services you may be used to. There are numerous examples of workers, families, and children attending the same event. There, the child is learning their people's ways and values, the parents are reconnecting with those ways and values, and the workers and resource families are supporting their reconnection and healing in a culturally appropriate manner. If
 - **Be transparent about your limitations.** Each department and agency will have limitations on what they can and cannot do to serve a family. If you are upfront and honest about those limitations, you will build and sustain trust.
 - **Be transparent in your processes.** Being diligent about informing tribal staff how your team operates is essential. Do not let your tribal partners be blindsided. In one case, for example, the parent had a relapse in her substance use and the case was transferred to another unit without any notice. The Tribe's team was completely unaware and had to begin to build new relationships with the case worker and their new team. Communicate your process with your partners and make a point of understanding theirs. The cohesion not only builds trust but provides the best outcomes for families.
- Building multidisciplinary relationships with tribal agencies and Native providers requires the skills and values workers already use when developing relationships needed for multidisciplinary work. Rely on them for building new partnerships with tribal agencies and urban providers.

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Our Shared Role in Preventing Evictions and its Detrimental Impacts for Families and Children

Jane Bilger, BA, Andrew Johnson, MS and Kara Mergl, MSSP, MSW

Housing

Safe, stable, affordable housing is essential to the well-being of families. Children and youth with a reliable place to call home are more likely to flourish as they develop through early to late adolescence and be healthy later in life (Metis Associates, 2010). When a

family faces eviction based on their inability to afford rent, more than their housing is on the line. Children's ability to develop physically, emotionally, socially, and intellectually is also at risk.

Cross-Sector Partners Promote Housing Stability for Families

Leaders in the child welfare and family support sectors have a role in keeping families together by identifying families at risk of eviction and connecting them to resources. Housing instability has been reported as a precipitating factor for a child's removal for at least 10% of foster care cases and is likely undercounted due to the lack of uniform reporting by child welfare jurisdictions on housing indicators (AFCARS, 2020). Sector leaders do not need expertise in housing. By collaborating with people with lived experience and across systems, child welfare, housing, and community support system partners can develop successful eviction prevention programs.

The most effective approaches optimize local conditions, resources, and capacity of the community partners and integrate these five elements:

1. Gather key partners (Urban Institute, 2020) with the desirable expertise, skills, and community knowledge for planning, design, and implementation.

- Housing and legal aid services, continuum of care and community action agencies, court systems, and health, education, and child welfare systems.
- Tenants and families with lived experiences of eviction and housing instability.
- Property owners; engaged directly or through housing partners.

2. Educate and empower partners to collaborate on strategies that seek positive shared outcomes.

- Tap into trusted relationships. Child welfare case managers who have earned a family's trust play a key role in identifying risks and connecting families to available resources.

- Outreach communication should be family-friendly, in plain language, and proactively answer commonly asked questions.
- Support families in building the essential tools for staying housed through resources like childcare and job training, managing financial resources, and conflict resolution strategies.
- Help peer specialists and tenant associations advocate for tenants and train tenants to advocate for themselves. The Birth Parent National Network (BPNN) has resources to encourage and engage parents in policy and planning.

3. Focus on strategies that promote housing stability.

- Prevent serious problems from developing. Schools, child welfare agencies, and health providers must work with housing experts

- Data sharing across housing and child welfare systems can help identify a family in crisis early to coordinate and streamline comprehensive services.

5. Invest the financial and service resources to avoid evictions.

- Incorporate education, mediation strategies, financial resources, and support services to address eviction root causes and impacts. Task each partner with identifying the services they can contribute, such as tenant education on rights and responsibilities, rental assistance payments made on behalf of tenants, proactive engagement between tenants and property owners, and service coordination.
- Conduct cost analysis comparisons of investments in eviction prevention or employment training with shelter programs

...collaborating with people with lived experience and across systems, child welfare, housing, and community support system partners can develop successful eviction prevention programs.

to screen tenants for housing instability and facilitate legal supports and services connections.

- Design and deliver screening tools sensitive to families' needs and vulnerabilities. It is crucial to gain honest input from families to design support for families; however, overly aggressive questioning can cause distrust and delay needed support.
- Ensure families get the concrete support they need to remain whole or reunify; connect with resources available for direct payments to property owners for the partial or full balance of rent arrears, utilities for unpaid balances, and high-quality legal representation.

4. Share and utilize data to design and operate programs.

- Child welfare and family support leaders can build partnerships that collect and analyze local eviction data to understand the causes and impact of evictions.
- Cross-sector data analysis will highlight eviction patterns, racial disparities, and impact on families with children to inform design solutions that address long-standing barriers and reverse negative trajectories.

or family separation costs to redirect resources that prevent evictions.

- Reduce barriers and simplify processes for families to access resources. Use plain language and avoid governmental jargon.
- Child welfare agencies and service providers are essential collaborators in building solutions that prevent evictions. Organizations working with families can integrate these five elements for implementing solutions to avoid the detrimental impacts of evictions at all costs.

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Preventing Family Separation by Addressing Family Housing Stability

Leah Lindstrom Rhea, BA and Kara Mergl, MSSP, MSW

Housing

Housing is a crucial component for keeping families together. Inadequate and unsafe housing is a significant driver of family involvement with child welfare systems (Chandler et al., 2022; Dworsky, 2014). Families

experiencing housing instability are more likely to be investigated by child protection agencies (Bullock, 2002; Yang, 2015), have cases opened to child welfare (Dworsky, 2014), and have their children removed and placed out-of-home compared to low-income families who are stably housed (Chandler et al., 2022; Courtney et al., 2004; Fowler et al., 2013; Park et al., 2004). Child welfare agencies serving families experiencing housing instability have a vital role in preventing family separation and connecting them to supportive services.

Why identify housing instability early and often

While child welfare providers do not need to become housing experts, they can proactively identify housing needs and collaboratively support families alongside housing providers to ensure that families are connected to and can access appropriate housing resources and services. Engaging families in a conversation about their housing needs serves as a valuable triage tool for those providing direct support to families (Research Brief: CT Implements a Universal Housing Screen in Child Welfare Services, 2015. See resources page 45). Talking about housing needs early on can help families identify short-term or long-term barriers to housing stability and remain stably housed before issues arise. Also, acquiring information about the housing needs of families helps

providers and agencies improve service delivery, address systems barriers, and close resource gaps.

Screening tools and processes must be designed to avoid racial biases. Also, they should not perpetuate the overall mistrust families feel from revealing information that may be used to penalize them further. Parents having lived experience of housing instability must be involved in developing the screening protocols to ensure that how, when, and by whom questions are asked minimize trauma, imbed informed consent, and provide transparency on how the information will be used to connect them to housing resources.

- Develop protocols that prevent child welfare involvement based solely on poverty or housing status.
- Identify access points within and adjacent to the child welfare system, such as family resource centers, to prevent separations and facilitate access to housing supports as soon as possible.
- Employ peer advocates to administer the tool and support families as they navigate the assessment process.
- Establish housing navigator roles within child welfare teams who can help families find housing resources.

Through collaboration, coordination, and carefully-designed housing stability screening tools, local child welfare and community-based family support systems can ensure families receive appropriate housing resources and remain intact as a family unit.

Getting started in your community

Many state and county child welfare agencies and community-based providers have already started integrating housing stability screenings within their assessment processes (See Resources Page 45). To begin this work, child welfare leaders must join partners and parents with lived experience to understand the on-the-ground realities families face. Once agencies establish a group of partners and parents, additional steps can be taken to design and implement a housing stability screening process and tool. These include:

- Acknowledge the disproportionate representation of Black, Indigenous, and People of Color (BIPOC) in both the child welfare and homeless systems.

- Establish ongoing training about the role of housing in child and family safety, permanency and well-being, reducing the risk of harm, and information on local housing resources.
- Develop and strengthen partnerships with state and local agencies and coalitions working to advance strategies related to affordable housing, supportive housing, and responses to homelessness.

Through collaboration, coordination, and carefully-designed housing stability screening tools, local child welfare and community-based family support systems can ensure families receive appropriate housing resources and remain intact as a family unit.

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The CARES Program: a Promising Model of Interdisciplinary Collaboration

Sarah Henrickson, Interviewed by Ariana King

Behavioral Health

With over twenty years of experience in crisis work, Sarah Henrickson has an in-depth understanding of the ways in which different disciplines work together to give people experiencing behavioral health challenges the best outcomes possible. Her belief that

interdisciplinary work best serves children and families is evident in her career record. Sarah was the first crisis worker with Dane County to work with the police department in 2016 and now oversees crisis workers embedded in the Madison Police Department (MPD), Dane County Sheriff, and as part of the Community Alternative Response Emergency Services (CARES) program.

Founded in September 2021, CARES is a newer initiative in Madison, Wisconsin that routes non-violent behavioral health emergency calls to other first responders instead of the police department. When a team consisting of a paramedic and crisis worker arrive on the scene, care can look like anything from from briefly interacting to ensure safety, assessing a potential need for a higher level of care, recommending community resources, or providing transportation. Funded by the City of



Madison's Community Alternative Response Emergency Services (CARES) program mobile crisis team.

in their community safe. Many times, CARES team members would be pleasantly surprised with how quickly the police department acclimated to the program and would often tell dispatch that a situation would be a good CARES call. Even when police officers were

CARES as an option when there is a behavioral health care crisis can make all the difference for system-involved families, to whom police presence can be "really scary." Having CARES respond instead of police can help mitigate the potential trauma from a law-enforcement response, and the team can provide additional resources to support the family.

Although programs like CARES are still relatively rare, child welfare professionals can learn a lot from the program on effective interdisciplinary collaboration. CARES is successful due to all parties' commitment to the same goals and willingness to learn from each other. The program has also received significant community buy-in thanks to extensive media campaigns and word-of-mouth throughout the city. For workers who would like to create a program like CARES or work more effectively with professionals from different disciplines, creating a common goal and establishing mutual respect is a strong step in the right direction.

Sarah Henrickson, LCSW is a clinical team manager at Journey Mental Health in Dane County, WI. She has over 20 years of crisis intervention experience, and currently supervises crisis workers embedded with law enforcement partners, and with community paramedics on the CARES team. Contact shenrickson@cityofmadison.com

For more information about the CARES program, visit z.umn.edu/cares-info

[they're] all sort of spokes on the same wheel of emergency response to our community to make sure people are safe.

Madison, the program represents a partnership between many stakeholders including the Fire Department, Police Department, City of Madison, Dane County Department of Human Services, Journey Mental Health Center, and Dane County Public Safety Communications and is an excellent example of interdisciplinary collaboration. With so many hands in the pot, it is easy to think that collaboration would be difficult, but Sarah states that it has gone rather smoothly.

This is, in large part, due to strong community buy-in and hard work and dedication to the collaborative process by mental health providers and the police department. While there are some differences of opinion by discipline, Sarah states that CARES team members and police officers share the same goals of safety and well-being. They also have a mutual understanding that dispatching police officers is not always the best response. Police officers do not want to become the social workers in the community and see the value in having distinct roles. They trust that crisis workers know how to keep people

called to the scene, they would sometimes call CARES after identifying that an individual was having a mental health crisis. Overall, Sarah says, "[They're] really astute at recognizing when CARES is an appropriate response."

Since CARES has been implemented, the team has answered around 1,600 calls, with only 3% of calls to transfer a patient in care to police. The program has also reformed how detox is handled in Dane County. Before CARES, community members had to be in police custody to go to detox. Now, CARES can bring patients there, and Dane County DHS is able to pay for their stay. Going forward, CARES hopes to bring about more changes like this that extend beyond their current jurisdiction.

When asked how CARES entwines with other systems, like the child welfare system, Sarah states that CPS involvement often correlates with behavioral health issues. She says it is crucial to recognize "that [they're] all sort of spokes on the same wheel of emergency response to our community to make sure people are safe." Even just knowing about

Early Intervention and the Impact of Multidisciplinary, Comprehensive Care Assessments for Children Who Are Adopted or in Foster Care

Emily Kukacka and Judith K. Eckerle, MD, University of Minnesota, Department of Pediatrics



In the United States in 2021-2022, there were 391,098 children placed in foster care and 54,200 children adopted (Kreider, 2022). Even with the large numbers of children with these experiences, not many clinics or centers exist that specialize in Adoption and Foster Care Pediatrics. The Adoption Medicine Clinic (AMC) at the University of Minnesota is working to advance this field by serving families and educating professionals about the importance of comprehensive medical care to meet the unique needs of children that experience multiple transitions.

The Minnesota Department of Human Services showed that of children who are placed in out-of-home care and stayed at least 30 days, only 61% had received a medical assessment within 30 days of entering or in the 12 months prior to entering out-of-home care (Child Welfare Data Dashboard, 2022). This statistic is disheartening, as we know that children in foster care or those that have been adopted have higher rates of adverse childhood experiences (ACEs), such as parental separation, exposure to violence and mental illness, and prenatal drug or alcohol exposures (Turney & Wildeman, 2017; Palmer et al., 2021). If untreated or misdiagnosed, it could impact development, mental health, and physical well-being. Without understanding, pain or medical issues can be overlooked or thought to be behavioral. Families who are unable to understand their children might decide that they are not able to finalize an adoption. Behavioral or other misunderstood issues could result in multiple foster transitions. All of these medical and psychosocial problems can carry over into adulthood, resulting in chronic physical and mental health conditions, poorer quality of life, or additional secondary trauma (Crandall et al., 2019).

This past year, a team of medical students at the AMC surveyed 345 child welfare workers in the state of Minnesota to better understand what barriers families and professionals encounter when seeking medical care for foster children. Of the 40 respondents, 80% stated medical care was “extremely important” for foster children’s well-being; however, only 27% were “very or extremely confident” their clients were receiving adequate care for their needs.

When visiting the AMC, families often express difficulties they have faced with obtaining past medical records, long wait times when seeking mental health support, issues with insurance coverage, and the feeling of being “stuck”. Other barriers to care are the number of separate appointments needed for various specialties, transportation, and getting in to see a specialist in a timely manner.

Often, families have not been able to get in to see any specialized care. Sometimes, they

can have on a child’s physical well-being, development, and mental health.

When our physician assesses the child, they provide a head-to-toe assessment looking at basic growth, provide families with education about orphanage care, prior malnourishment/neglect, prenatal exposures, etc., and other early childhood trauma. Working with the child life team, they ensure that the labs and blood draws are as painless as possible. This gives a sense of safety to kids who have often had negative

...of children who are placed in out-of-home care and stayed at least 30 days, only 61% had received a medical assessment within 30 days of entering or in the 12 months prior to entering out-of-home care.

experiences with the medical system in the past. They then check for common micronutrient deficiencies like iron and

seek our clinic because though their child may already receive therapies, psychiatry or psychological support or appear physically healthy, their child is still struggling. Common issues we see and address are issues with behaviors, sleep, abdominal pain, peer socialization, fatigue or high energy levels, difficulties focusing in school, and more.

Rather than being the last resort for families of adopted and fostered children, we want families to see our clinic as a first step. At the AMC, each new patient receives a Comprehensive Child Wellness Assessment (CCWA). In this one-hour visit they are seen by a physician, occupational therapist, and psychologist who understand the impact that trauma, abuse, neglect, or lack of permanency

vitamin D that impact our patient population and look for any signs of infectious risks. Additionally, they review a child’s medical history as well as provide a medical screening for Fetal Alcohol Spectrum Disorders (FASD) while concurrently screening for any other medical or genetic problems that need attention or referral. Without proper comprehensive multidisciplinary diagnostic evaluations, roughly 80% of foster and adopted children who meet the criteria for a FASD will go undiagnosed (Chasnoff et. al., 2015), creating lasting impacts on development, neurocognition, behavior regulation, and mental health.

Working together with the team, an occupational therapist observes and does



Pediatric psychologist Dr. Kroupina, providing clinical care to child patient Ruby Casserly at the Adoption Medicine Clinic in Minneapolis, Minnesota.

their assessments for motor development, communication and language, and sensory processing. Delays in any of these areas can make it difficult for a child to assess the world around them and adjust to changes in their environment. Without proper support, a child's learning, behaviors, and socialization with peers and family members may be negatively impacted. Our occupational therapists are able to provide families with outpatient referrals, home programming, and/or give

steps for a family. While sometimes it feels like there is a laundry list of tasks and therapists that are needed, we work hard to find the first best step. For some, it may look like getting a child on a supplement to correct a vitamin deficiency. For another, it might look like an alteration in a child's current Individualized Education Program (IEP). No plan looks exactly the same, as our team understands each child is unique and a family's capacity, demographics, and geography impacts a care plan.

early adversity or prenatal exposures. Our comprehensive multidisciplinary team is here to guide families through all stages of growth and development to help their adopted or fostered child reach their full potential.

We wish to acknowledge and thank the Minnesota Department of Human Services for their grant support of the Adoption Medicine Clinic.

It is never too late to have an adopted or fostered child assessed, though early identification and intervention is key to better outcomes.

recommendations to families for how to utilize services provided through a school district or a clinic in their community.

In the final stages of the occupational assessment, we complete the movement portion of the assessment, which purposely brings the child out of the room to do some running, jumping, skipping, and games. During this time the parent has one-on-one time with our psychologist and physician, who have been observing the prior assessments. This time allows a parent to receive feedback and support relating to topics that may be sensitive or triggering for the child.

Once the three assessments are complete, our team works together to formulate the next

It is never too late to have an adopted or fostered child assessed, though early identification and intervention is key to better outcomes. Even if the child is young or seems to be doing well, we are able to equip parents with the resources needed to identify warning signs of a potential issue or to see subtle signs of children's needs from our expertise. This past year the AMC saw many children starting from a few months old up to young adults- providing great opportunities to discuss with parents the importance of proper caregiver attachment, age-appropriate steps for addressing race in transracial households, and typical developmental milestones for children and adolescents who have experienced

For information on how to schedule an appointment with the Adoption Medicine Clinic, visit our website at www.med.umn.edu/adoption or email iac@umn.edu. On our website you can find information about pre-adoption services as well as research on adoption and foster care from our expert faculty.

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Photo Credit: Treat and Company, LLC

The Adoption Medicine Clinic was founded in 1986 and originally focused on the needs of children who were adopted from abroad. Since that time, they have found in research and in practice that the needs for internationally adopted children were similar to those children who were in the foster care system and/or adopted domestically.

The Case for Communication: What I Wish I Had While in Foster Care

Karen Banks



My first experience navigating multiple systems began at the age of six. During this time, I was taken into custody of Child Protective Services (CPS) by Hennepin County and placed in a group home with my sisters. How did I get to this group home at age six? A police officer. When I saw them, I thought only one thing—I'm in trouble. The entire ride to the shelter I cried and wondered what was happening, where we were going, and why the police were there. As a six-year-old, I had no control over my rational thinking. I really thought my sisters and I were in trouble and going to jail! The impact of this moment for such a small child has lasted my whole life.

Simple steps would have accommodated and settled my anxiety and fears in this critical moment had anyone thought to take the time to explain in a child-friendly way why I had to go in a police car. In my current career as an educator, I take much time to explain things that might be misconstrued so children can have the opportunity to ask questions (and feel comfortable asking), because I have shown them it is okay and safe to do so. Not one person in any system helped reassure my



some of that autonomy to the child. These tough and critical kinds of conversations do not happen in a day and we really need to think hard about who, across systems, is having those authentic conversations. We cannot just assume that someone else has done it, because the results could mean more harm being placed on the child.

During my time in care, I only saw a child psychiatrist and therapist after I disclosed a traumatic experience. I, a six-year-old girl, had to ask for help. The caseworkers I encountered

worker, child protection worker, or a judge, your job as advocates for kids in care does not end just because their immediate surroundings are deemed safer by child protective services or a judge.

My call to action for a more integrated foster care experience is simple. It should not be the child's job to facilitate communication and support between these systems. It is the job of our case workers, our lawyers, our foster parents—and if you think you've done enough, challenge yourself to offer more. More grace, more intentional conversations, more passion. These systems do not work, and will never work, if we fail to look at the whole picture. We need these systems to be connected, intertwined even, so that no leaf is left unturned. To nourish a child is to nourish the whole child, not put a band aid on the most visible problem. Every child going into care deserves an explanation of why foster care is the next step and deserves therapy, mental health resources, and coping skills to combat such a life-changing experience. Without seeing the whole child and meeting their needs in all matters of safety, health, and well-being, we are doing a grave dishonor to fosters. Educators, therapists, social workers, foster parents, and all involved should be working together to strategize the best accommodations possible to meet these children's needs. We are not asking for more, we're asking for equity, and to be seen. We don't want to be just another file on your desk. We are humans who deserve the utmost compassion and love.

Karen Banks is an educator, foster advocate, and a supporter of maternal health. Contact karebanks2694@gmail.com

Simple steps would have accommodated and settled my anxiety and fears in this critical moment had anyone thought to take the time to explain in a child-friendly way why I had to go in a police car.

sisters and I of what was happening. Not the social worker who removed us, the police officer who picked us up, the group home coordinator—no one facilitated a conversation of what was happening and why. All these adults were there, but no one had a thing to say to me. Looking back now, it feels like that silence was intentional, making it really difficult to ask questions of those who were meant to be serving me and my sisters. Was this because they did not have information, so it was easier to remain silent? Even so, communicating the information they did have could have been enough.

As an educator, I know that best practice would avoid a police officer picking up Black children, and instead finding a calm setting to initiate a conversation about the situation. Maybe even offering a few suggestions of locations for a safe space to have these big conversations would have helped to give back

assumed an extraction from the only home and family I had ever known would “fix” all the problems I was riddled with. So much of my experience in the foster care system was learning early on that, in the eyes of the child welfare system, my needs were “met.” I had a home where I was being properly fed and going to school. What else could a child need? The answer is so much more. If workers are going to remove children out of their familiar surroundings to reduce harm, they must ensure they are practicing harm reduction by offering therapy, engaging in child-led conversations, and supporting connections with birth families. Physical safety within the home is important, but it is not the only element that feels unsafe to a foster child. Navigating a whole new family and school can feel emotionally unsafe. Adults constantly talking about you but not to you is harmful as well. Whether you are a social

A Perspective on Collaboration between Child Protection and Domestic Violence Agencies

Jeffrey L. Edleson, PhD

Child Welfare

I was trained as a school social worker, but early in my career I also began to work with adult men who were violent towards their intimate partners. The intersection of my interests in both child well-being and preventing violence against women inevitably led me to working with both child protection workers and battered women's advocates. What I learned along the way was that working together produced much better outcomes for mothers and their children than when we worked in parallel, without coordination, and sometimes even in conflict. While I refer primarily to women as victims of domestic violence, men may also be victims of violence and such violence also occurs in same-sex relationships.

Back in 1999, I co-authored with the late Susan Schechter what came to be known as *The Greenbook* but was officially titled *Effective Intervention in Woman Battering and Child Maltreatment Cases: Guidelines for Policy and Practice* (Schechter & Edleson, 1999). *The Greenbook* called for collaboration between child welfare, domestic violence agencies, and family courts. It was both endorsed and published by the National Council of Juvenile

and Family Court Judges. The resulting 67 recommendations were the result of over two years of meetings between national child protection, domestic violence prevention, and family court leaders. A quarter century after *The Greenbook* was first published, I still strongly believe many of the lessons we learned together continue to apply to our work with families in both the child protection and domestic violence prevention systems.

The four key principles that I've learned in my close collaborations with both child protection workers and women's advocates and elaborated in *The Greenbook* are the following:

- 1 We share a common goal of safety, stability, and well-being for all family members;
- 2 It is best for children to remain in the care of a non-offending parent;
- 3 Families should have many points of entry into a coordinated care system; and
- 4 Different families have different service needs that should be recognized and planned.



JEFFREY L. EDLESON

I'll elaborate on each of these in the remainder of the article.

Safety, stability, and well-being

When we started work on *The Greenbook* there was a lot of tension in the room as the meaning of terms used by child protection workers and domestic violence agency staff raised suspicion among each group. For example, family preservation was seen as a noble goal among child protection workers, but among the domestic violence advocates it raised suspicions that children and women would be encouraged to remain in homes with abusive male partners. It took a lot of talking through these points of tension before everyone in the room concluded that what we were all seeking was a living situation that would ensure the safest,



most stable environment in which all family members could thrive. That shared goal became the foundation on which we built trust and a national, federally-funded effort to increase collaboration between these systems.

Ultimately, it shifted the responsibility onto the mother to restrain a violent perpetrator when it should be our society that intervenes more forcefully to stop the partner's violence and protect both the mother and her children from the violence.

Children remaining with a non-abusive caregiver

Back in 1999, it was a noteworthy event to have a major national judicial organization endorse the goal of keeping children with their battered mothers. Mothers had often been held responsible for the violence committed against them in the presence of their children. Here, the judges, child protection workers, and women's advocates were arguing together that battered mothers could be a major protective factor in children's lives and that our goal should be to shield both the mother and her children from a perpetrator's violence. This principle evolved in our work together on *The Greenbook* and subsequent national demonstrations funded by the federal government. It focused on holding violent perpetrators accountable for their behavior and not punishing the victims who were most often taking many steps to keep themselves and their children safe despite their male partner's violence. In my travels around the country, I had heard a number of child protection workers, guardians ad litem, and judges say, "she's gone to a shelter numerous times and had protection orders, but she can't keep this child safe". Beliefs like these minimize the numerous safety strategies mothers use daily to protect themselves and their children. Ultimately, it shifted the responsibility onto the mother to restrain a violent perpetrator when it should be our society that intervenes more forcefully to stop the partner's violence and protect both the mother and her children from the violence.

Many points of entry

Examining caseloads in various jurisdictions clarified that families enter our social service systems through many different gateways.

Unfortunately, this often leads to fragmentation and duplication of services. Acknowledging these different entry points and coordinating services to families could make our services more efficient and the experience of families in them less fragmented. *The Greenbook* process led most of us to believe that we need a family safety system that was much more closely coordinated and collaborative. One that even co-located various service providers under one

Collaboration and coordination in service of safety, stability, and well-being of all family members should be our guiding light in services seeking to prevent all forms of abuse and maltreatment. Families benefit when we work together.

roof. Some of these exist and their numbers have grown in the past two decades. These include family justice centers, family service centers, and some expanded child advocacy centers. Other models include contracting with battered women's advocates to be present in child welfare agencies or family courts as well as integrating them into these systems as employees (Rosewater, 2008).

Different families have different needs

This final principle is one that has been widely adopted in child protection systems: that there should be differential responses to families at different levels of risk. Not all children who have been exposed to adult domestic violence

in their homes necessarily require the full force of our under-resourced child protection systems (Edleson et al., 2006). Children's exposure to domestic violence varies and so should our social service responses (Edleson, 2006). Many would benefit from more voluntary, community-based services. These models of differential response exist but there are not enough nationwide, especially ones with a focus on domestic violence (Sawyer & Lohrbach, 2005).

Conclusion

Our services to families experiencing domestic violence and child maltreatment are too fragmented and, sometimes, even in conflict. Collaboration and coordination in service of safety, stability, and well-being of all family members should be our guiding light in services seeking to prevent all forms of abuse and maltreatment. Families benefit when we work together. We need to collaborate with protective mothers who are victims and

survivors of violence to ensure the safety of them and their children. We also need to collaborate with each other to both hold perpetrators of violence accountable and help them change. Ultimately, we need a cohesive system supporting safety, stability, and well-being for all members of the families.

Jeffrey Edleson, PhD, MSSW is Distinguished Professor of the Graduate School and Specht Chair Emeritus in Publicly Supported Social Services at the University of California Berkeley's School of Social Welfare. He was the founding director of the Minnesota Center Against Violence and Abuse and is Professor Emeritus at the University of Minnesota's School of Social Work. Contact jedleson@berkeley.edu

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Crossing Disciplines – PACC Facilitators Reflect on a Decade of Experience

Wendy L. Baker, MSW, LICSW and Michelle Robertson, MSW, LGSW

Workforce Development

Since its inception in 2010, CASCW's Permanency and Adoption Competency Certificate (PACC) Program has responded to a statewide need to increase the number of qualified permanency and adoption mental health

and child welfare professionals in Minnesota who are able to support children and families in cross-disciplinary and multicultural contexts. This collaborative spirit remains at the heart of the classroom and case consultation experience, in large part due to the skill of the firsthand storytellers and skilled facilitators who bring their perspective and practice skill. Michelle Robertson and Wendy Baker are two of those long-standing partners who have led PACC's cohort experience for over 400 program participants – sharing their respective child welfare and mental health lenses – together.

When did you first recognize the need for greater connection across practices and systems of care? What barriers were you encountering in your work related to child welfare?

MR:

As the Lead Social Worker in a Tribal Foster Care agency, starting in the early 1990's, it became evident that systems of care did not collaborate with the provision of care to communities of color and their families. The need for child welfare and mental health competence and understanding was immense, but it was difficult to find placement competent therapists to address the needs of foster or adopted children. Many mental health professionals did not have the skills to address these complicated issues of trauma, grief, and loss. For Native children, it was even more difficult to find a competent therapist outside of the Reservations. Non-Indian mental health workers had very little skills to address the specific needs of our Native children and other BIPOC children and families.

WB:

As a clinician working with high-needs children and families for over thirty years, I have collaborated with professionals across systems of care and support. All have been dedicated to the best interests of these children, with compassion and concern for them and their families. However, our mandates, directives, and actual language differ across child welfare and clinical lines. The pressures we face within

our organizations, the timelines that guide our presence in these children's lives, and the legal requirements that must be upheld varies. It could feel confusing and frustrating when collaborating across clinical and child welfare lines. We all wanted good outcomes for the children in our care; yet, somehow, we struggled to communicate or even understand one another's paths and recommendations towards those outcomes. These collaborations could feel adversarial at times and could carry over to the families as well. For example, clients would receive different information and recommendations from the numerous professionals involved. Whose information should they trust? Whose plan should they follow?

MR:

There was also mistrust between state, tribal and county systems, and private agencies. We were often caught between recommendations for best practice that were not followed, resources that were not available, ICWA not understood or met with non-compliance. Silos consisted of child welfare, including foster care, adoption, as well as other service providers such as chemical health, mental health, corrections and services that provide diagnosis in areas of trauma informed/trauma responsive care, fetal alcohol syndrome disorder, attention deficit hyperactivity disorder, and the combination of childhood issues. Other barriers included turnover of staff and professionals that brought further issues and delays of service to the children and families. Differing understanding, processes, frameworks, and language (including acronyms) all added to the barriers to effective collaboration in child welfare.

WB:

As I continued in this work, it became clear that we lacked a common language for and understanding of the specific therapeutic needs of these children and how these fit within the child welfare system. How their life experiences had impacted them and how out of home placements were further shaping their brain development and relational futures. There were multifaceted issues of grief and loss, generational trauma, multiple attachment ruptures, physical and sexual abuse, etc. These professional and systemic challenges often had to do with differing regions in the state as well. Access to services and providers varies greatly across Minnesota, as well as the framework that each setting has to guide them in working with these multidimensional needs.



WENDY L. BAKER



MICHELLE ROBERTSON

WB:

I experienced the gaps that remained between clinical and child welfare providers first hand. And when these gaps were able to be bridged, we were a much more efficient, stronger mental health team working in service of these children and families in crisis.

How have you seen the interdisciplinary learning of PACC transform understanding of the unique needs of adopted and fostered children and their families? How have you seen this grow in the PACC classroom through case consultation and the alumni network?

MR:

PACC was developed to build competency across child welfare, mental health, and adoption practitioners building on a national curriculum created by the Center for Adoption Support and Education (CASE) that focused on clinicians only. When we discovered there wasn't curriculum in the CASE training on American Indian children and families or the Indian Child Welfare Act (ICWA), it was imperative that we build a module around practice with American Indians for our Minnesota program. Terry Cross and the National Indian Child Welfare Association (NICWA) provided videos and information to create additional content we use to this

day. PACC provided a common language, trained from a trauma centered approach, and contained extremely important information for practitioners across disciplines.

WB:

When PACC first came together and I was invited to be part of the initial training team, I was excited. I was unsure what to expect from this new program, but after spending time training with our newly formed Minnesota PACC training team, I knew we could create

WB:

The wealth of knowledge the professionals bring is amazing. In family meetings, I see more clarity and trust in the supports they are receiving. Discerning which professionals' recommendations to follow or what their options are in dealing with the needs of their family is less overwhelming, as there is often consensus. Our professional consultations are more effective and supportive. I believe that child welfare professionals gain understanding of the various therapeutic modalities that will

have the same level of skills as mental health clinicians and adoption practitioners.

WB:

As a result of PACC, I truly believe that adoptive children and families (and those in the foster care system) have access to more knowledgeable, dedicated professionals with specialized training throughout the state. These numbers are increasing with every PACC cohort trained, and professionals are learning earlier in their professional development. This translates to significantly improved outcomes for our children and families. I believe more families are remaining intact, with fewer disruptions. More families are seeking out adoption competent help. They are specifically asking for this in their referral calls. I repeatedly hear the feedback that they feel understood and supported as they navigate the challenges and joys of their family formation.

MR:

The success of the PACC program has shown that when all the professionals are practicing from the same framework and perspective, then children, families, and communities are receiving the best practice for all!

Wendy L. Baker, MSW, LICSW is co-founder of Family Circle Counseling and is a creator and facilitator of PACC's curriculum on Attachment, Grief and Loss, Trauma, and case consultation series. Contact wendybaker@fcircle.org

Michelle Robertson, MSW, LGSW is assistant professor/director of field education with The College of St. Scholastica's BSW Social Work Program and is a creator and facilitator of PACC's curriculum on Native American and Cross-Cultural Perspectives and Practice. Contact mroberts@css.edu

The value of a shared framework is invaluable - perhaps immeasurable! It is the difference between practice and "best practice!" The shared framework, process, and language around understanding permanency, healing, and well-being for children and families directly influence the advancement of our professionals.

a truly collaborative partnership between clinicians and child welfare professionals. A collaboration in service of the specialized needs of youth and families navigating the foster and adoptive systems. What a gift!

MR:

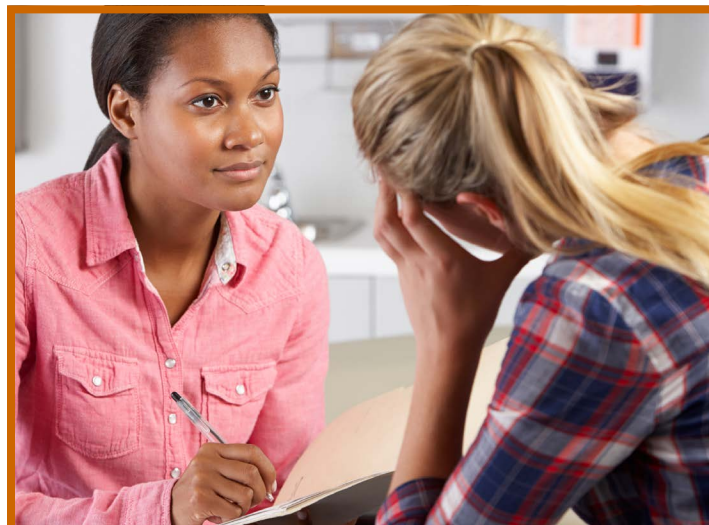
Over the years, the level of knowledge, skills, and values that the participants are coming in with has greatly increased! When they complete the training and consultation, they become stronger advocates for children, a highly competent practitioner, and a member of an exceptional alumni network. Outside of the classroom, the community of care for children in permanency has grown in competence, too!

What is the value of having a shared framework to understand permanency across mental health and child welfare practitioners? Across regions and county systems in Minnesota? In those new to their field and those with decades of experience?

best serve their clients and what specific issues are being addressed in therapy. As a result, they can help families seek out appropriate adoption competent providers. Clinicians are more aware of the legalities, systemic policies, and roles that are navigated by families involved in child welfare and better understand and support the processes they are navigating.

MR:

One of my favorite sayings about training across Minnesota: "87 Counties & 11 Tribes equals 98 ways to do one thing!" The value of a shared framework is invaluable - perhaps immeasurable! It is the difference between practice and "best practice!" The shared framework, process, and language around understanding permanency, healing, and well-being for children and families directly influence the advancement of our professionals. Child welfare workers are most often the first practitioners to meet the children and families that may face out-of-home placement or adoption, and it is so important that they



PACC is a cohort-based training that enhances permanency and adoption competence for professionals working across child welfare and mental health settings. The program offers over 70 Social Work Continuing Education Hours, including the required 2 hours in Social Work Ethics and 4 hours in Cultural Responsiveness content.



Learn more at paccminnesota.com

Centering a Child's Experience in a Multidisciplinary System

Kelley Leaf, MSW, BS

Child Welfare

Child welfare is work that should center children and families, but do we ask ourselves to stop and imagine what the children think? How can we keep the focus on children with a trauma-informed lens while working across disciplines? The stakes for children are high—it is now widely acknowledged that spending time in foster care can result in possible increased ACE scores for children.

10-year-old Cherise was feeling nervous. Her mom was more tired than usual. Mom hadn't been able to get out of bed lately to make food or respond to the little kids crying. Cherise was OK making mac-n-cheese or

to a suspected inflicted injury of a child. Cherise was interviewed at school, where she became increasingly more anxious about what was happening. She cried and asked where her mom was.

The children's mother, Kathy, was contacted and met with the Child Protection Investigator in their home. Her partner was not home. The investigator noticed that Kathy had a black eye and swollen lip. The house was full of garbage, dirty diapers, and spoiled food. The two younger children had not been bathed in a long time and the baby's diaper needed changing. Kathy's speech was slurred, and she couldn't focus on the investigator. A decision was made by CPS that all the children needed to be placed out of home, and the police were contacted.

How could a multidisciplinary system move all the parties who interact with a family's case further upstream, together, to create a system that aligns with a child's sense of time?

changing a baby diaper, but she had missed a few days of school because she had to stay home with the babies. She was also worried because her stepdad was around a lot more, and he was always impatient with the little kids. Mom wasn't sticking up for them either.

Yesterday, their stepdad got really angry with her when she couldn't keep the baby quiet during his TV show, and he snapped and hit her hard on the side of her head. Cherise cried a lot and had a headache. She tried to tell her mom, but she was asleep, and Cherise couldn't wake her up. In the morning, Cherise had a big bruise. She slowly got ready for school and reminded herself that she shouldn't talk about private family things in case anyone noticed her injury.

When Cherise got to school, she couldn't concentrate in class. Her teacher noticed she was more subdued than usual and saw a large bruise on the side of Cherise's face. Cherise's teacher asked her about it, and Cherise said her stepdad got mad because she interrupted his TV show. Her teacher sent Cherise to the nurse's office and the nurse agreed that it was concerning. When Cherise saw how serious everyone was, she knew she was going to get in trouble for telling.

Cherise's teacher messaged the school social worker and administrator and said she had a situation that needed a mandated report. The school's response team made a report to Child Protective Services and the report was screened in. What followed was a system-wide response

Cherise was taken to a forensic interview by a social worker. The woman she talked to during the interview was kind, but Cherise felt she shouldn't say anything. She had seen the police and the investigator talking at school and was worried about getting her mom in trouble. Afterwards, the social worker took her to a big house with a bunch of other kids. Some of them looked as scared as she felt. When she asked where her mom and her little sister and brother were, she was told that she couldn't see them right now. The food she had for dinner tasted weird, and she wasn't very hungry anyway. The bed she slept in was uncomfortable. She couldn't stop thinking she was never going to see her family again and it was all her fault.

The case was referred to the county attorney's office for a CHIPs (Child in Need of Protection or Services) petition. Evidence was gathered, including photos of Cherise's injury, and transcripts of the interviews with Cherise. 72 business hours later (four days to Cherise) she went to court. She was required to come in person so she could meet her court appointed attorney. That day, she met her attorney, her new child protection social worker, a guardian ad litem, a judge, and others. She didn't see her mother until her mother came into court with her own attorney.

Twenty people or more could touch a child's case by the time a CHIPs Emergency Protective Care hearing is over. Twenty people the child doesn't know. Over and over again, we



KELLEY LEAF

ask children to tell their story, not forensically, we've learned that lesson as a system, but who they are and what is important to them. What they want, what they fear. We ask a child to wait, to trust us, to understand something that is far beyond their understanding, without remembering that 72 hours in the unknown is a lifetime to a child. Can we envision this process differently through the eyes of a child like Cherise?

What if there could be a warmer handoff for Cherise at each point in this story? People she knows and trusts like a family member or community person who could bridge the gap to the new people she meets and walk through this process with her. What could we do to lessen her anxiety? To explain this process to her? A book written just for kids like her. Or a video? How could a multidisciplinary system move all the parties who interact with a family's case further upstream, together, to create a system that aligns with a child's sense of time? If we dream of a multidisciplinary system that works better for kids, we need to remember that kids have different dreams. Home, family, familiar routines, school, friends, and loved ones. No child dreams about child welfare, but we could dream child welfare to be more about kids.

Kelley Leaf, MSW, BS is the Social Work Practicum Coordinator and instructor at the University of Minnesota School of Social Work. Prior to that, she worked for 19 years as a supervisor for the State of Minnesota's Guardian ad Litem Board in the 4th Judicial District (Hennepin County) office. Cherise's story is a composite of the many children Kelley worked with during that time. Contact dingm003@umn.edu

Using Communication and Collaboration to Support Youth

Amy Mathis



Since before high school, I knew my career would allow me to engage with youth. However, I wouldn't have guessed it would be in a social work setting. Before becoming a full-time police officer, I felt a calling to accept a position that would introduce me to youth work on a deeper level. Prior to, I received my undergraduate education in law enforcement and was working in a correctional setting. I was anxious to start working as a youth case manager for a non-profit organization.

When I started working as a youth case manager, I felt my beliefs, education, and background exposed me to a line of work where I would feel and be different, possibly be afraid of acceptance, and feeling I didn't know everything I should. Ironically, the youth we serve may all feel different and afraid of their environments. My feelings of uneasiness most likely came from never working in a social work setting before. I strived to be relentless in my work, learning as much as I could to be better for the youth I served. I had the opportunity to engage in a surplus of social work trainings. I will forever be grateful for the training opportunities because it taught me the value of education and training.

One of the educational opportunities granted to me was the University of Minnesota School of Social Work's Phoenix Learning Xchange program (PLX) hosted by the Center for Advanced Studies in Child Welfare. During the program, I was educated on concepts, stories, theories, youth development, and systems. There were two specific themes or realizations I pulled from the program that have greatly impacted how I view myself and how I do my work today: the prevalence of vulnerability and types of communication. In reflection, some of what I learned about vulnerability and communication came directly from youth. These youth have been a part of many disciplines and systems. It was very apparent most of them felt they have been failed by our systems. This encouraged me to reevaluate the roles of each system and how people within them can work together more efficiently.

The youth we serve have had many experiences where they have felt vulnerable or uncomfortable. The terrible experiences include cycles of domestic violence, abuse, sexual exploitation, lack of housing, and more. While working with youth, I have sometimes

felt vulnerable or uncomfortable. It saddens me because I know the youth feel that same vulnerability but compounded. In these situations, my vulnerability comes from not knowing how to best help youth, and their vulnerability comes from not knowing how to ask me for the best help. This was the essence of one of my realizations: that vulnerability is shared by both youth workers and youth. For example, I reflected on my uneasiness at times when I would conduct home visits for youth. In the program, I learned youth had this similar sense of uneasiness with the presence of a stranger in their residence.

This realization of vulnerability in youth's lives is important to me because of how prevalent it is in my everyday work. It has certainly helped me to better connect with youth. I have many more examples, but the

Working with youth makes me ask this question over and over again: am I really listening to what this youth needs, or am I just assuming what is best for them?

critical takeaway is that this interdisciplinary programming helped bring my awareness to vulnerability—for both myself and youth—and has positively and significantly affected the way I work through cases.

Similarly, learning about youth and their way of communication has impacted the way I conduct casework. It has become clear to me that listening, not talking, is essential in communicating effectively. The youth in our systems constantly ask us to listen to them; however, they may have an unorthodox way of getting this message across. Working with youth makes me ask this question over and over again: am I really listening to what this youth needs, or am I just assuming what is best for them?

Consider a youth who has been "acting up" in school, as youth sometimes demonstrate poor behavior at school. They destroy and vandalize school property, use social media inappropriately, or do not get along with others resulting in physical altercations, for example. When staff must become involved, sometimes "dealing" with the youth is focused on the behavioral consequences. Even though youth need to be held accountable for their actions, there is usually a different and deeper cause for their behavior. Their behavior could just be asking us for help in a difficult area of their life (unstable home life, abuse, mental illness, etc.). The PLX program has helped me to better realize the connection between poor behavior



AMY MATHIS

and a youth who really needs additional help and support.

I did not always truly listen to youth when I was in child protection. At times, if I observed a child with an unhealthy home life, I would jump to the conclusion that the child needed to be removed from their home immediately. I came to the very important understanding that

forcibly removing a child from their home is not only a negative solution, but it could also be the worst solution. It causes distress for not only the parent(s), but also the child. I will never forget one experience during PLX when I was listening to a youth panel, and a young parent was discussing her experience with the child welfare system and what she wished workers would have done differently. At one point, she boldly stated, "Don't take my kids!" This young parent explained she was asking for help with parenting, providing structure to her children, and assistance in working through her trauma. She needed help, not her children being taken away.

My experience with a variety of systems and disciplines, including several different roles within those systems, helped me think about vulnerability and communication in a new way. Our systems, and the workers within them, need to communicate and be willing to be uncomfortable and flexible to adapt to young people's needs. This includes all local first responders, correctional facilities, schools, health care facilities, social work departments, and everyone else who plays a supportive role in youth's lives. Here are some experiences I have had of these systems working together.

While I was working as a case manager, I was also working as a part-time police officer. I believed a social work and a law enforcement environment clashed with each other, and

it was uncomfortable. Due to this, I did not initially share my part-time police officer status with my co-workers. When I finally did, I was met with affirmation and respect, and I was reminded that youth need understanding people in their lives that come from different backgrounds or systems.

As a full-time police officer, I have seen how easy collaboration with school administration and faculty can be. My police department's school resource officer (SRO) has a great relationship with the school faculty. I have witnessed times where school faculty would reach out to our SRO for non-criminal related circumstances because they felt it would be good for the youth to have support from professionals in different systems surrounding them.

In one of my youth cases as a police officer, I was working closely with a child protection worker. I had expressed to her I felt too many responsibilities were assigned to law enforcement officers. She had stated support for our law enforcement officers and during a team

meeting, she expressed to everybody that one young person is not one system's responsibility. Experiencing how professionals from different systems can collaborate provides me with assurance our youth could benefit from systems working together.

In conclusion, I am a law enforcement officer with a taste of social work. It has become apparent that the solutions offered by our systems for youth are not always appropriate. Through my work, I continue to remind myself to look for the root cause of the issue, before relying on my own opinions. The themes of vulnerability and communication I learned in PLX will continue to significantly impact how I serve youth in my work. I am a passionate believer in systems collaborating to serve and support youth, and I have been able to witness and experience it. I hope to continue to positively work with other systems so that I can serve youth in the exact way they need me to.

Amy Mathis, Waterville Police Department.



The Phoenix Learning Xchange (PLX) is an interactive, multidisciplinary, non-credit certificate program. PLX aims to broaden the knowledge of the development, challenges, positive engagement, and well-being of youth and adolescents involved in the child welfare and other systems.

phoenixlx.com

We Can Do Better

Amy Hanson

Behavioral Health

The Perfect Storm

In February of 2019, our son was direct messaging a friend the night she died by suicide. This is where our journey started.

The school offered limited grief resources. After two days of access to grief counselors, students who required additional support were to ask for needed help in the main office. Following the tragedy, parents were invited to attend a session with a trauma expert; however, her suggestions were not implemented by the school through the remainder of the

Four months after our son's friend's death, he had a tonic clonic seizure and was diagnosed with generalized epilepsy. He lost independence and he managed the side effects of anti-epileptic drugs (AEDs) which included irritability, depression, slower processing speeds, and hindrance to learning.

The unresolved traumas resulted in extreme mental health responses from our son including sleep disturbances, compulsive behavior, addiction, rigidity, avoidance, numbness, chronic victimization, compartmentalization, secrecy, risky behavior, distorted thoughts, anger, major depression, and high anxiety.

These traumas served as the catalyst for our involvement with several systems, including the



AMY HANSON

Program (AASP), three psychiatrists at the University, a family therapist, four individual therapists, a wilderness program therapist, a public defender, a probation officer, an education attorney, a criminal defense attorney, an education advocate, an interventionist, a neuropsychologist, a behavioral analyst, an educational advocacy center, a mental health advocacy organization and NAMI Minnesota, and MST through a local non-profit.

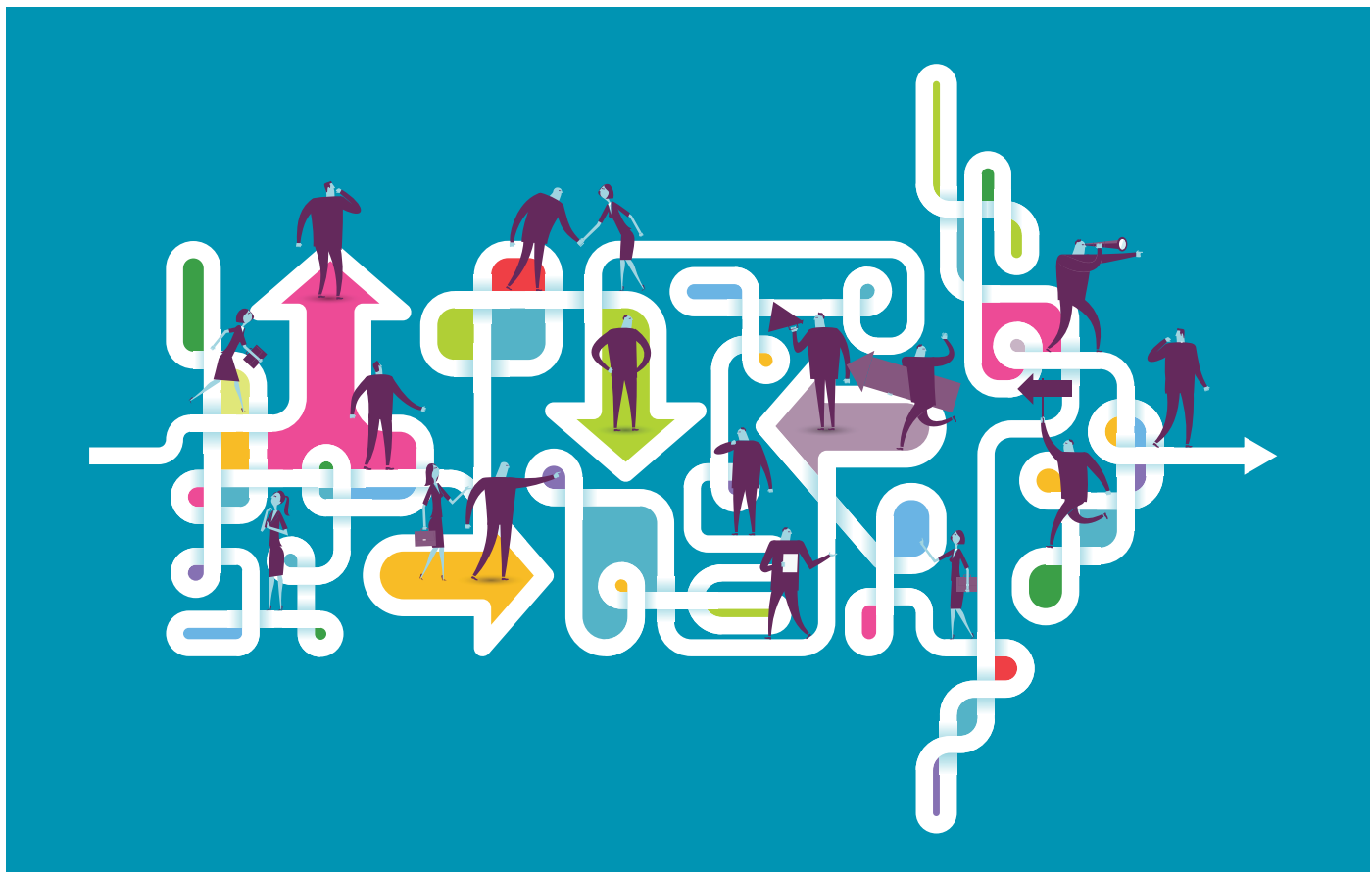
Each system has great strengths and intentions, but the inability to connect with each other without a whole lot of work for the family has been shocking. It should not be so hard, especially for families who are already struggling. During COVID-19, I was

Each system has great strengths and intentions, but the inability to connect with each other without a whole lot of work for the family has been shocking.

year. We did experience a couple of teachers tackle the discussion of suicide with their students. She was 13 years old. How could a kid be okay when there's a seat with a missing friend in their classroom?

child welfare system. Our experience navigating systems has been overwhelming.

We have encountered CPS, school administration, probation, three case workers, an epileptologist, a psychiatrist through the hospital's Adolescent Acute Stabilization



furloughed from my job, so I had the time and ability to navigate the systems. I was able to question decisions, advocate, and not take no for an answer if it did not make sense. I also had connections to people I knew in the court system and lawyer friends who offered free advice and services. I was aware this was privilege. I wondered how this would work had my son been BIPOC, given the known disparities (see sidebar).

Kicking the Can Down the Road

“Kicking the can down the road” is how I summarize the way the system worked. I was reported three times to CPS (once by my son and twice by mandated reporters) with the conclusion that my family “did not need services.” Yet, our family did! My son has treatment resistant depression (TRD), substance use disorder (SUD), and an underdeveloped brain. Despite being reported three times—I got to the point of hoping I would be reported again to get “eyes” on our son. Getting help was an uphill battle. Our family came into contact with over twenty different systems and/or individuals within the system; yet, collaborating effectively with any of them was a nightmare. In one experience, we had a case manager ask us to bring our son to the next meeting when we had a Missing Persons Report open with the police. Sloppy. Workers did not talk to each other unless I made it happen. We navigated endless releases of information (ROIs), follow up phone calls, e-mails, and other medical messaging. Some agencies couldn't discuss his information due to children's privacy rights. I was perplexed. I had an angry addict on my hands, and I was iced

If something does not make sense, push back, ask why, and brainstorm other solutions.

out of information that could have potentially improved the safety and well-being of my family. How can we improve confidentiality guidelines related to vulnerable minors? How can policy recognize that each situation is unique and that there must be flexibility?

Collaboration with the school system was also particularly difficult. I believe an Individualized Education Plan (IEP) should have been approved for my son. Instead, we had to take action to qualify him for the services he needed. We hired a lawyer, learned our rights, and advocated for the school to pay for IEE (Independent Education Evaluation). Arguing each and every point. Earlier interventions could have yielded more positive results, and I believe the school and school district could have done more.

Disparities in Minnesota

Black Youth



White Youth



Black youth in Minnesota are more than **eight** times likelier than their White peers to be held in juvenile facilities — the 10th highest rate in the nation — despite studies showing few differences between White and Black youth in common categories of arrests for delinquent behavior (The Sentencing Project, 2021).

Collaborative Efforts

All that said, we did experience some success, though this took time and tenacity. We experienced effective collaboration with a skilled mental health social worker through a school-based clinic, targeted mental health case manager referred through probation, and empathic social worker from the psychiatrist team at the University. Once these minds collaborated, we started to see some

So while there was in fact some collaboration, systems were too removed from each other to work cohesively together.

Collaboration is possible, and systems can work to improve it. How about using a system like EPIC to share info between systems? Or having something in place to track probation compliance? Electronic Home Monitoring (EHM) was ordered twice for my son. He was depressed and needed connection. Surely there had to be a better solution than house arrest. How about a day program they are required to attend?

Let's Do Better

To parents navigating the child welfare system and other systems: keep fighting. If something does not make sense, push back, ask why, and brainstorm other solutions. Don't put too much stock in experts, you know your family best. For professionals and parents: we are all fallible and human. Challenging systems can promote growth and change into something that works better for everyone. Common sense approaches often make sense. Be trauma informed. Make finding trauma-informed practitioners a high priority, always. We grow in compassion when we work through this lens. At the end of the day, let's do better. It should not be so hard to help our kids when we know we are in the middle of a mental health crisis. As late Senator Paul Wellstone stated, “We all do better when we all do better.”

Amy Hanson is a parent and advocate with experience navigating many systems.

Navigating Complex Cases Across Disciplines

Megan Westerheide, LICSW



Child Welfare

As children's mental health needs have grown, and have been exacerbated by COVID-19, the overlap of systems and their coordination have become of even greater importance. As a former child foster care manager, federal setting IV school social worker, emergency department clinician, and current crisis stabilization and embedded social worker, there are a few themes that have arisen in successful coordination of care in my experience. The first and foremost theme is that of communication. Teams within systems (education, children's foster care, counties, etc.) can be very large, which makes it essential for all members of the team to be on the same page for continuity of care. I have

I had a youth that critically needed additional services. He was informally living with his aunt; however, his mom maintained legal custody. His mom was unwilling to attend meetings or sign a DOPA. Due to this, the youth was not able to receive the services he desperately needed. Unfortunately, this is not uncommon.

A population near and dear to my heart is youth with aggressive behaviors. These youth are often ultimately served by federal setting IV schools in Minnesota. This population is often not discussed, as it is a niche in the special education system. Time and time again, I have witnessed a lack of resources for these youth to get the help they need, and this can lead to out-of-home placement. Partial hospitalization programs and day treatment options are not typically available for these youth due to the aggressive behaviors. Personal care assistants (PCAs) are also very challenging to find. Even



MEGAN WESTERHEIDE

and very wrong stigma around individuals with disabilities and sexual health. There has been an approach for quite some time that we just ignore this population rather than realize the natural desires of humans regardless of disability. Ignoring this reality leads to abuse and exploitation of individuals with disabilities. Specifically in my experience, I have seen individuals with disabilities turn to unsafe internet sites for dating in which individuals take advantage of them and financially exploit them because no one has addressed or honored that individual's desires to learn how to safely date, identify safe individuals, and engage in supportive relationships.

If I had a magic wand, preferably one from Ollivander's, I would use it to produce clear communication between all providers and families, increased supports for youth who display challenging behaviors, and sexual health resources for youth with disabilities.

Megan Westerheide, LICSW is a Dakota County social worker embedded into the West St. Paul Police Department with a focus on mental health 911 calls with a supplemental crisis stabilization caseload.

I have seen wonderful collaborations occur that have allowed the family to feel heard, the providers to feel confident in plans moving forward, and children getting the services they need.

seen wonderful collaborations occur that have allowed the family to feel heard, the providers to feel confident in plans moving forward, and children getting the services they need. Having a therapist, probation officer, and/or skills worker (and child when appropriate) attend an IEP meeting or annual corporate foster care meeting adds so much benefit to the meeting and overall support for the family and child. Time is imperative at these meetings to be able to explain the options for families. I have come across many families who do not realize their rights in special education or out-of-home placements. This can lead to parents signing paperwork that allows a change of school setting, an altered schedule, or other interventions that the family may not feel comfortable with or feel is best for their youth.

When considering barriers to children receiving the care they deserve, I think about policies, red tape, and resources. A lot of our systems were born out of white supremacy. Due to this, there are rules and regulations that do not always align with the needs of the children and families with whom we work. Our system often does not recognize the ways in which extended family support the family system. Obtaining releases of information and delegations of parental authorities (DOPA) are not always feasible in the amount of time they are required. This can limit children's access to mental health services, medical services, and extracurricular activities. A couple of years ago,

with a waiver, there are very few providers willing to support this group which, in turn, increases mental health symptoms and crisis incidents.

In addition to the above barriers, there are services that fall between the cracks between providers, namely sexual health education. I have worked in organizations that would not allow me to teach the children I worked with sex education for fear of legal action. Others have allowed me to teach sexual health; however, there were not many other educators or providers that were willing to teach on this topic, limiting which students were able to access this education. There is still a very real



Barriers to Interdisciplinary Work in the Courts

Anne F. Mahoney, JD



The Offender's Control of the Victim's World

Prosecutors face a number of barriers in trying to serve child victims and their families, part of which is due to offender's control

of the victim. Offenders often control their victim's housing and food supply. If victims speak up, they risk being kicked out of their home and into a shelter. The majority of child abuse cases involve perpetrators known to the victim. Many times, offenders are family members and the victim disclosing abuse splits the family apart. For example, one of my cases involved a father who molested his daughter. Her mother was deceased, so she lived with her paternal grandmother. He was not supposed to have contact with the child. When he did go to the home, his sister-in-law saw him and reported the contact to police. Her husband threw her and their child out of their home. When a victim sees a perpetrator exercising such power, it is intimidating. They likely have a relationship with the offender even if it is toxic. Their relationship with the prosecutor is minimal, and they're asking the victim to do something daunting—testify about abuse of her in front of strangers in a strange setting. In that case, I had an out of state witness subpoena for my victim. She failed to show to court, and the judge ordered an arrest warrant. My key witness was brought to court in handcuffs. Once the defendant knew I had her to testify, he finally pled guilty.

While we were able to bring justice to this case, we need to do more to fight against the abuser's power. Joint investigations by child protective service workers embedded in police departments and Children Advocacy Centers supplying medical, mental health, and housing wrap around needs are a great way to fight against the powerful and controlling offender. Coordinating effort is critical.

Trial as a Fear Inducing Atmosphere

The use of court schools or, at a minimum, the forms developed for testimony preparation developed by the Philadelphia District Attorney's Office can help familiarize children with the courtroom setting. Guardians ad litem and victim advocates can sit with children during down time before or after their testimony, during lunch break, and arguments by attorneys in the courtroom outside of their presence.

Another strategy to counteract the barrier of a frightening, unfriendly court is the use of courthouse dogs. In one of my cases, I used the dog with a young girl testifying against her father. It wasn't her father's presence that made her fearful, it was the jurors and audience of strangers. The dog was positioned under her feet on the witness stand. As she testified, she rubbed the top of the dog's head with the bottom of her foot and the dog fell asleep. The reduction of stress on the girl was visible. Having the dog as a support tool in court turned a traumatic event into one of triumph for her.

Medical Jargon

Sometimes the cases involve complex medical terms whether they are sexual/physical abuse or neglect cases. Being able to discuss medical records with a pediatrician during a Multidisciplinary Team (MDT) meeting is invaluable to the other members of the team. Knowing there is a regularly scheduled meeting to raise questions and gain valuable clarification is essential. Pediatricians can translate medical terminology into layperson's terms.

Collaboration and Suggestions for Improvement.

Vertical Prosecution

Vertical prosecution is a case management system which allows for the same prosecutor from start to finish of the case. In other words,

MDTs allow for scheduled communication and help members from different professions build relationships. Understanding another discipline and its requirements and philosophies is a natural byproduct of a well-functioning team.

the same prosecutor has the case from its initial investigation stage all the way through sentencing. This system works best when prosecutors are specially trained in handling child abuse cases. Being able to have vertical prosecutions not only helps maintain victim contact, it also allows a professional to develop their knowledge base. The prosecutor is not starting from zero with each case. Law enforcement officers have a reliable source for consistent feedback in investigations from a prosecutor experienced in trying the case when they complete their investigation.

Cross Training

Another advantage of the use of MDTs is the ability for team members to educate each other



ANNE F. MAHONEY

about how they approach a case and how they document their findings.

MDTs allow for scheduled communication and help members from different professions build relationships. Understanding another discipline and its requirements and philosophies is a natural byproduct of a well-functioning team. Those relationships allowed me to learn information that reading books could not. As a prosecutor, these relationships helped me understand what intervention, interviewing, and documentation would exist through the work of those in other disciplines. On more than one occasion, it has led me to evidence which has either saved a criminal prosecution or enhanced it to the point of forcing a plea. Knowing that child protective services were notified by police of a shooting of a teenage male by a teenage male friend in the latter's home, I followed up and obtained the child protective services documentation. In their files, to which I had access through the

MDT, was the worker's interview of the suspect which yielded the same admissions/confession the shooter previously gave law enforcement and which the defense was trying to suppress in criminal court. No longer able to suppress the admissions/confession on a claim of police overreaching, a guilty plea soon followed. Another case involved a drunk custodial father driving with child in tow to his estranged wife's home to trash it. By the time the case was called in for trial, he and the wife had made amends. She was reluctant to testify against him. Forcing the child to testify would put the child in a tough spot and would not necessarily yield a conviction if her testimony was not robust. Luckily when he was locked

The Benefits of Interdependence for Parenting with Disabilities

Marjorie Aunos, PhD

Disability

When I was twenty years old, I met my first mom with an intellectual disability, and it changed the course of my life. I began researching information about parents with disabilities as I wanted to know more and connect with other people who might be working with these families. This led to my 25-year-long career as a psychologist, researcher and scholar, and manager of a program supporting parents with intellectual disabilities. Key research documenting the

As a single mom with an acquired physical disability, I was expecting child welfare to be involved, but they never were. This is what I call privilege. Working in the Health and Social Services System, being White, having a high education level and some financial means with a great social network probably (surely) safeguarded me. But the fear of having my child potentially removed was daunting. Yet, despite their lack of involvement, I did have to rely on other adults for support. I needed time to heal and adapt to how my body now moved in space, and I was raising a very active toddler who was reacting to all the changes in his life.



MARJORIE AUNOS

regular communication channels need to be established where information about the families and the interventions are shared. The goal is to offer coordinated support without duplicating. It is also helpful to have mutual control over the intervention and co-construct the type of support with the lead from the parents and input from every worker. In our study, the presence of a 'strong advocate/parent/partner/friend outside of the system also seemed to keep everyone accountable.

Collaboration with different workers and agencies impacts families' lives as it affects their day-to-day supports and their potential preferred future. Thus, we need to work towards making a healthy collaborative relationship with all involved. Managers need to consider the following: (1) offering training days where workers from different agencies spend time together; (2) reducing the caseload of workers who are required to spend additional time fostering a healthy relationship with several partners, like in the case of families headed by parents with disabilities; (3) supporting workers in clarifying their roles in specific cases. These tips might help facilitate current or future collaborations for the benefit of families.

Marjorie Aunos, PhD is a psychologist and researcher from Québec, Canada with 25 years of expertise working with parents with disabilities. She became a mom in 2010, and less than 18 months later became a mom on wheels as she sustained a spinal cord injury in a car accident. This weird twist of fate leads her to share about her lived experience and research. Her TEDx Talk "How disabled parents know more about parenting than experts do" should be released soon. Marjorie is also the author of Mom on Wheels. Contact coachinglegacy18@gmail.com

Amongst workers, regular communication channels need to be established where information about the families and the interventions are shared.

stigma and biases in people's attitudes towards parents with intellectual disabilities and their over-representation in child welfare service was starting to make waves in Australia, the UK, the US, Canada, and Europe.

Fifteen years into my career, I sustained a spinal cord injury in a car accident. My son was 16 months old, and I was his only parent. In this very weird twist of fate, I became part of the disability community, whose population I had been compelled to support and study.

Persons with disabilities often have several professionals involved in their lives. Families headed by parents who have a disability often have several professionals coming in and out of their house, depending on the type of disability and their required need for support. In families with a physical disability, healthcare professionals and direct care providers might be involved in the home to either maintain physical health, treat physical ailments, or, for some, help palliate to physical limitations. For families headed by parents with intellectual disabilities, support workers, social workers, and educators might be involved in the coordination of social support for the family, the organisation of the home, or implementation of child or family routines. In addition, for a significant number of families headed by parents with disabilities, child welfare will be involved. Between healthcare and child welfare professionals and friends and family members' support, it is safe to say that, for many families headed by parents with disabilities, several adults will be involved in some sort of task related to parenting or in support of parental tasks.

The intersection of adapting to my injury AND raising a toddler who was also reacting to me becoming disabled made things, at the time, slightly more challenging. It required some physical support to ensure my house and some of my parenting tasks were done safely.

During bath time, for example, I felt I needed someone to help physically. My spinal cord injury is high up, preventing any muscle movement from below my armpits to my toes. This means that I have no abdominal muscles controlling my core. When I don't hold onto my wheels, I lose balance easily. This also meant that, when dealing with a wet and soapy little guy who liked to move, it had become impossible to do so safely with only one arm (as the other one is holding on for balance). My mom and I found a way to make it work so that I would still be the one in control of the task. I would just have to direct her out loud so that Thomas knew I was the one bathing him, even if it was Mamie doing the movements.

As a clinical psychologist, I had to work with many professionals coming from different agencies that seem to have different missions and orientations. As a researcher, I decided, soon after my accident, to look at what that interagency collaboration looked like. To me, this was an important avenue in research, as interagency collaboration leads to increased possibilities for family preservation or reunification. To make it work, professionals and agencies have a clear role to play. First, there needs to be a conscious desire to strengthen families and keep them together from all parties at the highest levels of the different organisations. Amongst workers,

Interdisciplinary Legal Practice: Sound Child Welfare Policy

Continued from page 8

use of her arm. Had this condition remained undiagnosed, it could have created lifelong complications, for both the baby and Vanessa, and could have cost millions in long-term medical and mental health treatment.

Successful interventions like these are happening more and more each day, and it is time for every family to experience similar support and success. For further information regarding how to promote interdisciplinary work through federal legislative reform, please visit <https://www.unitedfamilyadvocates.org/>.

David M. Meyers, Esq and Julia Hanagan, Esq, United Family Advocates. Contact info@unitedfamilyadvocates.com

Effective Interdisciplinary Practice with Substance Use and Child Welfare Professionals

Continued from page 9

Moving Forward

Child maltreatment cases involving substance abuse are among the most complex and challenging cases. “Increasingly, social service systems are being required to serve clients who have complex needs that cannot be met by one system, so interdisciplinary practice is imperative to the success of families with histories of addiction” (Blakey, 2014, p. 511). With increased opioid drug use, these cases will require a complex array of trained professionals from different fields, with different expertise and approaches to effectively meet the needs of families entering child protection with a history of substance abuse. One thing is clear—interdisciplinary collaboration will be more critical than ever.

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Using Multidisciplinary Teams in Child Abuse Medicine

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forensic interviews in a medical setting. Psychologists can advise teams on best practices for mental health screening, preparation for medical examination, and treatment referrals in addition to providing crisis counseling (Jablonka & Palusci, 2022). Medical specialists in radiology, gynecology, critical care, ophthalmology, surgery, and pathology have taken on new specialized roles in case reviews and the evaluation of particular aspects of CM

(Delgado Álvarez et al., 2016; Montana et al., 2017; National Center for Fatality Review & Prevention, 2022). Beyond providing psychosocial assessments, social workers are the “glue” that holds hospital-based CPTs together (Van Pelt, 2013, p. 26).

Conclusions

Medical practitioners play a vital role in the assessment, care, and treatment of child victims of abuse and neglect. Physicians, nurses, and other health professionals have moved from merely identifying physical injuries after victimization to working in teams to develop increasingly sophisticated techniques for diagnosing a variety of injuries associated with CM and preventing further CM. They have integrated professionals from outside medicine to improve the evaluation with enhanced techniques to interview children, collect evidence, review cases, and provide valuable assessments for use in child welfare and legal settings. Medical multidisciplinary teams continue to offer physicians and other health professionals a unique opportunity to advocate for their patients’ physical and mental health needs while improving the lives of all children within their communities.

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Be@School: A Model of School, Child Welfare, and Community Collaboration

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access to additional resources like free tutoring, flex funds, or free computers.

Be@School also recognizes that all families are unique. Not all families need or want case management. To that end, we have sought to expand our service offerings to families. For many years, we have worked with the Legal Rights Center to facilitate restorative practices with families and schools. Recently, Be@School also teamed up with the Workforce Innovation area of the county to create a direct pathway for youth referred to Be@School to access job training programs. We are incredibly excited to start offering this opportunity later in 2023. Be@School actively seeks innovative ideas to connect with students and families outside of punitive measures.

None of this work is easy. It takes active networking to stay up to date on what is happening in other areas of the county and community. Collaboration takes courage and humility. Lastly, collaboration takes creativity. It can be easy to get fixated on the way we’ve always done things. Staying curious, asking

questions, and being willing to try something different is critical.

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Barriers to Interdisciplinary Work in the Courts

Continued from page 40

up immediately after arrest, police had notified child protective services. In turn, the child protective services worker interviewed the father in lockup to work out a plan for his daughter while he was detained. Once again, the byproduct was a confession to the crime. The child protective services report was given to the defense attorney who then convinced his client to plead guilty.

Finally, the relationships built through weekly sessions of MDT allow folks to pick up the phone and call other team members for help with other agencies. It reduces the worry they will be rejected or turned away for questions they may have about a case. The trust built in the professional friendships made it easy for a child protective services worker to call me about a scheduled trial. She wanted to check the date of when evidence would start. While visiting the victim’s family, she learned the offender had given them tickets to Disney World at the time I expected to be calling the victim as a witness. Her phone call kept him from getting my witnesses out of town and slashed his hopes I would have to drop the case. The above cases are just a few examples of how MDTs made all the difference in court cases and led to positive outcomes for the child.

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Be sure to save the date for the main event, the Child Welfare Worker Recognition Event, September 14. More info to come!

[NCWWI.ORG/CWORKFORCE](https://ncwwi.org/cwworkforce)

Minnesota Child Welfare Training Academy (MNCWTA)

The Training Academy provides training for Minnesota county agencies and tribes that carry cases in child welfare and/or child protection, as well as their supervisors and a small number of private providers who deliver child welfare services on behalf of the counties. Contact us if you are unsure of your eligibility to participate in MNCWTA trainings.

For potential foster parents, as well as counties and tribes working with foster families, we offer Foster Parent College and Pre-Service Training.

For Mandated Reporters in Minnesota, we now offer an updated no-cost, online Mandated Reporter Training and Youth Program Training.

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www.mnchildwelfaretraining.com



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Training Academy™**

Resources

This list of resources is compiled with input from CW360° authors and editors as well as CASCW staff.

Governmental Organizations & Resources

- *Administration for Children and Families* <https://www.acf.hhs.gov>
- *Children's Bureau* <https://www.acf.hhs.gov/cb>
- *Child Welfare Capacity Building Collaborative* <https://capacity.childwelfare.gov/>
- *National Center on Substance Abuse and Child Welfare* <https://nscacw.acf.hhs.gov/>
- *National Children's Alliance* <https://www.nationalchildrensalliance.org/>
- *SAMHSA* www.samhsa.gov
- *U.S. Department of Health and Human Services* <https://www.hhs.gov>

Organizations, Programs, & Resources

- *Adoption Medicine Clinic* <https://med.umn.edu/adoption>
- *Be@School* <https://www.hennepinattorney.org/prevention/students-youth/be-at-school>
- *Birth Parent National Network (BPNN)* <https://ctfalliance.org/partnering-with-parents/bpnn/>
- *Capacity Building Center for Tribes* <https://collaboration.tribalinformationexchange.org/>
- *Center for the Study of Social Policy* <https://cssp.org/>
- *Child Welfare Information Gateway* <https://www.childwelfare.gov>
- *Child Care Resource Center* <https://www.ccrcca.org/>
- *Children and Family Futures* <https://www.cffutures.org>
- *Children's Hospital Association* <https://www.childrenshospitals.org/>
- *Family Justice Center Alliance* <https://www.familyjusticecenter.org/>
- *ICWA Law Center* <https://icwlc.org>
- *National Children's Advocacy Center* <https://www.nationalcac.org/>
- *National Child Welfare Workforce Institute* <https://www.ncwwi.org>
- *National Indian Child Welfare Association* <https://www.nicwa.org>
- *The Sentencing Project* <https://www.sentencingproject.org/>
- *United Family Advocates* <https://www.unitedfamilyadvocates.org>
- *Children's Bureau Express, Considerations and Strategies for Engaging Tribes and Tribal Families* <https://cbexpress.acf.hhs.gov/article/2019/september/considerations-and-strategies-for-engaging-tribes-and-tribal-families/9e3b33f51b3e8910517620efe54bcb80>
- *The Child Welfare Information Gateway's resource on engaging American Indian Children and Families* https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/?utm_medium=email&utm_source=topten122822
- *The Tribal Law and Policy Institute: Crossing the Bridge, Tribal-State-Local Collaboration* <https://bja.ojp.gov/library/publications/crossing-bridge-tribal-state-local-collaboration>
- *ICWA Courts: A Tool for Improving Outcomes for American Indian Children and Families* <https://www.ncjfcj.org/publications/icwa-courts-a-tool-for-improving-outcomes-for-american-indian-children-and-families/>
- *SAMSHA Culture Card- A Guide to Cultural Awareness American Indian and Alaska Native* <https://store.samhsa.gov/sites/default/files/sma08-4354.pdf>
- *Cultural Heritage Partners LLC, Top Ten Considerations When Engaging with American Indian Tribes* <http://www.culturalheritagepartners.com/top-ten-considerations-engaging-american-indian-tribes/>

CAPTA Reform

- *United Family Advocates-CAPTA Reauthorization Top Ten Reform Proposals* <https://uploads.strikinglycdn.com/files/b2d94e77-0196-4ef5-8e6d-40196a01a20b/United%20Family%20Advocates%20S.%20201927%20CAPTA%20Reform%20Proposals.pdf?id=3713494>

Collaboration

Additional Reading, Resources, and Tools

Engaging with Tribes and Native Families

- *Capacity Building Center for Tribes-Building an Effective Tribal-State Child Welfare Partnership* <https://collaboration.tribalinformationexchange.org/>
- *Capacity Building Center for Tribes, ICWA Active Efforts as Prevention: Working Together for Better Outcomes [Webinar]* <https://www.youtube.com/watch?v=xX2aktmIKvc>
- *National Indian Child Welfare Association, The Indian Child Welfare Act: A Family's Guide* <https://www.nicwa.org/wp-content/uploads/2020/10/Family-Guide-to-ICWA-2018.pdf>
- *Center for the Study of Social Policy, Supporting the first 1,000 Days of A Child's Life: An Anti-Racist Blueprint for Early Childhood Well-being and Child Welfare Prevention* <https://cssp.org/resource/supporting-first-1000-days-blueprint-early-childhood-wellbeing-child-welfare-prevention/>
- *Child Welfare Information Gateway: Shared Family Care and Shared Parenting* <https://www.childwelfare.gov/topics/supporting/support-services/familycare/>
- *Child Welfare Information Gateway: Reunifying Families* https://www.childwelfare.gov/topics/permanency/reunification/?utm_medium=email&utm_source=elertjune22
- *AdoptUSKids: Equipping Foster Parents to Actively Support Reunification* https://www.adoptuskids.org/_assets/files/AUSKJ/Publications/equipping-foster-parents-to-support-reunification-web508.pdf
- *Children and Family Futures, Improving Cross-system Collaboration for Children, Parents, and their Families resource page* <https://www.cffutures.org/collaborative-practice/>

Resources continued

Housing

- *Metis Associates “Keeping Families Together: An evaluation of implementation and outcomes of a pilot of supportive housing models for families involved in the child welfare system”* https://shnny.org/uploads/Keeping_Families_Together.pdf
- *Urban Institute “A Head Start for Eviction Prevention”* <https://www.urban.org/features/head-start-eviction-prevention>
- *U.S. Department of the Treasury-Rental Assistance Programs* <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/emergency-rental-assistance-program>
- *New York Times “Why Do We Make Things So Hard for Renters”* <https://www.nytimes.com/2021/08/06/your-money/rental-assistance-eviction-coronavirus.html>
- *Hennepin County Housing Stability Estimator* <https://www.csh.org/wp-content/uploads/2022/02/Hennepin-County-Housing-Stability-Estimator.pdf>

- *Chapin Hall at University of Chicago report: Bringing Families Home Program Supports Child Welfare Involved Families* <https://www.chapinhall.org/research/bringing-families-home/>
- *Research Brief: CT Implements a Universal Housing Screen in Child Welfare Services.* <https://appliedresearch.uconn.edu/wp-content/uploads/sites/1024/2015/06/QRAFT-Research-Brief-Draft-June-2015-Clean.pdf>

Substance Use

- *Collaborative Values Inventory (CVI)* <https://www.cffutures.org/ta-tool/collaborative-values-inventory-cvi/>
- *“Assessing Values Within Collaborative Interventions for Families with Parental Substance use and Child Welfare Involvement”* <https://www.tandfonline.com/doi/full/10.1080/10522158.2021.1896614>

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PRACTICE

- > Best practices for working with children and families in child welfare system
- > Virtual and in-person webinars, modules, forums, and conferences
- > Podcasts, videos, blogs, practice tools (available online and print)
- > Awards for child welfare professionals across Minnesota

POLICY

- > Analysis of current and proposed policies and legislation impacting child welfare
- > Blogs and updates summarizing legislation from advocates
- > Resources and forums for understanding the current child welfare policies

RESEARCH

- > Current research, statistics and data pertaining to child welfare
- > Summary information via MinnLnK Briefs
- > Partnerships with community-based agencies that serve children + families

EDUCATION

- > Title IV-E fellowship program for social work students pursuing a career in public or tribal welfare
- > Permanency and Adoption Certificate Program (PACC) for working in adoption
- > Phoenix Learning Xchange (PLX) for work with adolescents

Agency Discussion Guide

The Agency Discussion Guide is designed to help facilitate thoughtful discussions during supervision and team meetings about the information presented in the issue.

Self-Reflection Questions:

1. Professionals of many disciplines collaborate to prevent families from entering the child welfare system in the first place. Why is prevention first important, and why does it require multiple disciplines?
2. In his article, Dr. Palusci discusses the positive impact MDTs have on reducing bias in child welfare decisions. In what ways have you seen or experienced this in your practice? If you haven't experienced this, why do you think that is?
3. When doing child welfare work, it is always important to center the child's voice; however, this can be difficult when there are so many barriers preventing the necessary collaboration to do so. What is one way you have advocated for a child in your practice despite obstacles?
4. Reflect on your experience working with professionals from other disciplines. What barriers did you encounter? What were some of your successes?
5. Hanson reflects on how her privilege allowed her to advocate for her son and fight for the interdisciplinary collaboration. In what ways have you seen privilege influence the care families receive?
6. Mathis discusses the shared vulnerability experienced by child welfare workers and the youth that they serve. In what ways have you felt vulnerable in your practice? How has that impacted the families with whom you work?

Discussion on Practice Implementation

1. Abderholden compared siloed services with rooms in a house, with the most effective collaboration happening when professionals can move freely between rooms. How has your agency opened doors to be able to access more "rooms?" What changed when you were able to move throughout the house?
2. Many authors discuss the essential role interdisciplinary education plays in improving child welfare services. How can agencies increase their workers' understanding of other disciplines' roles in child welfare?
3. Strong interdisciplinary teams have a shared vision and ongoing communication. What are strategies agencies can employ to encourage effective communication and team building?
4. Many of our authors discuss the importance of shared values in interdisciplinary work. How do you and your agency create shared meaning when collaborating with colleagues from different disciplines?
5. A significant barrier to interdisciplinary collaboration is each discipline not understanding the unique role and goals of the other disciplines. How can your agency build mutual knowledge of different agencies' roles to enhance collaboration?
6. Multiple authors point out that implicit bias exacerbates disparities in the child welfare system. What can you do to evaluate your practice and how preconceived notions about race impact your work?
7. In her article on collaborating with tribes, Garcia points out that different disciplines have different ideas about what "the best interest of the child" means. How does your agency define it? Do you agree or disagree with their definition? Why or why not?
8. Bilger, Johnson, and Mergl highlight the following strategies to prevent eviction and increase housing stability
 - » Gather key partners
 - » Educate and empower partners
 - » Focus on housing stability
 - » Share data
 - » Invest money and time to prevent evictions in the first place
 - a. Do some of these strategies seem more practical/feasible than others in your agency or organization?
 - b. Which strategies seem most achievable and which do not?



CASCW PODCAST CHANNEL

CASCW is committed to connecting child welfare professionals to relevant and accessible training resources. We are excited to bring you the latest in research, policy, and practice via **PODCASTS**.

Interviews with

- Researchers • Frontline social workers • Community members
- Policy makers • And many others

Topics will include

- Moral injury in child welfare professionals • Supportive supervision
- Person-centered practice • Supporting parents with disabilities
- And more!

z.umn.edu/cascwpodcasts

Parenting Done Differently Podcast Series

In partnership with CASCW, Marjorie Aunos hosts conversations exploring how parenting can be done differently and how professionals can best support parents with disabilities.

Marjorie is a clinical psychologist, author, and researcher from Montreal who has dedicated her career to working with parents with intellectual disabilities and then also became a parent with disabilities herself.



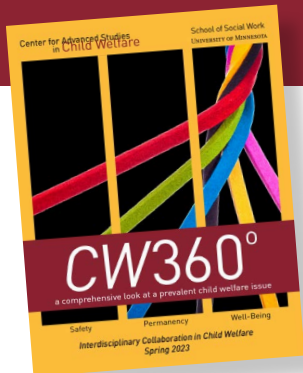
Join us at z.umn.edu/parenting-done-differently for this informative series!

About CW360°

Child Welfare 360° (CW360°) is an annual publication that provides communities, child welfare professionals, and other human service professionals comprehensive information on the latest research, policies, and practices in a key area affecting child well-being today. The publication uses a multidisciplinary approach for its robust examination of an important issue in child welfare practice and invites articles from key stakeholders, including families, caregivers, service providers, a broad array of child welfare professionals (including educators, legal professionals, medical professionals and others), and researchers. Social issues are not one dimensional and cannot be addressed from a single vantage point. We hope that reading CW360° enhances the delivery of child welfare services across the country while working towards safety, permanency, and well-being for all children and families being served.

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In This Issue of CW360^o

- Benefits of interdisciplinary collaboration for children and families
- The challenges and successes of interdisciplinary collaboration
- Strategies to enhance interdisciplinary collaboration amongst individuals and organizations
- Importance of interdisciplinary education and examples of promising programming
- Perspectives from professionals and experts with lived experience

CW360^o

a comprehensive look at a prevalent child welfare issue

Interdisciplinary Collaboration in Child Welfare.
Spring 2023

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