

Serving Children with Complex Needs: Summary of 2024 regional engagement sessions with county social service agencies

Regional engagement sessions for case managers serving children with complex needs were conducted from October through December 2024 by the Minnesota Department of Children, Youth, and Families (DCYF), Child Safety and Permanency Administration, in collaboration with the Minnesota Department of Human Services (DHS), Disabilities Services Division and the Behavioral Health Administration. During the sessions, county social service case managers identified barriers and successful strategies to collaboration with family and relatives and with their colleagues.

Children with complex needs

Children with complex needs often require services from across the state's system of care, and collaboration is critical to ensure children and their families can access the right support at the right time.

Complex needs include the following:

- Behavioral challenges such as physical aggression, property destruction, elopement and self-injurious behaviors
- Multiple service needs such as co-occurring disorders, medical needs, developmental and intellectual disabilities and substance abuse
- Personal challenges such as trauma, placement instability, adoption, attachment and relationship challenges
- Involvement in multiple systems such as child protection, special education, disability services and juvenile corrections.

Family and relative collaboration

Engagement and collaboration with a child's family and relatives is crucial to meeting the child's needs and essential to case management for children. This includes:

- Preventing out-of-home placement
- Preserving connections to the child's family and culture, and
- Supporting stability for the child's care.

Strategies for collaborating with child's family and relatives

Engagement session participants identified several successful strategies for collaborating with family and relatives. The strategies fell into distinctive categories: building trust and relationships; inclusive and empowering family engagement; flexible and accessible collaboration practices; and providing additional support and resources. Additionally, participants identified specific collaboration tools and models they found helpful. Case managers reported that these successful strategies not only serve to mitigate barriers but also are powerful tools to amplify families' and relatives' strengths.

Building trust and relationships

Engagement session participants identified that establishing meaningful relationships with families through trust, rapport, transparency and cultural respect is a critical basis for successful collaboration. Building relationships with family and relatives by creating personal connections helps reduce distrust of systems. Below are direct quotes from the engagement session about how participants engage with family and relatives to build trust.

- "Meeting the family where they are at without judgment."
- "Showing up and taking time to get to know the families."
- "One barrier I've run into is parents mistrusting the system. I've been able to reassure most families and show commitment through actions to reinforce."
- "Having open and honest discussions with the family."
- "Partner with the person, not the abuse."
- "Try to simplify what the main issue is."
- "Leaning on family for cultural connections."
- "Being honest and transparent with the family. Not giving false hope or expectations."
- "Validating it's OK to be fearful or be grieving."
- "Educate/equip/heal parents and families."
- "Build upon the strengths of the family/child."
- "Authentic listening."

Inclusive and empowering family engagement

Engagement session participants reported they intentionally engage the child's entire support system, including extended family, close friends and other informal supports. Actively involving the family and relatives in case planning and decision-making promotes collaboration, shared goals and empowerment; it also elevates the family's voice. Below are participants' explanations of how they promoted inclusive and empowering family engagement.

- "Exploration of the family system – digging in with parents about who is in their network of support to bring into agency meetings. Often, the extended family didn't know what was going on with the child."
- "Setting shared goals as well as shared responsibilities."
- "Hosting a weekly open meeting for updates (inviting parents, relatives, providers, etc.) to drop in as they can."

- “I work with some people who have limited family involvement but have a close friend they want involved. I welcome either.”
- “I purposefully ask family/friends for their input and opinions. I let them know even if we disagree, input and collaboration are vital to a healthy team.”
- “Using family to help with transportation and supervising visits.”
- “I am a case manager, and successful collaboration involves meeting in-person with the family and finding solutions for those barriers.”
- “Encouraging family to have their support people join meetings (therapist, extended family).”
- “When we have meetings, that person is welcome to invite whomever they want. Often, they have guardians who are present, but many without will still invite a close relative or friend to participate.”

Flexible and accessible collaboration practices

Session participants reported that using flexible and adaptive approaches to communication, meeting formats and scheduling with families and relatives makes collaboration more accessible. Below are participants’ explanations of how they incorporated flexible and accessible collaboration practices.

- “Providing an electronic paper trail for everyone to be on the same page.”
- “Success with hosting a weekly open meeting for updates (inviting parents, relatives, providers, etc.) to drop in as they can.”
- “Monthly meetings based on respect and relationship.”
- “When possible, when there are multiple workgroups/case managers, we attempt to visit at the same time, so the family doesn’t have to schedule multiple people/visits.”
- “Family meetings and safety planning, engaging them in steps along the way of a case.”
- “Using the families’ preferred communication method.”
- “Multiple communication sources. Use interpreters as needed.”
- “Willingness to set up additional appointments.”
- “Successful collaboration is meeting in-person with the family and finding solutions for those barriers.”
- “Successful when being flexible with days/times and meeting format (i.e., some in-person, some virtual). Team emails or texts.”

Providing additional support and resources

Session participants identified that exploring the family’s needs and providing resources was critical to help them support care for their child with complex needs. Support and resources ranged from monetary support for transportation to helping arrange respite care. Below are examples of the types of support and resources session participants said they provided to families and relatives.

- “Providing gas vouchers for relatives to get to visits at the youth’s placement.”
- “Case aide supervises visits and provides transportation.”
- “Waiving parental fees.”
- “Kids with complex needs often need supportive services for whomever is going to be caring for them.”
- “Paying an extended family member for providing respite to give parents breaks.”

- “We have a ‘resource closet’ with household cleaning supplies to assist with working towards a clean environment for the children to go home to.”
- “Opioid funds have allowed us to think outside the box and provide compensation to families for helping out (respite) in addition to removing barriers that cost money (gas cards, etc.).”

Specific collaboration tools

Regional engagement session participants identified several specific collaboration tools, methods or frameworks they use when engaging with families and relatives. The links below provide information and/or training on how to use these tools.

- [Family Group Decision Making \(FGDM\)](#) – a decision-making process that creates a partnership between the family, service providers and professionals to make decisions and develop plans that nurture children and protect them from further maltreatment.
- [Person-centered planning](#) – a formal process of working with a skilled facilitator to explore, discover and identify a person’s vision and direction for their life.
- [Motivational Interviewing \(MI\)](#) – an evidence-based practice that promotes behavior change through deep listening, reflection, and principles rooted in empathy and supporting self-efficacy.
- [Signs of Safety principles](#) – a relationship-grounded, safety-organized approach to child protection practice.
- [Comfort calls](#) – conversations and information sharing between parents, caregivers and/or facility staff for children in foster care to discuss efforts to ensure child well-being; initiated when a child is placed away from their parents/family.
- [Circle \(restorative justice\) model](#) – a model used to create space for restorative dialogue.
- [Practice Guide on Relative Search, Notice, Engagement and Placement Consideration for Children in Foster Care](#) (DHS-3799D) – a practice guide for case workers who have children placed out of their family home that provides information on relative engagement.

Barriers to collaboration with family and relatives

Barriers to collaboration with family and relatives identified in the regional engagement sessions fell into three categories: relational and emotional barriers, resource and practical barriers, and systemic and structural barriers.

Relational and emotional barriers

Case managers identified that collaboration challenges are often a result of a family’s mistrust in systems, conflict between case managers and family members, strained family dynamics and lack of knowledge about the system. In addition, the emotional exhaustion families experience in caring for a child with complex needs makes collaboration difficult or inconsistent. Participants noted that caregivers feel that they are not believed, understood or supported by professionals, or that professionals give them false hope for treatment. Participants reported that these experiences may lead to families and relatives feeling burned out and overwhelmed.

Resource and practical barriers

Case managers identified that family and relatives experience financial struggles, lack of professional and family support systems, lack of access to services, transportation issues, scheduling conflicts, time constraints and feeling overwhelmed with access issues as barriers to collaboration. Though families want to engage, they face tangible, real-world obstacles that make participation difficult.

Systemic and structural barriers

During engagement session discussions of barriers to collaboration with family and relatives, the structure and complexity of the service system itself emerged as a common underlying theme. Bureaucratic hurdles, inefficient processes, excessive paperwork, lack of accessible services or confusing requirements created and exacerbated existing barriers to engagement.

Cross-agency collaboration

To access services from each of the points in the system, a child may have multiple case managers across several service areas, such as children's mental health, disability services and child protection. Collaboration between case managers is essential to ensure children and their families can navigate initiating services and supports. Collaboration between case managers is also essential to ensure case managers work efficiently and coordinate access to the right services at the right time for children to remain with their families.

Successful strategies for cross-agency collaboration

During the engagement sessions, successful strategies fell into three major categories: internal support for collaboration, structured meetings and case consultation, and informal communication and technology use.

Internal support for collaboration

Session participants reported that collaboration across the agency was made easier when there were defined policies, protocols and procedures that encouraged and facilitated collaboration across service departments, such as:

- Expectation by leadership for collaboration between departments and staff
- Flexibility on which case manager takes "lead" on a case
- More than one case manager sent into the field for complex cases (e.g., joint home visits)
- Written protocol or policy requiring collaboration between case managers, departments and contracted case managers, including:
 - Internal forms/referral processes for opening new service lines
 - Crossover protocols to connect newly assigned case managers with current case managers.
- County leadership created specialized positions to:
 - Coordinate services across all departments
 - Oversee all cases with contracted case managers, and
 - Manage dedicated teams assigned when children require multiple service lines.

Structured meetings and case consultations

Session participants reported regularly scheduled meetings and case consultations between departments were helpful in facilitating collaboration, including:

- Regularly scheduled cross-departmental consultations (monthly, quarterly)
 - For case management staff to collaborate with each other to brainstorm and coordinate services on high-needs cases
 - For supervisor/managers to work out process, educate each other on scope of services their areas to better advise staff.
- Weekly multi-disciplinary/cross-departmental team meetings for individual cases
 - Collective team meetings for all case managers working on “high needs” or complex cases
 - Individual team meetings.
- Development of regionally based consultation groups
- Facilitated mapping sessions.

Informal communication and technology use

Session participants noted barriers in communicating with colleagues while working to access to services and supports for the children and families on their caseloads. In addition, due to the number of interagency and service provider professionals often involved in a child’s care participants identified the importance of understanding everyone’s roles and tasks to ensure their efforts work together in the best interests of the child and family. Participants identified several practical strategies in using informal communication and technology tools to keep everyone connected, especially when a family and child is in crisis. Below are examples of these strategies.

- Emails to summarize discussions to each team member, including everyone on the email threads
- Communicating with colleagues prior to meeting with families to plan efficient meetings
- Developing a “cheat sheet” for colleagues, professionals and families to use that identify case managers, and providers, what they are responsible for and their contact information
- Using an online collaboration platform to share tracking tasks and progress
- Virtual meetings for collaboration
- In-office work to facilitate better communication.

Barriers to cross-agency collaboration

Barriers to cross-agency collaboration, identified in the regional engagement sessions, fell into three categories: structural issues, resource challenges and specific barriers for contracted case management.

Structural issues

Structural barriers were identified in the regional engagement sessions related to how an agency’s social service system is designed or governed. Barriers included systemic or organizational limitations observed by case managers that make collaborating across service sectors challenging, including:

- Lack of process to notify case managers when another case management workgroup opens

- Unclear expectations by agency leadership for case management collaboration
- Unclear process for accessing assessments to initiate services
- Agency policies require releases of information for case managers to collaborate with each other
- Agency policies require identification of a “lead” case manager based on the workgroup type (e.g., child protection, children’s mental health, waiver), rather than on the needs of a child
- Siloed work of case management roles
 - Duplication of work
 - Differing time frames and policy requirements depending on service line
 - Case managers do not understand each other’s roles, responsibilities, limitations and resources
 - Families do not understand the difference between case managers’ roles.

Resource challenges

Resource challenges were identified in the regional engagement sessions related to the availability of tangible supports or personnel at an agency, including:

- High turnover of case management staff
- Limited availability of voluntary case management services, such as children’s mental health and waiver services
- Long waits for assessments
- High caseloads
 - Less time to spend on complex cases
 - Challenging to align schedules to collaborate on complex cases.

Specific barriers for contracted case management

Some county social service agencies contract with community agencies for voluntary case management of children’s mental health and waiver services. Contracted case management staff are highly trained in mental health or disability services, though they may not have training or knowledge of child welfare requirements. Additionally, there may be structural or procedural barriers to collaboration between child welfare agency staff and contracted case management staff. Issues identified include:

- Lack of process to connect contracted agency staff to county and Tribal workers
- Information sharing between county case managers and the contracted agency is not clearly communicated
- Lack of training for contracted agency staff on county case managers’ roles, responsibilities or resources
- Lack of training for contracted agency staff on child welfare requirements.