

## **CWLA Resources and Assessment Subcommittee Meeting and Work Summary – September 26, 2007**

### **I. Work Progress**

- The Resources and Assessment Subcommittee met on 9/5 to complete the following:
  - i. Finalize the inventory of existing services and resources for dual-jurisdiction youth.
  - ii. Finalize flowcharts to map the process in the juvenile justice and child welfare systems.
  - iii. Identify gaps in services and staffing.
  - iv. Identify existing assessment tools.
  - v. Make preliminary recommendations for change.

### **II. Findings – Services**

- DHS/ YRC/VIBS services primarily provide case management, advocacy and counseling services to the target population.
- Individual and group counseling is also available through other agencies (i.e. WCSC, Mental Health).
- GED classes and parenting classes are available through a variety of agencies and programs, and these programs have openings. Specifically with the parenting classes, attendance is poor and it is often difficult to recruit and retain participants (even with incentives and court mandates).
- Many community programs have a small amount of spots available and infrequent enrollment (i.e. year-long cycles). Even programs that have more spots (i.e. Rising Stars – Steele Pan) often have waiting lists.
- Lacking wide-scale alternative programs (i.e. skills building, creative arts) for youth.
- Small prevention/ crisis intervention programs are available in a variety of communities. However, these programs are not well known or well documented, and often do not last more than a few years.
- There are NO substance abuse treatment programs (residential or out-patient), residential psychiatric services, or transitional living programs for youth.
- There are virtually no services/programs for youth aging out of the child welfare/juvenile justice system.

### **III. Findings – Staffing**

- There is a HUGE shortage of trained Social Workers. DHS has many openings it cannot fill (2 vacancies at Intake, 9 at Juvenile, 3 at Protective).
- In addition to the vacancies, DHS had a need for additional positions in each unit to handle growing case loads. Some social workers currently handle over 100 cases.
- **ALL** youth care workers (Social Workers, Therapists, Probation Officers, etc.) need ongoing training.

- There is also a need for support staff throughout (i.e. social work aides, homemakers), as well as additional male workers to work specifically with young males.
- Job descriptions should be updated, with clear delineations in responsibilities (i.e. therapist vs. counselor vs. child care worker).
- Mental Health needs 2 additional Child/Family Therapists, one in Christiansted and one in Frederiksted. They also need an additional 2 Case Managers for Christiansted.
- The Women's Coalition of St. Croix also needs an additional Child Therapist to provide on-site/ at-school services.

#### **IV. Findings – Assessment Tools**

- Mental Health and VIBS use a variety of assessment tools to determine the mental health needs of clients. Some of these tools need to be updated.
- SOS uses a life-skills assessment tool from the Casey Foundation with their clients. However, formal assessment tools are not widely used at other agencies for placement and service determination.

#### **V. Initial Recommendations**

- Create an outpatient substance abuse treatment program for youth ages 5-21. Would need additional office space to house 2 therapists and 2 case managers in Christiansted, and 1 therapist and 1 case manager in Frederiksted (current Medical Director could oversee program).
- Create a residential psychiatric program for youth, ages 5 -21.
- Increase the number of beds at the Crisis Stabilization Center to include a total of six beds for 8-13 yr. olds and ten beds for 14-18 yr. olds. Would need additional office/living space, and additional staff, including one shift supervisor, 1 therapist, and 2 youth care workers.
- Create a transitional living, group home for youth, ages 16-21 (to address the needs of youth aging out of the child welfare system). Should include beds or a separate transitional living program for teenage parents and their children.
- Increase number of spots available at JISS.
- Ensure that fathers are mandated to participate in the JISS program. Currently, the court often only mandates the parent who is the main caregiver (often the mother). If the other parent is present in the child's life, he should also be mandated to participate to ensure consistency and to share the burden of meeting JISS goals and objectives.
- Ensure that youth who have behavioral problems (PINS) are separated from youth who have criminal charges at YRC.
- Ensure that youth who are charged as an adult are removed from the general population at YRC and transferred immediately to Golden Grove.
- Ensure that services for and treatment of females at YRC are equal to the services/treatment of males.
- Strengthen VI statutes to mandate parental responsibility. Impose jail time and fines. Create a Parents Responsibility Bill.

- Create uniform assessment tool to be used across departments and agencies that would determine services needed. Could be used to for case management and to track progress.
- Create annual training opportunities for ALL staff working with the target population.
- Increase the number of trained therapeutic foster care homes.
- Provide ongoing training for all foster care parents.
- Provide incentives to recruit more trained social workers and youth care workers.