## Failures and Gaps Identified by Panelists at Council Meetings

**Purpose:** To fulfill the Council's second and fifth charges of cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare and identifying gaps in coordination, collaboration, and communication related to all publicly funded child serving programs

**Methodology:** The Children's Council invited practitioners from various areas of child well-being service delivery and intervention to share their insights on failures and gaps in the context of child welfare and children's programs. The Council convened seven different panels of four to six individuals for these discussions:

- foster parents,
- Guardians ad Litem (GALs),
- judges,
- local Department of Social Services (DSS) directors and deputy directors,
- school counselors, school psychologists, and school social workers,
- Local Management Entity/Management Care Organization executives, and
- child well-being medical and mental health practitioners.

**Work Product:** Exhibit 11, organized by the role individuals play in the system, shows examples of failures and gaps identified by panelists.

### Exhibit 11: Failures and Gaps Identified by Panelists at Children's Council Meetings

| Role in the System | Examples of Failures and Gaps |
| --- | --- |
| Foster Parents | • Foster parent training is not consistent with the application of the program in real life. Foster parents feel unprepared for what happens when the first child is placed in their home.<br>• Lack of assessing/diagnosing children at a young age for mental/behavioral health needs.<br>• Social workers have too large of a caseload, have varied levels of competence, and seem to lack the ability/willingness to communicate effectively.<br>• Foster parents do not have the opportunity to speak in court on a child's behalf.<br>• The treatment of foster parents by the "system" is the reason it's so difficult to recruit and retain. |
| Guardians ad Litem (GALs) | • This volunteer role is very time consuming, much more than the training indicates it will be.<br>• GAL training is inadequate, and the heavy load of system processes leads to high turnover.<br>• Lack of trauma training for everyone involved in the system.<br>• GAL volunteers are having to assume multiple out-of-pocket expenses.<br>• GAL volunteers often feel out of the loop due to social workers not sharing information with them and sometimes they feel disrespected by social workers.<br>• Lack of case coordination means people are falling through the cracks. Multiple players in the case do not have all the facts due to lack of access/sharing of information.<br>• It hurts the family's chances of reunification when the parents lose Medicaid due to their child being taken into the system. Loss of Medicaid decreases the family's opportunities to get the help they need. |

| | |
|---|---|
| Judges | • Lack of systemwide trauma training.<br>• Lack of case coordination leads to people falling through the cracks due to not sharing/having access to all the needed information on a case and leads to failure in communication with parents and foster parents.<br>• Lack of continuity in personnel that is handling cases. Social worker and GAL turnover is high. A shortage of judges appointed to some districts results in a different judge at every hearing.<br>• Issues around permanency such as language barriers, parent understanding, implementation, and time of introduction to the conversation.<br>• Negative perception of DSS court does not let parents know the courts want reunification as well.<br>• Family Court and Drug Court are not available in every district. The State is spending the money on the back end by caring for the children and the parents in the long run.<br>• Lack of access to resources needed by children and their families to be successful in life, and lack of needed resources as ordered by the court for families to reunify. Rural counties are not able to provide all that is needed. Often parents have too many barriers, such as lack of transportation, insurance, and income to access services.<br>• It hurts the family's chances of reunification when the parents lose Medicaid when their children are taken into the system.<br>• Lack of utilization of telehealth. |
| Local Department of Social Services (DSS) Directors and Deputy Directors | • Gaps in resources result in extra work for social workers as they must cross county lines to coordinate the care for children. They have lots of extra work to do trying to create a full system of care for children.<br>• Continuous policy changes at the federal, state, and local level impact the workload for social workers. The caseload is too much, which creates burnout and worker shortage.<br>• Working in a military community adds an entire layer of federal rules and regulations that our social workers must comply with in order to work with kids, which creates burnout and stress for workers.<br>• Lack of electronic resources keeps us behind and is not appealing to younger social workers.<br>• Policies regarding how children are placed in therapeutic foster home or non-therapeutic foster care creates extra moves for the child that is detrimental to them. Children are subjected to many unnecessary moves due to unavailability of appropriate foster homes and/or administrative rules. Every disruption is traumatizing.<br>• Great shortage in access to mental health resources leads to children being in a holding pattern for extended periods of time, which impacts permanence.<br>• In a military community, PTSD is hard on families so we take a lot of children into custody because the mental health resources are just not there.<br>• Mental health services and the LME/MCO process are not working. The current system makes getting help very challenging.<br>• Lack of support for kinship families for children of all ages. |

| | |
|---|---|
| School Counselors/ School Psychologists/ School Social Workers | • Classrooms are overcrowded. When a child is disruptive in class, such as threatening other children and staff, it impacts everyone's academic performance. Suspension is not a solution as it creates another set of problems when there is no parent at home.<br>• The attendance law in North Carolina requires kids ages 7 to 16 to be in school. This law creates issues for academic performance for kindergarteners and first graders. Parents cite the law when we pursue them to get their kids in school.<br>• Many specialized school personnel are assigned to multiple schools, so we are not able to serve students in need many times because we are not on campus daily.<br>• School counselor-to-child ratios are too high for us to be effective (1:800 when it should be 1:250). Then we get called to serve as a teacher or substitute in the classroom, further reducing our time to do our required jobs.<br>• Caseloads are so high it creates high burnout rate in the workforce.<br>• There is a shortage of all child well-being-related professionals across the board. For high-need counties, the resources are not there to meet the demand.<br>• There is a shortage of mental health providers. We are constantly searching for providers to help children who have required service needs.<br>• The care plans for many kids are disjointed and cross agencies and counties. The need to travel takes time away from other activities and needs. |
| Local Management Entity/Managed Care Organization (LME/MCO) Executives | • There are gaps in the continuum of care for foster children and foster families.<br>• Reimbursement rates for high-needs, therapeutic children are not sufficient for foster parents to fully attend to the needs of those kids.<br>• Lack of funding for programs that support partnerships in communities to address the high needs of complex children and support the families that care for them.<br>• Licensure takes too long, is expensive for facilities to start-up due to current regulations, and needs flexibility. |
| Child Well-Being Medical and Mental Health Practitioners | • Lack of access to care.<br>• Lack of coordination between case management services and mental/behavioral health services.<br>• Collaboration and effective communication are not consistent across LME/MCO providers.<br>• People are most often reactive when in crisis and the system is not set up for quick reactions.<br>• When initial placements are not proper, additional placements cause trauma and cost money.<br>• Lack of a shared vision and goal around permanency and prevention.<br>• Funding and reimbursement rates for service delivery of evidence-based therapies is not adequate. |

*Source: Program Evaluation Division based on panel discussions at Children's Council meetings.*