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Presenters: Female Narrator; Tom Oates, Child Welfare Information Gateway; Robert Matthews, Washington, D.C. Child and Family Services Agency

[Music Introduction] [00:00:00]:

FEMALE NARRATOR [00:00:03]: This is the Child Welfare Information Gateway Podcast, a place for those who care about strengthening families and protecting children. You'll hear about the innovations, emerging trends and success stories across child welfare direct from those striving to make a difference. This is your place for new ideas and information to support your work to improve the lives of children, youth, and families.

TOM OATES [00:00:34]: Well, hey, everyone, welcome to the Child Welfare Information Gateway Podcast. Today, we're gonna talk about prevention, and specifically, collaborating with community organizations. Of course, community-based prevention is happening across the country, but it's happening in completely different ways and that makes perfect sense, as community needs can vary widely between regions of the country, between states, between counties, and even between parts of a single city - and Washington, D.C. is a perfect example.

[00:01:06]: Tom Oates from Information Gateway here. So, how do you make sure the services provided by a community collaborative align to the needs of a particular community? And that means both the types of service and the capacity of those services to serve a large group.

[00:01:22]: Well, the District's Child and Family Service Agency receives funds as a Community-Based Child Abuse Prevention Program - it's called CBCAP if you're not familiar - supported by the FRIENDS National Resource Center for Community-Based Prevention and the Children's Bureau. Now, as part of D.C.'s prevention efforts, the agency established a network of community collaboratives called the Healthy Families/Thriving Communities Collaborative Network and they've been in business for a couple of decades.

[00:01:50]: These collaboratives serve each of the city's wards. But from an assessment the agency realized there wasn't a perfect alignment between the services of the collaboratives and the needs of the wards they were serving. So, here on the podcast, we're gonna share our conversation with Robert Matthews, the Deputy Director for Community Partnerships with D.C.'s Child and Family Services Agency to dive into what D.C. learned from their evaluation - including how they combined a number of different approaches to evaluate and what they've done to then improve their community-based prevention.

[00:02:24]: But, staying on the collaboration theme, I also want to call out how we chat about what the agency itself has done regarding interagency collaboration, with the District's Department of Behavioral Health and the Department of Human Services, which operate TANF. So I want you to listen to how these three agencies have partnered together to work on a family's behalf, such as identifying the highest priorities for families and then creating and implementing a universal case plan.

[00:02:52]: Some really great takeaways about organizing community collaboration efforts and partnering with fellow agencies. And so, let's get right into it. Talking improving community collaboratives in Washington, D.C. with Robert Matthews here on the Child Welfare Information Gateway Podcast.

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[00:03:08]: Robert Matthews, hey, welcome into the Child Welfare Information Gateway Podcast.

ROBERT MATTHEWS [00:03:13]: Nice to be with you.

TOM OATES [00:03:14]: And so, let's just talk about where D.C.'s been really over the, the past five years, the Child and Family Services Agency really it appears is making a transition from gearing more towards foster care to actually, more, primarily supporting to strengthen families. And if, if I, if I see the numbers right - and correct me if I'm wrong - over the past five or plus years, where it comes to the children that's been served we're really talking about, you know, what was fifty percent of the children, near fifty percent, were in foster care about five or six years ago, but now as we come closer to today, that numbers dropped to about one third - am I right?

ROBERT MATTHEWS [00:03:51]: That's correct, that's correct. We've pretty much made a concerted effort looking at the number of kids that we have in foster care some years ago, we developed our strategic framework, which is called our four pillars, and that's pretty much been the driving force around our philosophy of how we're working with families - meaning that we're only gonna bring in kids that absolutely necessary to bring in based on safety issues that they're experiencing at home.

[00:04:16]: And by chance if we have to bring them in, our second pillar is providing a temporary safe haven for them to ensure that, you know, we try to connect them with family through kinship care, if we're not able to do that, how do we ensure that we provide them with a family-based setting to where they can thrive and be nurtured in.

[00:04:34]: The third pillar is around our wellbeing, we want to ensure the mental health needs of the kids are met, we want to ensure that they're thriving educationally working with the school system, and other supports that are provided. Our last pillar is around exit to permanency. Of course, at times, when you can't effectively ensure that kids can return back home, we have those options of guardianship and adoption and ensuring that we can adequately recruit those caregivers necessary to care for those kids.

[00:05:02]: So, when you ask anyone in D.C., whether it's in law enforcement, whether it's in the mental health system, child welfare, everyone knows what the four pillars is, so that's kind of been the driving force.

TOM OATES [00:05:13]: And actually the third pillar that you talked about, where you mentioned in the other aspects off, of working with the child, be it behavioral health or mental health services, I do want to touch base a little bit later as we, as we continue the conversation about how CFSA is working with other agencies in a true structured partnership, which I think is, is really neat and I want to make sure folks who are listening in can get a sense of what you guys are doing.

[00:05:38]: So, there's the, the Safe and Stable Families Program which you guys are operating through these collaboratives across the, across the city. So, from what we gather - and I'd like you to kind of open up on this - of an assessment of evaluation of what was going on a few years back, you guys underwent an evaluation. What did it tell you?

ROBERT MATTHEWS [00:06:00]: So sure. What we decided to do when we were looking at our Safe and Stable Families redesign, we saw that there was a need to better meet the needs of families, really expanding that net, because we know that there were families that were already involved with CFSA

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that we needed to do better case management and clinical intervention with. And we also understood the importance to ensure that we try to reduce the occurrence of maltreatment, which are those prevention families that do not have any active engagement with our agency.

[00:06:31]: And so, some of the goals that we were looking to do within our Safe and Stable redesign is to increase the target and the coordination of prevention services and to improve child safety, because we want to ensure we can keep those families together. We wanted to develop a more flexible services array - and what that would do is address areas around primary prevention of families and families that were serving with CFSA.

[00:06:56]: We wanted to ensure that families are, that they have access to community-based services in their community so they won't have to go across town when they're looking for those services and supports. So when we did an assessment, we basically did three types of assessment - we did a Survey Monkey, we used our geographic information system, which is GIS, and we also partnered with Casey Family Programs to look at other family resource centers across the country.

[00:07:27]: So, with the Survey Monkey what we did is that we surveyed both internal and external staff with our community partners and the purpose was to, what, identify available resources and also to try to identify gaps in services. We also wanted to look at what are the services that may or may not be available to non-English speaking families, and that's due to the rapid change in demographics in the city.

[00:07:51]: Through this process, we learned a couple of things across the board. One, we noticed that our families really needed access to more quality mental health services to address, like, substance use, some depression, some domestic violence. And they also needed better access to nutritional options, so for instance as we did our Survey Monkey and through the GIS, we noticed that in one of our larger wards, which I believe is in ward eight, there was only one grocery store.

[00:08:22]: So what that meant was, if you have a larger concentration of families in that ward and there's one grocery store, the choices that they have are really limited to like what we call corner markets, or fast foods. Which means that the foods or the options that they're purchasing may not be the most healthiest for kids. And so, when you put all of that information together, it'll let you know what services are provided to families, what are the gaps, what are the funding sources and providers that we are partnering with to provide those services, and realizing that when you're building your prevention model, it's bigger than the child welfare agency, itself. We have to look at it from a systems perspective, which means looking at all of our other government agencies that are providing services to families.

[00:09:11]: And when we were, when we also looked at the different resource family models - our collaborative model has been in place for twenty years, and they've really been the bedrock of, kind of, helping CFSA reduce our foster care population, keeping our families safe for our in home families - but we wanted to understand better there were things that we knew we could do better, because when you go from one collaborative, they may have these set of core services and another one, they have a different set of core services.

[00:09:42]: And so, what we wanted to ensure was that we had continuity across our child welfare continuum. So, through all of those assessment methods, we were able to stumble upon services, again,

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that we know we needed to do a better job in, which is, again, more quality mental health which means you have to reach out to our Department of Behavioral Health to look at those choice providers that they are contracting with. And we found that through even our quality service reviews, is that we would link families to mental health services, however there was such a turnover with therapists, and when you have turnover with therapists, there is a delay in those services, which means that there's more high risk for those families to, coming into our formal system.

[00:10:28]: So, when you take all of that, it's really about identifying services, finding the service gaps, then identifying the additional partners you need to bring to the table to then develop a more robust prevention model.

TOM OATES [00:10:40]: So, from all of that, you start to get the, and I really like this, I really like the evaluation, you took it from much more from not an outcomes evaluation, but much more of a systemic evaluation of what's the, what's the landscape that you're operating in and are you able to match the services that you're providing - even at the level that you're providing with, with the folks who need it, literally next door, within, within the neighborhood.

[00:11:06]: So, once the evaluation came out and once you started to look at where you wanted to go and kind of create that consistency that you were looking for - and also to be flexible to what the community needs - talk to me about the, the key actions that CFSA took regarding those collaboratives, considering they'd been around for so long - they're entrenched, you know how to work with them, they're, they're, you know, up and running - but if you're asking for a change, what were some of those changes that you were looking for?

ROBERT MATTHEWS [00:11:32]: So, when you're looking at the changes that we made, you really have to start with did we articulate what we needed from a contractual aspect - and often times I don't think child welfare agencies really take time to read through thoroughly your contracts - what are the expectations, what's the scope of work that you're requiring the provider to provide, do you have outcomes that are measurable, how will they be tracked, how will they be monitored, what should that public/private partnership look like - and seeing, when you really delve into those critical components, then what we wanted to do was to ensure that we rewrite our contracts to ensure that we can clearly articulate our expectations.

[00:12:20]: And so, from that, not just looking at from the scope of work, but looking at how are our community partners staffed? Do they have enough direct service staff to meet the ongoing needs of the families that we will be asking them to provide service to.

[00:12:34]: So, as a result of, of all of those findings, we increased the number of family support workers with our collaboratives which expanded their ability to service more families. We also looked at what we call our young homeless families and within our IV-E waivers, they're considered our most vulnerable population. They are they adults that are ages 17 to 25 with kids age 0-6 and what we did was create a partnership with our Department of Human Services, that, to prevent them from coming into our foster care system, they would undergo a family assessment through DHS and if they fit in that criteria, they would then be referred to our Child Welfare Agency for preventative services.

[00:13:18]: We also looked broadly at our grandparents program. And so, we provide a subsidy to grandparents who care for their kids informally - they're not removed, but they're however separated

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from their biological parent, whether it's the mother or the father - we provide a subsidy but what we realized is that they need also that social and emotional support. So we added that program component to the collaboratives for the grandparents that reside in those communities.

[00:13:44]: We also, again, looked at if most of our families are concentrated in wards seven and eight, that we also needed to provide additional resources to those areas. So, we increased funding in our capacity building and many grants. What that provided was they're smaller organizations that families would oftentimes access services to that may not be as large as our regular collaboratives, but we know that they go to that place because they see those smaller agencies as a safe haven. They may not want to come to CFSA because there could be some stigma to coming to a government agency.

[00:14:23]: And we also built in some greater accountability around, again, more measurable outcomes to where we could track on a monthly basis, we meet with our community partners on a monthly basis, we review the data and when we see that there's, you know, some concerns - where a family may not have been transferred in a timely fashion, or a family may not have been linked to services in a timely fashion, or a family where there's a lack of engagement to participate in services, they may have declined services - we try to problem solve more so in real time. And we built in, pretty much, our preventative data team to be able to provide that feedback on an ongoing basis. So those are some of the changes that we made with our community collaboratives.

TOM OATES [00:15:06]: What I like about that is it appears like in drafting the contracts, you've turned around and said, alright, let's define success, you know, and let's define how we're gonna measure success, how do we know when we've, you know, gotten there, wherever success is, but at the same -

ROBERT MATTHEWS [00:15:22]: And Tom, if I could, and if I could, I think the success of it too is that we did not do this in isolation of our community partners. They were at the table in the development of this, so of course, and I just want to say this, you know, transparently, you will not really get a consensus with everyone - everyone will not get what they want, but it's important that if you can articulate what is the goal, what is the end result that we're trying to see, that's something that everyone agrees with. They may not agree with how to get there, but in the end, if we did this in isolation without our partners, I can guarantee you we would have to continue to go back to the drawing board, but because they knew every step of the way the changes that were gonna be made and that we could make some concessions, I think that's what's also part of some of the success in redrafting our contract.

TOM OATES [00:16:12]: Well, I think one of the big things that you pull out of that is if you're dealing with those direct service providers and you're asking them to come up with, with specific outcomes, or there's gonna be some specific measures of whatever we want to call success, they're gonna be the ones most likely to say well here's the staff I'll need and here's the skills I'll need - because if I'm trying to figure out what you need for you to be successful, I think you've got a better sense of what you need. And so, if you're partnering with that and getting buy-in - and you're exactly right, no one's gonna get everything they want, but being heard has so much, it goes a long way to actually, doing as the title indicates, being collaborative.

ROBERT MATTHEWS [00:16:52]: And you bring up a good point, Tom, I know sometimes that when working with community providers, to get in the minutia of the details - you mentioned staffing - so, initially we would look at the entire staffing of the community collaboratives to look, do they have the infrastructure to support the number of families that we want them to serve and through some of that, through some of, through some of the assessment that we did, we noticed that the direct service staff,

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they did not have an adequate number, and so also, in providing additional resources to increase that level of staffing then allows them to service more families to where, again, you won't have those delays or wait times for families waiting to be served.

TOM OATES [00:17:37]: Did you find yourself altering within the contracts some of the different providers for each of those collaboratives - where instead of just saying, alright you need more of this and less of this - did you find yourself changing, maybe what one collaborative should be providing or bringing in another provider to really make the services flexible?

ROBERT MATTHEWS [00:17:58]: So, again, through some of the assessment that we did with the GIS mapping and Survey Monkey, there were two things that we did. Based on feedback from staff from foster parents, from in home families and external partners, there were some essential core services that we felt each collaborative needed to provide so that would ensure some continuity. Now, there are some communities that are unique with specific service needs that we, yes, would say in ward eight, we need more mental health linkages, or we need to ensure that those families that are impacted with domestic violence has access to those type of treatment services.

[00:18:40]: So, every collaborative has those essential core services that we want them to provide, and then some are very unique - for instance, we have a safe sleep initiative, where we're looking at infant mortality, and that's more so centralized in our ward seven, or we have families that need access to family group decision making, which is more so from our wards one through three, or you have our families that need parent education supports - so there are some uniqueness to some of the collaboratives, but there are also some essential core services that all of them provide.

TOM OATES [00:19:16]: It tells you the value of actually really looking into the data and saying what is each community telling us what they need or why don't we go and meet those specific needs as opposed to making a blanket approach, because even though D.C. is itself, geographically, hey, not that big, but when you go from ward one if you go to ward eight, there's gonna be differences and if you're able to meet those needs and I think using the GIS mapping to tell folks, you know, what's around and applying, you know, census data to find out what is this community - and I mean it down to that level, to community - what are their individual needs, I think can go a long way, you know, no matter if you're dealing with something like D.C., or if you're dealing with, you know, a, you know, a large urban, or rather a large rural area.

[00:20:04]: So, now you've talked about, a little bit where you've kind of altered the contracts and tried to work with the collaboratives to make them more flexible, or really more reactive and a better fit for that community - what did this do for your staff, though, in terms of was there a change of approach that you had to implement internally?

ROBERT MATTHEWS [00:20:25]: Absolutely. So, we have staff in our in home units that are co-located with our community partners and so for some of them who have been with the agency for number of years, it's more so like there was business as usual, and with this change came with an understanding that the same services that may have been provided years ago may have changed. The procedures and processes in terms of how we actually officially transfer a case would change.

[00:20:56]: And we wanted that to change because what we needed was greater teaming with our community partners. You may find this as an interesting dynamic, though - you may have workers that

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are co-located with your partners, does not mean that teaming occurs. And what you realize is that sometimes you have to create procedures and policies to reinforce what teaming should be like and through our new case transfer process, there are two things that has to happen - the in home worker has to meet with the assigned FSW worker with the collaboratives to discuss, okay, CFSA has addressed the safety concerns of this family, however, there are ongoing supports that this family will need to sustain their ability to stay together and remain intact - those are those services that the collaborative FSW will continue to provide once CFSA steps out.

[00:21:50]: Then, we have a meeting where we call our PTC - which is our Partnering Together Conference - with the family, in the family's home, so they can understand the difference between the two workers. The CFSA worker is stepping out, you've achieved all of your goals, however, there is ongoing support that you will need and your collaborative FSW worker is this worker, and they will continue those supports so long as you need them and when you don't feel like you need them anymore, then the collaborative can close out the case.

[00:22:20]: So, you had to institute a case transfer process for that teaming to occur. What we've seen, what we have found is that it reduced the rate of family declining services and actually increased the rate of them accepting services because of that whole teaming piece and their understanding the different roles of the Child Welfare Agency versus the community-based agent.

TOM OATES [00:22:44]: And, frankly, unfortunately to a point, there may still be that, that thought process of CFSA is somebody I don't want to be dealing with, but my community, they've been much more, there's maybe a, if you're able to build off the family's current perception - although we want to change them, and we realize the work that CFSA is doing is so strong and so positive - but if the family is going to be more willing to look at the collaborative in a positive light as a team, and then think, oh I've graduated from not needing CFSA anymore, it's, you know, it's like you are, unfortunately, you'd love for them to, you know, have that same positive view across the board, but, where they can be more willing. And again, it's - you talked about it in working with the collaboratives - getting buy-in, working with the family and, and then you see that positive reinforcement coming back, because they want to do what's, you know, working with the collaboratives, so.

ROBERT MATTHEWS [00:23:44]: Tom, we just mentioned a term, because we also had to change our language - when you mentioned graduating - we don't say we're closing out our case, we don't say you're exiting, we say the family is graduating, because they have made a lot of success, they've made some achievements, and with that, we want to celebrate and appreciate the strides and the resilience that the family has made, so we don't even use closed case - that may be something internal - but to the family, it's graduation, and they receive a certificate for their achievement and from the feedback that we're getting from most families, you know, just a certificate with it being signed, they have a lot of pride in that particular, that particular document. So, we've seen some, and received some good feedback from families with that.

TOM OATES [00:24:32]: Clearly it's also not an easy thing, too, and so, you know, achieving those goals and there is some work involved in graduating. I do want to touch base on one thing. You talked, you know, we got into revising the contracts - how easy was that for CFSA, because, you know, contracts are binding, contracts have periods of performance. So, you were able to address all of them at once, I mean was this just a, dealing with timing that the contracts were up and it was time to evaluate and take a look at them, or was there something else that, that allowed you to go in and revise these contracts?

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ROBERT MATTHEWS [00:25:09]: So, in terms of the timing, during the time that I arrived back at Child and Family Services here in the District of Columbia, it just provided an opportunity as we were doing our assessments to really look at the contracts and we knew that within maybe six months, there was time for a renewal. And with that, we had to have a very, I would say, a very robust and a very huge effort to really look at contracts - not in isolation, again, with the partners, also reaching out to our contracts department, because from the program perspective, we would provide really a bit of the narrative in terms of what's expected for the scope of work, but from some of those other components in our contract, it needed to be, really, a team effort.

[00:25:58]: And in looking at that, no, it was not easy. Part of that, again, was we had a partnership with Casey Family Programs to where we could also look at contracts from other states and from other jurisdictions, looking at the outcomes that they would have within their contracts - seeing some good examples, seeing some not so good examples and then trying to compile what would work here for the District of Columbia. What would also be equitable and what would be fair to our partners to ensure that there's just equitability across the board, but that we know we needed to better service our families. So, that was the goal and we had to really draft out and plan and coordinate how do we get there.

[00:26:41]: So, it was a combination of that, as well as again, as you know, through the assessment piece, because then you have to put in the types of services that needed to be offered which was totally different than the contracts prior to - and the level of monitoring from a quantitative and qualitative aspect and doing case reviews, and looking at the qualifications and the credentials of the staff providing those services.

[00:27:06]: Increasing the skill set of staff in community partners to provide the services to families, because we're realizing with families with very high needs for mental health you needed someone with a bachelor's that were hired to work with those families. So, having that conversation with the collaboratives was very helpful. The great thing is they totally agreed that they needed, you know, staff with higher levels of effectiveness, and so we were able to do it that way. And so, the great thing is I'll always say, there's still things that we need to do, but we're definitely moving in the right direction.

TOM OATES [00:27:39]: So, give me a sense of time frame, from the beginning of the very first part of the assessment to when the, the revised contracts were signed. How, how, how long of a period was that?

ROBERT MATTHEWS [00:27:50]: So, there's a couple of things in between. So, part of it is of course, of course, reviewing the old contracts and trying to sculpt the new contracts. Something that we did differently, last year, was actually individually negotiating the contracts - because at one time, they were all simultaneously done together - but through the negotiation, again, because each community is different and unique within itself, it required an individual touch for each collaborative. And, although you may have the same essential core services, there were some components that were unique to one that we needed to negotiate - it could've been negotiating the number of direct services staff versus the number of what we call executive and administrative staff that we would pay for versus the number of service staff that we know we needed you to have to work with our families.

[00:28:42]: And of course, as we know - and it's, it's the elephant in the room - the cost, right? The cost, right, that's, that's the big elephant in the room. So, we all know to do this work, it costs substantial amounts of money. And so, what we wanted to ensure was that so long as we can articulate very clearly

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what our needs are, we can very fairly negotiate together how much it costs to ensure that our families are supported the way that they should be.

[00:29:10]: And then, so once you go through the negotiation and then you get down to the bottom line, our hope, our goal - which we met - is to have a contract signed prior to the new fiscal year beginning to where we can begin operations beginning of the new fiscal year. So, we were basically able to wrap up, I believe, our negotiations within a three month timespan.

TOM OATES [00:29:34]: That's a lot of work that goes in between that. And, and with the evaluation and the analysis and every, and, and working with your own contract shop, it is almost like you have to plan to prepare to have the plan to execute and there's just so much back timing and forethought that you guys have gone through.

[00:29:52]: Something else, if we want to shift gears a little bit, where you touch base a lot on how CFSA is now really structuring a partnership, a collaboration with the Department of Behavioral Health and the Department of Human Services - who run, who run TANF - how the three agencies are really working together to, kind of, put families first to where there's a great deal of collaboration. Can you talk to me about that?

ROBERT MATTHEWS [00:30:17]: Sure. We have what we call a tri-agency collaboration called our D.C. Cross Connect - and so basically those are families that will be involved with two or all three agencies, which in many jurisdictions that's the likely case. What we found is that often times we're working with these families through this partnership and how we team, families can be extremely overwhelmed. And so, if you're looking at a family that needs to be connected to TANF benefits, or if you have a family that needs to be linked with Mental Health Services, and then you have a family that also has an open case with CFSA because of abuse and neglect, when you look at the different types of case plans that have been drafted, it could be very overwhelming for a family.

[00:31:07]: So, the goal is to create one universal case plan, bring all of your community partners together and really sequence out what is it that the family should work on first, based on the clinical judgement of the social workers that are involved with the case. And what we found is, even through evaluation, is when you do that in a very thoughtful way and methodical way and not having families do everything at once, but you know, taking gradual steps to achieve certain goals, that when they complete one goal with one agency, that agency can actually step out. The other two agencies still work together on some of the components that the family needs to work with.

[00:31:51]: Which means that the family's length of time of stay with those agencies reduce; improved teaming, and the family also is not confused on I have a case working with DHS, I have a case working DBH - I understand each other's role. Now, this is not done perfectly, but one of the things that we've done now is we are starting to add this teaming component in our pre-service training as we hire new workers so that it won't be anything foreign to them when they come in, they understand the expectation is teaming is a necessity. It is, it is integral to part of the goals that you set for the family to achieve and that the whole beauty around teaming must be done to maximize success in hopefully graduating a family so they can be self-sufficient and resilient to where they no longer need us in their life.

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TOM OATES [00:32:48]: Especially when there are so many factors and you mentioned them all, when you've got a family that could be overwhelmed by the need to deal with all three agencies, because the need on their end is very pressing. It reminds me a little bit of, and I was talking with folks from another CBCAP prevention program over in Pennsylvania - or rather, actually, no farther out west in Oregon - where they aligned the TANF recipients and saw any opportunity where there would be a risk for prevention and then they focused on that high risk group.

[00:33:20]: And so they actually used TANF as kind of a screening process, and so, you've got a little bit of that along the way of saying, hey where do we see this kind of where a family would have to bounce from agency to agency to agency, let's work in this team environment to attack this, this need, address the priorities and then, as you mention, kind of graduate step by step as a family achieves its, its multiple goals.

[00:33:46]: So, you mentioned it's not perfect, but I want to ask you about the results, both from a family side that you're seeing and how your staff is adapting to this.

ROBERT MATTHEWS [00:33:57]: So, from the family side, it's made it more, I would say easier to understand all of the factors that they have to deal with. Just as a real, real case example, if you have a family that's involved with our agency due to abuse or neglect, there are nine times out of ten to where they're gonna need TANF benefits, as well. You may have most of our families where it's a single head of household, the mother or father may or may not be employed, they may have a, a young child under the age of six, they may have a crisis for housing - which there's a huge housing crisis here in the District of Columbia.

[00:34:42]: So, here are some of the factors that are involved with that. Well, in order for them to get a housing voucher, they need employment or they need to be in pursuit of, you know, some job training. Well, also, if there's an abuse finding or neglect finding, then there are things they need to do to shore up that they can ensure the safety of their child - meaning it could be attending a substance abuse program, it could be ensuring that they go through the twelve step program to ensure their sobriety, number of things.

[00:35:27]: And, what the workers have to look at is what's the most pressing thing that's impacting their parenting or keeping the kid unsafe? Start there, and then once you start there and are able to give the time and space for mom or dad to acquire those things, then we can look at housing, because we do have a shelter system here, they're able to stay in the shelter, you know, for a specified amount of time to where they can identify additional housing.

[00:35:53]: And so, once you look at all of that and try to put that in a context where the family can understand, they're more likely to follow through. Now, from the worker perspective - I'm just gonna put that out there - it's a logistical nightmare, because if you have a worker who has a caseload, who have other families they have to see and visit and assess, part of that whole barriers around teaming is that you then have to reach out to your counterparts at the other agencies to find the time that's convenient for them also to meet, as well as with the family.

[00:36:31]: So, those are some barriers and sometimes there can be delays, but we do find the value and the importance in having that sit down, face to face meeting so everyone can be on the same page and everyone understands their role.

TRANSCRIPT

TOM OATES [00:36:46]: If you had another agency anywhere in the country that wanted to mimic something similar, what's the one thing you would tell them that they need to have, what's the must have to get anything like this even off the ground?

ROBERT MATTHEWS [00:36:59]: They must have buy-in. You have to have buy-in from the top level of your leadership so that they can understand the philosophy and the vision and the importance of teaming. I think often times we diminish the power of teaming. Teaming is about identifying the right members who need to be at the table - which is teaming formation - but, also the frequency and how often the team should meet. And I know we have in this day and age, in the 21st century, emails, text messaging to where you can send messaging, some of the pitfalls of that is you're sending messages to one entity versus the other, so every - the right hand doesn't know what the left hand is doing.

[00:37:43]: So if you bring everybody together, and if you can map out this is your role, this is your role, it actually takes some of the stress off of that social worker who probably feels like they have to address everything. Everybody has a defined role and they can work on that path with that family. So I would always tell people, get the buy-in, be able to set the vision and then put it into action.

TOM OATES [00:38:10]: Robert, it sounds like from what's going on in D.C., at least, you know, like we talked about at the very beginning when we started over a little bit more than five years going from more than 50% of children served in foster care to now down to one third that while you've got some growing pains, there is some growth - and even, even CFSA in terms is achieving some more goals and working better with those community-based collaboratives.

[00:38:38]: Hey, man, I really appreciate the time, not only for the energy and I can, I can hear it in your voice just in talking about the work that had to be done just to revise these contracts and every, every piece of energy that you guys have had to expend to get all this done, I really appreciate the work that you're doing and really appreciate the time you're spending to talk to us about it.

ROBERT MATTHEWS [00:39:01]: Well, Tom, I definitely thank you and I think all of your team for looking at D.C. and again, I want to say on the record, there's no perfect child welfare agency or system. I think what we can do is the best job that we can do, I think as we continue to track, use the data to look at how our families are doing, what is it that we can do differently to do better, and so long as we keep that in the forefront of our minds - working together, we can't work in isolation - we have so many partners, both our formal partners, our community-based partners that we have to bring to the table to help address many of the issues that our families are impacted by.

[00:39:44]: I think we have to celebrate successes, no matter how small they are, staff need to feel validated and valued in the work that they bring to the table and you also have to continue to drive home there's always room for improvement. But always, always celebrate your successes. And so again, we're not exactly where we want to be, but I think the plans and the strategies that we have in place, we're well on our way and we're just gonna keep knocking at it until we knock down that door.

TOM OATES [00:40:15]: Well, best of luck and keep that progress moving forward. Robert, we thank you so much for your time and joining us here on the Child Welfare Information Gateway Podcast.

ROBERT MATTHEWS [00:40:24]: Okay, thank you so much.

TRANSCRIPT

TOM OATES [00:40:27]: We're gonna spend some time on some upcoming podcasts focusing on improving community-based prevention, so I want you to be on the lookout for some other episodes where we're going to hear about a number of ways to engage and collaborate with communities. We'll hear about a program in Iowa that developed and then altered its training approach to engaging with the faith-based, the education and the professional workforce communities. We'll also discuss how some other states put community-based prevention programs under different agencies, like early childhood education, or how TANF plays a big role - like when we talk with Robert, you know, in, during our interview - how TANF plays a big role in identifying families to support.

[00:41:06]: So, if you visit this podcast's web page, that's <https://acf.hhs.gov/cb> and search 'podcasts', we've got links to the FRIENDS National Resource Center's website so you can learn more about the CBCAP Programs and see the reports that they've produced. We've also put links to the National Child Abuse Prevention Month's microsite, along with the Information Gateway publication Child Maltreatment Prevention: Past, Present and Future.

[00:41:32]: There's also our web section on evidence-based information about preventing child abuse and neglect, so you can go in there and see some of the state and local examples to see what other folks are doing. And I tell you what, we're gonna link you to the list of all the state liaison officers for child abuse and neglect, along with the list of contact information for the National Child Abuse and Neglect Prevention Organizations.

[00:41:54]: Now, Information Gateway has a wide list of state and local contacts, so if you're looking for your peers or other organizations that you may want to partner with or communicate with, just check out our related organizations list on Child Welfare Information Gateway over at <https://www.childwelfare.gov>.

[00:42:11]: So thanks again to Robert Matthews from Washington, D.C. and thanks again to you for joining us here on the Child Welfare Information Gateway Podcast. I'm Tom Oates, have a great day!

FEMALE NARRATOR [00:42:24]: Thanks for joining us for this edition of the Child Welfare Information Gateway podcast. Child Welfare Information Gateway is available at childwelfare.gov and is a service of the Children's Bureau, U.S. Department of Health and Human Services Administration for Children and Families. The views and opinions expressed on this podcast do not necessarily reflect on those of Information Gateway, or the Children's Bureau.