

December 14, 2021: Clinical Supervisors from CHS and CFCE

A very special thank you to our panelists **Jacqueline Louis from CFCE** and **Gloria Saiz from CHS**. We appreciated the time, transparency and knowledge you shared. Hopefully we can continue to further the spirit of cooperation and communication that we discussed in this meeting.

CHS -- Gloria

- The bad news first! This is a global issue, not unique to CHS -- there is a staffing shortage. There are numerous openings for therapists – all types -- and although the openings are advertised and the agency is looking – these openings remain unfilled.
- There is a shift now. They are being more cautious and thorough with assessing actual needs. They are using criteria-based tools to identify the root cause and to streamline services to get the best possible outcomes.
- Everyone wants information from the therapists: MDT panels, case managers, GALS, adoption specialists, etc. With the case load so high due to the shortage in therapists, they will be implementing a new procedure in the new year. Bi-weekly roundtables will be held with all the clinicians in place so those who need information will have access to the therapists. Hopefully, this will be successful.
 - Information from the GAL is really helpful for the therapists.
- The therapists no longer have access to schools or day care. Very few after-school programs are permitting therapy either.
- CHS does individual therapy, family therapy, psychiatric (meds), parenting classes, and therapeutic visitation. They do offer dyadic therapy but the very little children are closed out until the parents are ready to participate.
- Sometimes there are barriers to providing services to undocumented youth.

CFCE -- Jacqueline

- Oftentimes, referrals are made, but they are not linked to services.
- CFCE has a behavioral-health consultant assigned to each unit. Their role is to ensure that once a referral is submitted, the service is linked, and the appropriate reports are generated and disseminated.
- CHS offers parenting classes, family therapy, individual therapy, anger management, and substance-abuse services
- CFCE also has staffing issues, but they do have approved providers they refer out to if they are unable to provide the services.
- Too often, there is a disconnect between the GAL and the case manager. The case managers don't realize that the GAL is there to help and support. Together, we can do great things.
- Both agencies stress the need for teamwork. Working together makes a case go easier and smoother.
- The therapists welcome and need information from the GAL. Understand that due to confidentiality, the therapist cannot share specifics about sessions or things the child has disclosed (unless related to safety issues, suicide, etc.). Keep in mind that the therapists are seeing the majority of kids late afternoons, evenings, and even weekends. It is difficult to reach them during that time -- they aren't avoiding you!
- **At CHS, Deliana Vasquez is the integration counselor.** She is the liaison for dependency/clinical cases. **At CFCE, that person is Jacqueline Louis.**

- On the subject of a child's individual therapist also doing the family therapy -- that determination is case specific. At CHS, if a couple is doing couples/family therapy, that therapist will be different from the child's therapist. If a child has trauma, the child's therapist and family therapist will be the same.
- Reports from the therapist are sent to the case manager, and the case manager should be sending them to all the parties. GALs should also send a copy of their report to the therapist if it contains information that would be insightful for the therapist.
- CHS is fully open and doing therapy in-person when the caregivers permit it. CFCE is going back to in-person therapy with older youth when permitted by foster parents/caregivers. They are seeing all children under age 5 in person.
- If something is not done and you need help -- REACH OUT! Don't wait for court to bring up the issue if you can resolve it by asking for help. For CFCE, call Jacqueline; for CHS, call Deliana or Gloria. Keep in mind that there are staffing shortages for both case managers and therapists at this time.