LISTENING

TOUR

REPORT

Linking Systems of Care for Children and Youth Virginia

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Executive **Summary**

Linking Systems of Care (LSC) for children and youth is a statewide demonstration initiative with a goal of identifying children and youth who have had crimes committed against them and to address the potential serious and long-lasting consequences of exposure to crime. In order to better guide efforts to link systems of care, increase system collaboration, and improve coordination of services for children and youth who have experienced traumatization or victimization and their families, a listening tour was held in the Commonwealth of Virginia Spring 2018-Fall 2018.

LSC staff worked closely with local child, youth, and family serving agencies and organizations to recruit participants for each listening session. Agency staff was invited to participate in listening sessions for direct service providers, and was requested to share the information about the opportunity with youth and parents/caregivers of youth who may have feedback about service access and quality. Initially there were challenges successfully engaging youth to participate, but a modified approach which allowed LSC staff to reach out to existing youth-led and youth focused advocacy groups was implemented and resulted in more successful recruitment.

Using Dedoose qualitative analysis software, LSC staff reviewed transcriptions of all sessions and identified four primary themes:

1) Challenges Navigating Systems - Families/caregivers and youth often felt left on their own to navigate and find appropriate and meaningful services. Procedures for release of information are complex.

2) Inequitable, restrictive service access - Youth and their families/caregivers felt there was a lack of equity in service provision based on race, ethnicity, sexual orientation, and gender identity. Lengthy waiting lists, eligibility guidelines, logistics (e.g. transportation) and lack of parental permissions are barriers to accessing services.

3) Service quality issues - Families and youth experienced services as reactive instead of proactive. Services are inconsistent and incomparable across localities. Capacity to provide services is restricted due to prescriptive mandates and funding streams.

4) Lack of meaningful family and youth engagement - Youth and families/caregivers felt that service providers do not accommodate their needs and schedules and are not transparent about processes.

Potential solutions suggested by participants included developing and maintaining a centralized resource and referral resource/tool, making care coordination a part of standard services, prioritizing youth and family engagement, and implementing more holistic, proactive approaches to supporting children, youth, families, and the providers who serve them.

The Listening Tour's key findings and suggestions for potential solutions have a number of implications for practice that may inform future initiatives to connect children, youth, and families to services.

Background

Linking Systems of Care (LSC) for Children and Youth is a statewide demonstration initiative funded by the United States Department of Justice, Office of Justice Programs, Office for Victims of Crime. The goal of the project is to identify children and youth who have had crimes committed against them and to address the potential serious and long-lasting consequences of exposure to crime. The project gives Virginia an opportunity to collaboratively create, strengthen, and improve the coordination of services provided by the many child and youth-serving systems to ensure that:
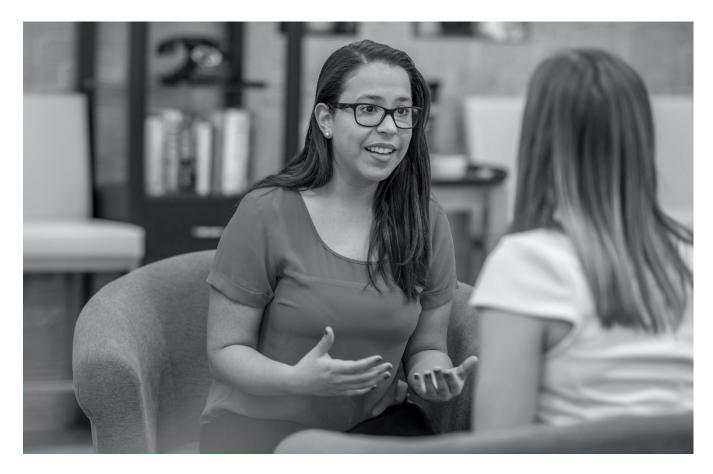
1. children are screened for victimization;

2. children, youth and families are provided comprehensive and coordinated services to fully address their needs; and

3. policies and practices are established to sustain this approach long-term.

Overview

In order to gather feedback from individuals with lived experiences of providing and/or receiving services in the state to guide LSC project efforts to link systems of care, increase system collaboration, and improve coordination of services for children and youth who have experienced traumatization or victimization and their families, listening sessions with youth (15-21), parents/guardians of youth (0-21), and direct service providers were held to hear directly about their experiences with getting access to support services following a potentially traumatic or victimization experience. Youth and families who have lived experience with systems of care in the Commonwealth, as well as the service providers who work with them every day, have a deep understanding of the challenges faced in getting access to services. They also have ideas for how our systems could work together better on behalf of the children, youth, and families that they serve.

Service providers who attended the listening sessions represented a number of different systems and private providers who work directly with youth impacted by trauma, including: school support staff (school counselors and school social workers), Local Department of Social Services (LDSS) SS family support staff, LDSS Independent Living program staff, DSS Child Protective Services staff, Court Services Unit representatives, Victim-Witness advocates, Community Services Board staff, staff from child advocacy centers, Court Appointed Special Advocates, representatives from domestic violence and sexual assault programs, representatives from Great Expectations (a community college initiative supporting the transition to higher education for youth who have aged out of foster care), representatives from legal aid organizations, representatives from private mental health and behavioral health providers, and representatives from a number of community-based organizations, such as Boys and Girls clubs.

Overview continued

Parents/guardians (including biological parents, foster parents, adoptive parents, kinship caregivers) and youth (15-21) who participated in the listening sessions and shared their experiences with a number of systems including: foster care, mental health, family support, legal support, housing, and community support. The feedback shared during the listening sessions provided valuable insight into what it feels like to navigate systems of care and what barriers or challenges may make it more difficult for youth and families to find appropriate and meaningful services. Listening sessions were held in 5 localities around the Commonwealth and with a number of youth advocacy groups from July 2018 to November 2018. In total, 34 youth (15-21), 16 parents/guardians of youth (0-21), and 68 direct service providers participated in the listening sessions.

A thematic analysis of listening session transcripts using Dedoose qualitative analysis software revealed complex and multilayered challenges faced by children, youth, their families/caregivers, and service providers face when trying to access support services in the Commonwealth and that youth, families and direct services providers have a wealth of ideas for how to improve service access and quality throughout the state. Themes derived from the listening sessions are currently being used by Virginia LSC project staff to inform project goals and the development of resources and tools meant to improve the coordination of services for children, youth, and their families throughout the Commonwealth.

Methods

Institutional Review Board

The listening tour was reviewed and approved by the Virginia Department of Social Services Institutional Review Board (VDSS IRB), #2018-12. The initial approval included the listening tour protocol, documentation of consent/assent procedures, consent/assent information sheets, a request for waiver of written consent/assent for participants, a request for waiver of parental consent for youth (15-21), facilitation guides for each participant group, and recruitment materials. In addition to these materials, the LSC staff who facilitated the listening sessions submitted their CVs and certification that they had completed training on protection of human research subjects.

The VDSS IRB determined that waiving parental consent for youth (15-21) was appropriate due to the listening sessions presenting minimal-risk for participants and to make it possible to hear feedback about service quality from youth populations who may be disconnected from parents/guardians (i.e. youth experiencing homelessness) or who may be placed at risk by asking for permission to discuss their experiences with service provision (for example, youth where parental consent may put youth at increased risk for abuse or neglect or LGBTQ youth who may not have shared information about their sexual orientation or gender identity/expression with their parent/caregiver). Foster youth and youth who are experiencing unstable housing represent key populations who have direct experience with Virginia's child/youth serving systems and, as such, they have important perspectives with regard to identifying challenges and opportunities across our state to improve access to, and the quality of, services that youth who are victims of crime receive.

After initial approval in May 2018, two modifications were reviewed and approved by the VDSS IRB. The first approved modification (June 2018) allowed for a process to track distribution of incentives provided to participants without collection of Personally Identifiable Information (PII). The second approved modification (September 2018) revised the recruitment procedures to allow for listening sessions to be held with youth advocacy groups at their usual meeting place. See Appendix A for copies of the consent/assent information sheets, sample facilitators guides, and recruitment materials.

Recruitment Procedures

LSC staff worked closely with local agencies and organizations to coordinate logistics for each listening session (i.e. locating a youth and family friendly space in each locality) as well as to reached out to youth and families who may have had an interest in sharing their perspectives about service access and quality in the Commonwealth. Service providers were contacted via email and phone. Providers were offered information about the listening sessions, invited to participate in a listening session for direct service providers, and were requested to share the information about the opportunity with youth (15-21) and parents/guardians of youth (0-21) who may have feedback about service access and quality. In order to make it easier for youth and parents/guardians to attend the listening sessions, the sessions were scheduled for weekday evenings and dinner was provided. In addition, youth (15-21) and parents/guardians of youth (0-21) were offered a $20 gift card as an incentive for participation. Service providers received lunch, but did not receive any additional incentive to participate.

In order to protect the confidentiality of the youth (15-21) and parents/guardians, the recruitment procedures involved asking service providers to share information about the opportunity to participate in the listening sessions with their clients. LSC staff protected confidentiality of participants by not collecting or documenting any personally identifiable information, even during recruitment. Youth and parents/guardians who were interested in participating in a listening session contacted LSC staff for a brief eligibility screening. LSC staff also answered any questions that the potential participant may have had about the sessions. After screening, the caller would be provided with the information about the location of the session for their locality.

Despite the emphasis on finding youth friendly spaces to hold listening sessions (libraries, community centers, etc.), LSC staff initially had difficulty working with service providers to recruit youth (15-21) to participate in the listening sessions. A modified recruitment approach was developed and approved by the VDSS IRB in order to address challenges with recruiting youth. The modified recruitment approach enabled LSC staff to reach out to adult facilitators of youth-led and youth focused advocacy groups and, with the consent of the youth, schedule a listening session to be held at the location where the youth regularly met. This new approach made it possible for LSC staff to engage with existing youth advocacy groups and collect feedback in a space that was familiar and comfortable for youth.

Confidentiality

Listening sessions were held in private meetings rooms and audio recorded. Participants created pseudonyms, which were used throughout the discussion. Audio recordings were deleted following a quality check of the transcriptions and assurance that any identifiers were removed.

Limitations

Themes derived from the listening sessions represent an exploration of perspective and experiences shared by youth, parents/guardians, and service providers who attended the listening sessions. The results are not generalizable; however, they do provide a snapshot of the diversity and breadth of experiences with services throughout the commonwealth.

Themes

Challenges to Service Provision and Access

1. CHALLENGES NAVIGATING SYSTEMS

Families and youth described feeling that they were often left on their own to navigate services. This perspective was echoed by service providers who described handing long to-do lists to families, knowing that doing all that was required to access services would be like "riding a bicycle carrying bricks".

Finding services is difficult for families, youth, and service providers. Providers, youth, and families described feeling frustrated with the lack of comprehensive information available about where to go for services. For example, a foster to adopt mom described what it felt like to find and sort through services for her foster children:

"… then we kind of got into this whirlwind and the tornado got bigger and bigger and bigger and bigger into all of these things that we needed and once we got to the point that we were fostering and then adopting it was very-- I don't know. I felt like it was very hands-off. There weren't a lot of people helping us kind of navigate in a way and there was a lot of needs, right, because these kiddos have so many needs, and it was us trying to kind of pick and figure out where we needed to go and what we needed to do and kind of…I had to find most of those on my own…most of these my husband and I and with people that we met along the way that were peer-to-peer support."

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Service providers reiterated the concerns raised by families and youth. For example, the provider below described having difficulty finding appropriate services within their community and described how this lack of meaningful resources added to the burden that families felt in trying to support their traumatized child:

"We want to keep our children in the community for care…We don't want to send them out to residential or such, but finding community based providers that can engage families so that they're motivated to really work in those services and not-- I think what we see quite a bit is parents who become weary and overwhelmed with the process and so they look to residential placement or group home placement as the answer because they think that that will give them some relief and fix their child, and the reality is that the recidivism rate for residential is, you know, is huge."

1. CHALLENGES NAVIGATING SYSTEMS CONTINUED

A service provider at a different listening sessions shared how service access is dependent on social ties:

"And so the referral system in this community is-- I love this community because it's small and we can help each other out. And every time we go to a meeting we meet someone new and then we know we can call. But if we don't have that even just as case workers and counselors we're dead in the water. We're going to spend hours looking for somebody, calling somebody referral sources. It's all about who you know. It's not about what services people provide because they don't always deliver on the services they provide. It's about who you know, who you can call and say hey, by name because otherwise people get lost in the system."

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Parents and youth report feeling all alone, isolated, and left to fend for themselves while trying to navigate social support services for themselves and/or their children. For example, a mom shared her frustrations with a lack of service coordination:

"…It seems like you just go on the same rollercoaster around and around. You get tired of repeating it. Nobody is really helping. They just point to other services…We went to different private providers as far as counselors, different types of therapies, in-home, out-of-school, mentors, everything… So, it's always been left with me having to figure it out or find out who to call…"

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Providers described a similar perspective about lacking support to help families navigate services. Some providers shared that they felt badly about handing parents a "laundry list" of calls to make and tasks to complete in order to get services for their child, knowing that this would be difficult to impossible for families in crisis.

"Right. And I just-- You know, I really-- As I started to explain it to her I felt really bad that I was telling her-- I mean, I said so let's kind of organize this. So the first thing you want to do is call this person and gave them the name and number and then we're going to do this and then we'll do this, but it was, like, I really felt bad giving her a laundry list of things that she was going to have to do. And that is if you can understand and follow the processes."

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Without clear direction or assistance, families and youth "don't know what [they] don't know". Providers report feeling that they are not permitted to "recommend" what they know to be quality services/resources to families and youth, making it difficult for them to provide directive support to families.

"…I think one of the problems we have with court…as CASAs…we can't make specific referrals. So I can't tell a family, 'oh you should go to the YWCA for trauma informed counseling', as much as we would like to because we're supposed to be a kind of observing and very non-biased…But I think part of our problem…I'm thinking of this one particular case of this little girl who has been through just unimaginable trauma and sexual abuse. And she's been on the wait list for the child abuse program for just weeks and weeks. And if the social workers aren't aware… the YWCA has this awesome free trauma informed counseling, then there's not a whole lot we can do."

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Providers report that procedures for release of information are difficult, complex, and are a barrier to collaboration.

Service Provider 5: "…one of our barriers…is we get referrals for assessments. They come often …[in the] school report… there are lots of families who don't really want to follow through and they won't sign a release. And so we can't call the school or the court… 'hey they're not coming back for this doctor's appointment or they declined this service'."

Service Provider 6: "But you see they signed our release but you guys don't take our release."

Service Provider 11: "That would be a barrier."

Themes

2. INEQUITABLE, RESTRICTIVE SERVICE ACCESS

Youth and parents/guardians report a lack of equity in service provision based on race, ethnicity, sexual orientation, and gender identity. For example, a youth shared their perspective about what lack of equity in service access feels like:

"And they decide on whether they going to help you like that or not. If they do help you, you can be spoiled among I mean, like you grow up rich. But if they choose not to help you, then it's...it's bad... Like me? They let me get out of independent living and come back. There's people who they won't even let go into independent living. So...basically I'm saying all of that to wrap around and say it's not equal opportunity in that...they pick and choose who they want to help and when they want to help, and how they want to help."

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Caregivers also described feeling as though they were sometimes labeled as troublemakers when they acted as an advocate for their child/youth, a role they felt was required of them due to the lack of assistance they were getting, which left them feeling like they could not win for losing. For example, this mom described how she felt:

"...if you are an advocate for your kid, that makes it worse because then it's like who are you to know what I know ...especially if you're not supposed to. If you're low-income and you're brown and especially if you're a single mom, you are not expected to have any kind of education, any understanding of what's going on. They want to be able to push you to the side, and as soon as you say: No, hold on, wait a minute or you make that extra phone call or that e-mail...Now your child is a problem child because the nerve of you to have said something in the first place."

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2. RESTRICTIVE SERVICE ACCESS CONTINUED

Waiting lists prohibit timely access to vital services/resources, such as counseling for potentially traumatic experiences and suicidality.

"So, one of the things especially dealing with, like, the Medicaid and someone needing mental health services or support, so it's 'are you accepting new clients?', 'yes, I am'. 'It's November, but we don't have a slot until May or June' …and by the time June gets here, it's over and done with, I've forgotten about it until the next time something happens to kind of bring that thing up again."

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Eligibility guidelines restrict access to services. For example, restrictions with Medicaid funding and private insurance are described by families and youth as inhibiting them from accessing appropriate and quality services. In addition, guidance about eligibility for particular social support programs restrict access for youth and families whose situation does not meet "eligibility" requirements for services from various agencies. The exchange below from a group of service providers illustrates this challenge:

Service Provider 4: "I think…from a school perspective…we can only do so much. And because they don't meet DSS criteria or CSU and people expect the school to handle the mental health, the drug addiction, or making sure these people get to appointments. There's only five [school support staff] for five thousand kids. And then they expect us in addition to our job to do truancy…It's impossible.

But in our community we have so many families who are falling in that crack…whatever has happened doesn't meet Social Services and then we can only do so much at the school level, so then they just kind of fall. They're like the families who just…they just kind of don't fit into any agency…Families that need help or if they just had a little bit of support and somebody pushing them--"

Service Provider 2: "Until something bad happens and then--"

Service Provider 4: "Right. And maybe they would have avoid the [UNCLEAR] and [the impact] wouldn't have been as severe."

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Participants in all groups also reported logistical barriers to service access, such as stable housing, transportation and child care.

Service providers reported that sometimes lack of parental permission could be a barrier to a child being able to receive needed services/supports, such as counseling for sexual abuse. The exchange below illustrates how a child's access to vital services may be restricted when lacking parental support. The providers are discussing the case of a child under 10 years old who had been sexually assaulted multiple times.

Service Provider 6: "Well we would like us to have one or two good resources… for when this little girl walked out of her office and somewhere that we could make sure that her mama gets her [some help], because the last time the mama didn't go through with anything. She didn't even go through with the charge, with nothing."

Service Provider 4: "She didn't even finish the charge…So she didn't even have her mother's support…She didn't have her mother's support so her mother wasn't going to take her for other services and now this child has been victimized again."

Service Provider 5: "… you have to go through the court system. You have to follow through. You have to follow through with the prosecution thing…You have to go through the process. You have to fill out the paperwork. You have to follow through. If we call you and tell you we need another form, we need to get that form. Because as long as you don't get us what we need services stop, I mean freezes it."

Service Provider 4: "And that's an issue."

Themes

3. SERVICE QUALITY ISSUES

Families and youth experience services as reactive instead of proactive. Participants reported perceiving that they would not be offered help or support from service providers, unless their situation became a "catastrophe". Youth reported that when they disclosed a need for help they got the message that their situation was not dire enough to elicit a response. Some service providers reported feeling that the best they can do is to put a "band aid" on a situation and hope for the best, as is described in this exchange between two providers:

Service Provider 1: "...I mean we are told when-- in regard to some of the kids we serve that we think their parents need services-- that unless they are actively psychotic or they are self-harm at risk, that our adult services are so overwhelmed... they're not going to get services."

Service Provider 2: "You sign a safety plan, is that right?"

Service Provider 1: "And hope that nothing happens."

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Likewise, this exchange between youth participants describes the youth perspective about how meaningful engagement may impact their experiences of services:

Youth 4: "...I think that if a counselor was more accessible when I had my situation it would have been easier. Because I got in trouble for like starting fires. But I had to go visit a juvenile prison and take a fire starters class and pay a fine, but I was never once, you know, able to discuss why I was starting fires or, you know, [the] underlying condition…"

Youth 3: "So no one got to the root of the problem? They just dealt with it."

Youth 4: "Right. Nobody tried to figure out…"

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Relatedly, youth reported feeling frustrated that services did not seem to address the root cause of problems that youth experience. For example, this youth shared their experience of trying to get support from police officers while experiencing a mental health crisis:

"I think also it's super intimidating to speak to police officers if you're having a mental health crisis…And they showed up and it was kind of like just black and white. Like, 'are you going to do this?', 'are you going to do that?'. 'No', then 'okay, I'm going to leave', but then I'm left with no resources and still the same mental health crisis that...they were called for."

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A caregiver shared frustration at having to wait until a crisis occurred before being about to get help:

"…we kept asking for help and asking for help, and we got put on a wait list that was six months long. And meanwhile, [my daughter] was saying she was going to kill herself, and there was… we would take her to the hospital, and they said: Well, she hasn't tried yet. There's nothing we can do, and they'd release her. And it wasn't until she finally swallowed a bottle of pills that they… that we started getting services. We got bumped on the list to get services. That's just not okay."

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Service providers report feeling their capacity to tailor and personalize services to most appropriately meet individual needs is hindered by prescriptive mandates regarding provision of services. For example, a provider described how this lack of capacity for personalization and creativity in service delivery impacts families:

"I think the issue with that comes back to every provider there's deadlines and timelines. So when you work under a timeline or a deadline you're kind of pushing it. You have to get going. Like in-home is only six months, supposed to be short term-- well three months. So by three months you have to reach a certain goal. You run out of that time to do the things creatively. And I feel like in this community it's not as creative as it could be because every service is the same. I mean, I feel like as a whole-- and this comes from families also, is like every in-home or mental health, it's the same across the board.

So like these things are complex with complex issues. So you have to come at different approaches. But since everything is the same [services] are the same, we're getting the same results and it just continues. The families are going through the same cycle over, and over, and over again".

3. SERVICE QUALITY ISSUES CONTINUED

Service providers, youth and parents/guardians experience a lack of consistent and comparable services and resources across localities. In the exchange below caregivers discussed frustrations the county by county variation in the Commonwealth.

Caregiver 1: "So, another issue that we've run into a few times is how different every county is…I think that is a real detriment in Virginia. Every county does things differently and different services and children that are moving from here and there and different homes or different schools, and then you have to kind of like redo everything in a different way, and sometimes it's the school counselor, and sometimes it's this. And it can really…"

Caregiver 5: "They'll say you need to talk to this one. Then you're finally like: oh, well, that's just like that was, but it's a different name in a different county or records will get held up in one county, and they can't get them to another county that needs them or they moved."

Caregiver 7: "Yeah, and different county offer different services. I've had kids that…"

Caregiver 4: "Some have prevention, some don't."

Caregiver 7: "…have just everything that they could possibly need, and another child from a different county, and they're like: I'm sorry. They won't provide it or…"

Caregiver 3: "Well, some counties have totally different attitudes about, like, the severity of some crimes…Some counties have told me: Oh…what do you mean? Like tell me about it. And I've had others roll their eyes and say: Oh, well… has anything happened other than just the bullying? And it's like, 'just the bullying', and it's totally different."

Additionally, service providers indicated that providing families and youth with appropriate and meaningful services was challenging without access to data about the quality of services in their area. For example, one service provider described the repetitive use of mediocre services as the current standard practice:

"We throw the same services over and over again, and we don't particularly expect a different result. I mean, we haven't held ourselves up to a higher standard than just like 'it's okay to give three years' worth of intensive in-home services and no progress', so I think we have to hold ourselves to a higher standard. We have to keep the data that shows which programs are working, and then we have to share that information… because I think that anecdotally you know the programs that work. Those are the ones that have really long waiting lists, and so I think we want to like elevate the standard…I mean, at some point, if we stop utilizing services that aren't working just because they exist, then they will create something new that will, but right now, we are perpetuating the kind of mediocre thing because it's easy to do, and we have agencies that will provide it, and we want to give traumatized children something, and so we're giving them something. It's just not necessarily what they need."

Relatedly, some providers reported that funding streams are "siloed", which impacts who programs serve and how they are able to provide services. As an example, this exchange between service providers in one locality describes how mandates about funding for services impacts providers capacity to direct families and youth to the most appropriate, meaningful service for their situation:

Service Provider 1: "…CSA funding is very difficult if the child has Medicaid. And so because Medicaid has to be the first resort because CSA funding is your last resort. So if a kid has Medicaid but let's say needs trauma informed therapy there aren't trauma informed therapists that take Medicaid in our area. So you're stuck going to like a regular therapist that is clearly not going to be able to meet the kid's needs and then you're not getting any type of progress."

Service Provider 7: "…so this child is…in this less than beneficial therapy situation. Nothing is changing…At that point sometimes we can go back to FAPT and say okay we tried this. It didn't work. Now we want to send them there because we know they'll take care of them."

Service Provider 5: "You're wasting time and money."

Service Provider 7: "Yeah, it really is. One more door they have to walk through. One more relationship that has to develop…after they've not developed a safe relationship with somebody else. So it's-- and there's no budging with that."

Service Provider 1: "And it is-- if you are on Medicaid you are only using Medicaid. Don't bother coming back until you tried."

Themes

4. LACK OF MEANINGFUL FAMILY AND YOUTH ENGAGEMENT

Youth and families report that they do not often feel engaged or listened to while trying to access services for themselves and/or their child. For example, a youth described how it felt to be excluded from decision making about their own life:

"...like when you have any autonomy to make decisions, it's in the last stage. Like, services are not given to young people...until they're in dire need and...there's no preventive services. You can sit in a room with FAPT and they will sit there and be like, okay we're going to help you and there's no follow-up. There's no resources put in to it...and then as a young person, you're seen as you don't know what to do. You don't know what's best for you. And we're here to make those decisions for you. You're never asked what's best for you."

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Another youth shared their perspective about feeling that their voice was undervalued:

"So it's like, you're here for me, but then you go talk to my guardian and she tells you that I've done something wrong. So then you're like, oh she knows what she's talking about. You're a child, you don't. And then how can I build that relationship and trust that you even got the best interests at heart? And then also I believe that race plays a big factor in that."

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Youth report frustration with providers who do not offer transparency about the process or provision of services, especially when it may be necessary for a provider to break confidentiality. For example, a youth shared an experience they had with a service provider:

"...I was just being honest I was feeling suicidal. So after talking, you know, and telling her why I was feeling suicidal and, you feel me, she ended up like letting that be known. I do understand some things [are] confidential...but I was like, damn. I told you that...Because I felt like I could be safe with you and now I'm not going home tonight...Now I'm going to be put in somewhere."

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Other youth participants reported similar experiences where their trust in an adult provider was damaged by not having clear expectations from the provider about when they might have to break confidentiality, and what might happen if they do this.

Youth and families report that service providers are not on a schedule that is flexible to meet their needs.

Youth 1: Like, for instance, my housing specialist, he was like a super old guy who did not really know much about anything. He didn't like to text. You can't reach him past 4:00... He told us to text him.

Youth 4: Yeah. He's like just text me...And I'll text you and you just don't text me back.

Youth 1: Or he'll text me the next business day and say I texted him on Friday.

Youth 4: Or two days later.

Youth 1: I texted him on Friday, so he's going to hit me back on Monday. 'you think you can come in, in an hour?' And I'm like, 'no'.

Youth 4: I can't. I don't even have transportation.

Youth 1: You would pick me up.

Potential Solutions

1. DEVELOP AND MAINTAIN A CENTRALIZED RESOURCE AND REFERRAL MENU/TOOL

Service providers shared the need for a centralized hub where referrals could take place and be followed up on. In the example below, a provider describes a response and referral platform that seems to be working well in their community:

"…I think is a great kind of case management coordination accountability platform…Someone can hand a case over to you and you agree to assess within a certain time frame and identify [if] you can deliver. And if so you're expected to execute, and if not, you're expected to say that…so that they can move on. And because you're participating within this platform there's an ability to see what you are and are not doing, and not in a punitive way. If you can't, you can't. But you have to say that so that someone else, the case manager, can then go back and figure out the next resources so that families are not left in limbo.…And I'm a huge fan of it because I think it's the accountability piece as an agency. Sometimes we have good intentions but the way our intentions are playing out are not helping families they don't have the time for us to figure it out. We have to either be able to deliver or move on."

Families and youth suggested that a comprehensive, customized, searchable, resource "menu" that includes community-based (non-clinical), state, and local resource options would be helpful for them. Some caregivers described a centralized resource and referral tool, one that would allow them to search by diagnosis, location, and/or insurance and that would allow them to cross-reference services needed for other children in the same home.

Caregiver 1: if there was a website that…you could say 'hey, my child has detachment' or…'they think my child is on the spectrum' and you could go and say 'okay, here's the resources'…'here's the psychiatrists that are recommended for spectrum kids'… I mean, that would be so amazing…

Caregiver 2: So, like, if you were blowing this up big picture, that would be the website that you could have sections for my child… diagnosis, physical location, insurance provider, range I'm willing to travel, here's the synapsis. And then maybe a second section for 'I'm a care provider', I need self-care, care provider emotional support, peer groups. Have that for a section. And maybe a third section I would say is post-adoption or aging out of system care.

Relatedly, one youth shared an idea about having a centralized resource center:

"I think that they should just have like a big resource center and build just like they build that gym in two months. I need it built fast, quick, you know. But just a big resource center like in the middle of the city where everybody could get to and you know, what I'm saying? Like, right there, right there where the jail is. They need to turn it into a resource center."

Potential Solutions

2. MAKE CARE COORDINATION A PART OF STANDARD SERVICES

Families and youth have expressed a need for assistance in navigating systems and resources (i.e. parent support partners, community navigators, care coordinators). For example, a caregiver described the possibility of having a structure in place to help agencies communicate with each other:

"...So if there was some kind of formal structure requirement that the information is shared, there's several times I've told my case worker things and then saw the DSS agency at a forced visitation and mentioned I never got that. So there's some gaps there in the continuation of communication. So I almost feel like I have to double-duty, tell both sides so everybody's communicating."

Another caregiver described how a navigator might be helpful for families:

"...I had a child that needed an emergency X-ray because they thought he had pneumonia and could not consent for the X-ray, which I thought was ridiculous, and-- So I'm just saying, like, you know, sometimes when you're fostering that piece that needs to come from DSS that would expedite things a little faster to get that child care and services, that probably should be happening and have a navigator do that for the families."

Service providers have also expressed a need for individuals who can assist families with navigating services and resources, helping to walk a family through the process.

"Kind of like a navigator for the parent in terms of the system in general, and I know that they're talking about that in terms of the Family First legislation and how it drills down to Virginia to have a navigator assist families in terms of...how do you begin to access services and what does that look like?"

This caregiver describes her ideal for what a navigator role might involve:

"But really that person that knows...that navigator, right, that person that can say 'well, PARENT, these are the wonderful resources that we can give to you and I know this from my experience and talking to other parents and, you know, this is the best person for what you need' and having that person, that resource, that navigator that you can go to that'll send you in the right direction versus me having to call PEER and [ask] PEER, 'how'd you do this', you know, 'how'd this work out for you' and having to, you know, share stories that way because while this works, occasionally we're really just kind of bouncing stuff off of each other to try to make it work."

Potential Solutions

3. PRIORITIZE YOUTH AND FAMILY ENGAGEMENT

Youth participants suggested that one caring, attentive adult can make a difference in their lives. Some youth also expressed a need for a consistent supportive adult who can help them navigate all systems throughout their journey. Some youth expressed that they would like adult professionals (including counselors, school personnel, case workers) to do more to show that they care about the young people that they work with by being present, attentive, and asking them how they are doing. For example, one youth shared the importance of having a supportive adult looking out for them:

"…I had like three different workers the whole entire time I was in care. And she was more the last one…She went off of everything I said, even though like she would speak to my foster parents…but like she always had my back…. Because she actually listened….And she would ask me like what I wanted. And I think I ran away almost 10 times the whole entire time I was in care and like she was the only one to ask me okay, what can we do so you stop running away. So, and that's all it took"

Families and youth shared that they would like to have more transparency from service providers regarding the options/resources that are available to them

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Youth and families expressed a desire to have a more active voice in decisions that are being made on their behalf. One youth shared their perspective about the importance of being included in decision making and suggested that meeting in a space which is family and youth friendly and having access to information about the policies and process could enable them and their families to meaningfully participate.

"Who do you have at the table when you're making decisions, right? And so it shouldn't be just people with academic expertise or years of experience. It should be people with lived experience at the table….And so, when you're trying to implement programs, then there should be youth at the table. There should be families at the table.

And then also, educating people on their rights. Educating people on policies. Educating people on the process. I shouldn't be in a meeting and not know half of what people are saying. That's not okay. And then it's like, 'oh, she's not smart enough'. Or 'I can tell this family anything because they're…' and then the family have to protect themselves and so they're getting very defensive and they get confrontational because they're in survival mode.

And to be in spaces where you have DJJ, you have DSS, you have CPS, you have all these people at the table and the parents are afraid for their lives. How do we make sure that they know this is a safe space and we're all in this together?"

3. YOUTH AND FAMILY ENGAGEMENT CONTINUED

Youth and families reported wanting to be included in local and state level policy discussions and development on an ongoing basis. For example, the two youth described how they would like to be included in decision making discussions about policies which impact them:

Youth 1: "I just don't think we give the youth the credit that they deserve. They're discredited, counted out, more often than they should be. And if it's going to be a decision made about them that's going to directly impact them, then I definitely think that they should be heard."

Youth 2: "Like people feeling like they can't listen to youth because they don't have the same knowledge or the same background. And a really great example is like school shootings. Like, adults, like, people in like suits making decisions who have like never been shot at in schools. You know…I feel that's kind of like what we're talking about, where like, we're trying to like provide these alternatives, but then people like aren't listening."

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In another youth group, a participant described the importance of youth-led community-based organizations for empowerment:

Youth 2: "I think also [youth-led advocacy group] sort of like gives you the seat at the table. Because like they'll bring youth like, we're lobbying like to the general assembly. And that's not something that like youth are probably like doing unless they are like in a community organization."

Youth 4: "And they make you like, your voice heard…"

Youth 6: "Give us opportunity to have a voice like. I done talked on so many panels and did so many interviews and been on the news. I've did so much stuff. So. That's it."

4. CHOOSE A HOLISTIC, PROACTIVE APPROACH TO SUPPORTING CHILDREN, YOUTH, FAMILIES AND THE SERVICES PROVIDERS WHO SERVE THEM

Service providers, families and youth described the importance of making services and systems trauma-informed. For example, a youth shared their perspective about what would have been helpful for them this way:

"I would also say that what would have been helpful for me is someone who actually asked was I okay. Just starting there. 'Are you okay?'…'How can I help you?'…And then…seeing me as a person and not just my circumstances. And not just generalizing my situation, that every situation has stepped in and endured, and believing the best in me. Not that I'm trying to cheat the system. And that would have been super helpful for me."

4. HOLISTIC, PROACTIVE APPROACH CONTINUED

Here service providers exchanged perspectives about the impact of trauma on the workforce as well as the importance of a trauma-informed workplace:

Service Provider 2: "I think what the huge issue is how to retain staff. Because you have such a high burn out and turnover of staff which affect the clients and so forth. So I think it's important that the agencies take care of their staff…And when you have that cycle of staff that coming in and out I think that it really affects the families who have connected with those staff people and so forth. So I mean if we can't take care of ourselves we can't take care of our people…"

Service Provider 5: "… I think it has far more to do with funding and insulting salary. For…what you deal with from both a professional and emotional standpoint on a daily basis I mean it's awful…And we pay them peanuts and then they're scrounging to…So you've got families, you've got their own plates [service providers] being full, and then the emotional tug that they have at work."

Youth and families expressed a need for services and programs to reflect the identities of those that they serve. For example, one youth shared her perspective about the importance of having a provider that they can relate to:

"I think also like, there almost needs to be a resource that identifies with you. Like, if you're black, like you need to have another black person to talk to … because…like being …queer like I can talk to another black person but then like if they're not queer they really don't understand that intersection…it's just like you need to have someone that can like actually relate to you.

 Which is why I think it's important for like people within agencies to look like the people [they serve]. So it's like, you may have that resource but then there's nobody in there that can relate to you…they don't have to have the same background experience, but like because we can connect because we're black or because we're feminists, or because we're like, we're queer. Because you're trans, your non-binary, like that's just so important.

Because I feel like we're always at these like events and like we're talking about things and then we leave out certain groups because like there's nobody in that room to speak for them and I feel like sometimes I take that burden trying to speak for other communities because like nobody else is there to talk about them and I feel like we leave them out a lot.

 So just kind of going back to what I said, and like the original question, what resources should be there? Like the people who look like the folks inside it. Even if it's just that one person. Even it's just one person in that room whose queer, like I want to talk to them. Like, that would be dope."

Service providers expressed a need to make services available for the whole family, in addition to resources directed to a child. For example, a service provider shared they felt that supporting parents was important to supporting the child:

"You guys are bringing up what we're seeing a lot, is that the family needs the support. Most of the private providers and many I think of people in our agencies were in it because we want to help. We love kids. We have that connection with kids. We get frustrated with the parents because we see everything that they should be doing and they're not. And sometimes we like to be the kids' hero rather than working our butts off to make the parents their kids' hero and supporting the parents. Because I mean it's just true. If the parents get strong, and the parents get healthy, and the parents are supportive, then they support their kids and that's something we have-- I don't know of anything… that does the family support, and strengthening, and honoring the parents…"

Key **Findings**

Challenges in the provision of and access to comprehensive and coordinated services

1. Challenges Navigating Systems

a.
Finding appropriate and meaningful services is difficult for families, youth, and service providers. Youth, and families described feeling frustrated with the lack of comprehensive information available about where to go for services; service providers struggled with the lack of ample referral sources.

b.
Parents and youth report feeling alone, isolated, and left to fend for themselves while trying to navigate social support services for themselves and/or their children. Providers described feeling badly about handing parents a "laundry list" of calls to make and tasks to complete in order to get services for their child.

c.
Without clear direction or assistance, families and youth "don't know what [they] don't know". Providers report feeling that they are not permitted to "recommend" what they know to be quality services/ resources to families and youth, making it difficult for them to provide directive support to families.

d.
Providers report that procedures for release of information are difficult, complex, and are a barrier to collaboration.

2. Inequitable, restrictive service access

a.
Youth and parents/ guardians report a lack of equity in service provision based on race, ethnicity, sexual orientation, and gender identity.

b.
Waiting lists prohibit timely access to vital services/resources, such as counseling for potentially traumatic experiences and suicidality.

c.
Eligibility guidelines restrict access to services. In particular, restrictions with Medicaid funding and private insurance are described by families and youth as inhibiting them from accessing appropriate and quality services.

d.
Participants in all groups also reported logistical barriers to service access, such as, stable housing, transportation, and childcare.

e.
Service providers reported that sometimes lack of parental permissions could be a barrier to a child being able to receive needed services/supports, such as counseling for sexual abuse.

3. Service quality issues

a.
Families and youth experience services as reactive instead of proactive. Participants reported perceiving that they would not be offered help or support from service providers, unless the service provider perceived their situation as dire. Youth reported that when they disclosed a need for help they get the message that their situation is not dire enough to elicit a response. Relatedly, youth reported feeling that services often put "Band-Aids" on a problem, rather than addressing the root causes of the problems that youth experience.

b.
Service providers, youth, and parents/guardians experience a lack of consistent and comparable services and resources across localities.

c.
Service providers report feeling their capacity to tailor and personalize services to most appropriately meet individual needs is hindered by prescriptive mandates regarding the provision of services

d.
Providers report that funding streams are "siloed", which impacts who programs serve and how they are able to provide services.

4. Lack of meaningful family and youth engagement

a. Youth and families report that they do not often feel engaged or listened to while trying to access services for themselves and/or their child.

b. Youth and families report feeling frustrated with trying to engage with systems that do not provide accommodations for their needs

c. Youth report frustration with providers who do not offer transparency about the process or provision of services, especially when it may be necessary for a provider to break confidentiality.

d. Families report that service providers do not operate on a schedule that is flexible to meet their needs.

Potential Solutions

1. Develop and maintain a centralized resource and referral resource/tool

a. Service providers shared the need for a centralized resource where referrals could take place and be followed up on (for example, an online system accessible for providers).

b. Families and youth suggested that a comprehensive, customized, searchable, resource "menu", which includes community-based (non-clinical) and state and local resource options would be helpful for them.

2. Make care coordination a part of standard services

a. Families and youth have expressed a need for assistance in navigating systems and resources (i.e. parent support partners, community navigators, and/or care coordinators).

b. Service providers have also expressed a need for individuals who can assist families with navigating services and resources, helping walk a family through the process.

c. Youth have expressed a need for a consistent supportive adult who can help them navigate all systems throughout their journey.

3. Prioritize youth and family engagement

a. Youth participants suggested that one caring adult can make a difference in their lives. Some youth expressed that they would like adult professionals (including, but not limited to, counselors, school personnel, and case workers) to do more to show that they care about the young people that they work with by being present, attentive, and asking them how they are doing.

b. Youth and families expressed a desire to have a more active voice in decisions that are made on their behalf.

c. Families and youth shared that they would like to have more transparency from service providers regarding the options/resources that are available to them.

d. Youth and families reported wanting to be included in local and state level policy discussions and development on an ongoing basis.

4. Choose a holistic, proactive approach to supporting children, youth, families, and the services providers who serve them

a. Service providers, families, and youth described the importance of making services and systems trauma-informed.

b. Youth and families expressed a need for services and programs to reflect the racial, ethnic, linguistic, cultural, sexual orientation, and gender identities of those that they serve.

c. Service providers expressed a need to make services available for the whole family, in addition to resources directed to a child.

d. Service providers, families, and youth described a need for more proactive, preventative support

Implications **for Practice**

The results of this report have implications for potential positive social change on the individual and organizational levels.

Placing knowledge and resources within reach of those needing services gives families control over their decisions.

The Linking Systems of Care Listening Tour was conducted to gather feedback from individuals with lived experience of providing and/or receiving services, with the purpose of informing future system improvements. The facilitators guided participants through discussions related to the linkages between and among different systems, the degrees of system collaboration, and potential improvements to the coordination of services for children and youth. The results of this report have implications for potential positive social change on the individual and organizational levels.

At the individual level, the key findings and possible solutions of this report may inform future initiatives that strive to connect parents/caregivers, youth and children to services and resources to improve their experiences. The frustrations experienced by those needing services, but without clear direction and/or access to services, could be alleviated. Placing knowledge and resources within reach of those needing services gives families control over their decisions. Coordination of services further connects families to services. A personal connection for families provides the support often needed to navigate unfamiliar systems.

Once connected to services, children and youth benefit from the involvement of the family. Their voices must be part of decisions guiding their lives. And finally, on the individual level, children, youth and families need services that are trauma informed, and reflective of their full spectrum of identities.

On an organizational level, this report may inform the use of best practices, future system changes, and collaborations and policy changes to improve services for children, youth and families. Local organizations have multiple options for informing the public about their services, with local directories being one option. Full transparency about all available services puts families on equal footing, affording them access to options. Knowledge of services can be enhanced by an organizational commitment to assisting families with navigating the process of obtaining services. Organizational commitments to trauma informed systems and services for children and youth and the whole family, with a focus on intervention and prevention benefits both service provider and recipient. And finally, on the organizational level, involved families, children and youth want to use their voices to enhance their services and to impact local and state policy changes.

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**Linking Systems of Care
for Children and Youth
Virginia**