

Child Welfare Information Gateway Podcast – Collaborating Between Child Welfare and Mental Health –
TRANSCRIPT

Collaborating Between Child Welfare and Mental Health

Presenters: Female Narrator; Tom Oates, Child Welfare Information Gateway; Angie Jachelski, National Center for Evidence-Based Practice in Child Welfare; Jane Gerhing, Baltimore County (MD) Department of Social Services; Suzie Templeton, Villa Maria Behavioral Health Clinic

[00:00:00]: [Music Introduction]

FEMALE NARRATOR [00:00:03]: This is the Child Welfare Information Gateway Podcast, a place for those who care about strengthening families and protecting children. You'll hear about the innovations, emerging trends and success stories across Child Welfare direct from those striving to make a difference. This is your place for new ideas and information to support your work to improve the lives of children, youth, and families.

TOM OATES [00:00:33]: On this episode of Child Welfare Information Gateway Podcast, we address another form of cross-agency collaboration - one that's becoming a more pressing need as Child Welfare is placing a greater emphasis on trauma informed care. We're going to talk about ways that Child Welfare and Mental Health professionals work together to meet a common goal, and that's the safety and wellbeing of children and families .

[00:00:58]: Hello everyone, Tom Oates from Child Welfare Information Gateway here, and this is an interesting subject because we're seeing child welfare professionals collaborate with other agencies – such as juvenile justice – and that's leading to more positive outcomes for both agencies; and mental health is another field where collaboration with child welfare could benefit all children and families involved. Now, as with all collaboration, the devil is in the details! There are questions and concerns such as understanding how each implements their services and identifying how much information can actually be shared.

[00:01:33]: And so what we're going to hear about is a model program that looks at how these challenges and questions can be addressed. When both sides of this equation understand how the other operates, and can share such things as common tools or common language, their combined efforts to impact children and families can lead to better outcomes, both on the Child Welfare and the Mental Health side.

[00:01:55]: The National Center for Evidence-Based Practice in Child Welfare is housed at the University of Maryland School of Social Work. The Center has developed a model, Partnering for Success, through a Children's Bureau grant. Now, what is unique about this model is its design. It includes a sustainable, cross-systems workforce model that puts in place structures and supports needed to implement and sustain trauma-informed evidence-based practices in local jurisdictions. Using an implementation framework, all levels of the respective systems come together not only at a single training event, but as a partnership with one another with a focus on improving communication protocols, policies, funding challenges and enhancing services to children and families. This model, as you're going to hear, has plenty of benefits for all participants.

[00:02:44]: So joining us on this conversation is Angie Jachelski from the National Center for Evidence-Based Practice in Child Welfare, Jane Gehring from the Baltimore County Department of Social Services, and Suzie Templeton from the Villa Maria Behavioral Health Clinic. Now, when we're done, I'll come

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back and talk about some other resources we've posted within this episode's show notes, and you can of course find those on the Children's Bureau's website, at acf.hhs.gov/cb.

[00:03:14]: So we've got all sides of the equation together: Child Welfare, Mental Health, and Workforce Enhancement support to talk about the implementation of this model and big takeaways for those interested in finding ways to improve how their Child Welfare agencies can partner with their Mental Health counterparts. Hope you enjoy it.

[00:03:36]: Folks, thank you so much, I want to welcome you into the podcast and Angie, I want to start with you. First, just give me an overview, if you can, on the Center for Evidence-Based Practice and then the problem at hand that you were trying to address.

ANGIE JACHELSKI [00:03:49]: Sure. Alright, so the National Center for Evidence-Based Practice in Child Welfare is actually housed at the University of Maryland's School of Social Work and it was established in 2013 as part of a cooperative agreement with the Children's Bureau. And so, the way that it went is that we responded to a request for proposals from the Children's Bureau, and they were really looking for a national center who could address the need for effective evidence-based services for children who are in the Child Welfare system.

[00:04:26]: So we were trying to create a center where we could address that issue - while bringing together the two sets of professionals that have these clients in common – and what we found is that Child Welfare and Mental Health professionals frequently have the same families, the same children, on their caseloads, but what's happening is that they're not communicating around those issues and around the needs of those children. So our goal was truly to develop a center where we could bring these two groups of folks out of their silos together, so that we can start working in collaboration and in partnership to address some of those shared needs of the families that we're working with.

TOM OATES [00:05:08]: Okay so of course there's two sides to that, there is the Child Welfare - and then there's the Mental Health professionals - and each look at their relationship with the other a little bit differently. Jane, let me bring you in and ask you to bring me up to date – or up to speed – on what you guys found out from the Child Welfare professionals, so what's their perspective of the problem in trying to find better ways to collaborate with those on the Mental Health side.

JANE GEHRING [00:05:34]: Well in Child Welfare, we serve children – vulnerable children – across the entire spectrum, from child protective services response - when there's been a concern about child maltreatment – to in-home services - working with the child and their family – to out of home services for children who might be in a foster care situation. We know that twenty-five percent of the children coming into foster care do so because of their own behaviors that caregivers either cannot manage, or respond to in a way that is harmful or unsafe to the child. These children often are experiencing issues related to dealing with that trauma or depression, anxiety, or –as I said – behavioral issues that are a difficulty for the caregiver to handle.

[00:06:24]: We work with children with these problems in Child Welfare, but oftentimes it's hard for Child Welfare professionals to really understand what those children need and what is going to be effective, in terms of resolving those behaviors so that they can be safe in their homes and their families and no longer need our intervention.

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[00:06:45]: I think that Child Welfare professionals often struggle in their relationship with Mental Health providers that we make a referral for a child not really knowing exactly what they're going to get in therapy, or exactly why we're sending them to therapy and we don't get much information back out as to how the child is progressing, what they're working on, or how we know when things are good enough. So, we know that all children don't need therapy, but it often feels like in Child Welfare that we're referring all children to therapy without a clear sense of why, and how long, and for what and how do we know when we're done.

[00:07:25]: So our goal was really to improve the services to children, so we can reduce entries of those children in foster care and keep them safe in their families and hopefully prevent children from ever having to come to our door because we have enhanced services in the Mental Health community to address those issues earlier on.

TOM OATES [00:07:42]: Right, so Suzie, on the flipside, you know, as much as Jane talked about, kind of that, not really sure that everybody's getting referred. From the Mental Health profession aspect, the children then come to your team – or those, you know, who are working in the Mental Health profession – but then what's that gap, and that, maybe, that knowledge gap between what the Mental Health provider is trying to do and maybe what the Child Welfare professional is trying to do. Everyone is trying to help the child, but what's that, kind of, black box or that gap that the problem really initiated - or was realized – by the Mental Health professional.

SUZIE TEMPLETON [00:08:21]: And so often when we are referred children from the Child Welfare side, what we see is they're referring the children to us for assessments and diagnoses and then treatment - and they may be more for the behavioral aspect, whereas we're looking at the Mental Health aspect. And so, I think there's a lot of – can be – some miscommunication in that area and too often, there can be some negative feelings across the lanes between the Child Welfare and the Mental Health because we're not all speaking the same language. We all want the same goal, but we're not all speaking the same language.

[00:09:00]: So what this model – as Angie introduced it – it's really looking at four different, four different areas to work on with children: the anxiety, depression, the behavior, and then the trauma. And there are assessment tools built around those four areas that we both can share together, the Child Welfare and the Mental Health.

[00:09:24]: What's great is one of the tools is called the PSC17 and it's the Pediatric Symptom Checklist, seventeen questions that started with the Child Welfare and the child and family and it looks at the behavior – the internalizing behaviors – which are more the anxiety and depression, and then the externalizing behaviors, which are the externalizing issues - which are the behaviors - so that's done right when Child Welfare is meeting with the child and the family and then when child welfare is making the referral to us on the Mental Health side, that scale is a part of the referral.

[00:10:00]: So right from the beginning, we're having the same information, we're seeing the same, kind of, where treatment needs to be so we can better help work as a team around that child and family.

TOM OATES [00:10:12]: So, Angie, this is kind of a big problem you're looking to address with all of these aspects. It sounds like to me – and I'd like you to, kind of go a little deeper if you can – the first goal was getting everyone to speak the same language, so to speak, and see the commonalities across the board,

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as opposed to, kind of, just dealing – almost like a neighbor – with a really, really high fence, you know, whatever goes over it, but I’m not really sure what happens on the other side. You’re trying to, I guess, you know, see from one side to the other how they can communicate, how they can express the need, and then get that feedback back and forth. Am I pulling on that right?

ANGIE JACHELSKI [00:10:48]: Yeah, you described that beautifully, I think that was exactly what we were trying to accomplish is we had two sets of professionals here - who do have a shared goal and shared clients - but there wasn’t that communication back and forth as to what was going on. So independently, both systems were being successful, but our thought was that if we bring these two systems together they can have even greater success and potentially even quicker success, because they’re now not only just independently supporting the child and the family, but they’re also supporting each other.

[00:11:23]: So - as was described by my colleagues – part of that was shedding some light on some common language, really helping people in the Mental Health world understand what the safety, permanency, and wellbeing goals were for Child Welfare, and then helping the Child Welfare folks understand what the therapeutic goals were on the Mental Health end of things. And recognizing that once we both clearly could understand each other’s roles, then we could get a better sense of how to support each other and that happens through, you know, shared communication – so talking about well, “What kind of progress is happening on the Child Welfare end?” and then sharing what progress is happening in therapy.

[00:12:04]: And then also talking about how can we, not only understand each other’s goals, but then support each other’s goals – so that in the clinical therapy session they can be working towards things that are related to permanency, getting some improvements in behavior so kids can maintain placements. And then in the Child Welfare end of things, they can be helping to reinforce and support some of those clinical strategies and clinical goals that are happening. So as a national center and as, you know, the Partnering for Success model - which is the model that we are using to bring these two systems together – our goal was really to shed some light and then also talk about how these two systems can support each other and really work together toward that shared common goal.

TOM OATES [00:12:50]: So talk to me a little bit about what that training looked like, you know, how are you, you know, getting that knowledge across on both sides?

ANGIE JACHELSKI [00:12:55]: Yeah, absolutely. So, you know, professionals go to training - training is a very common experience – and frequently and historically, what’s happened is therapists go to their training for Mental Health and Child Welfare professionals go to their training for Child Welfare. So we said, if we truly want people to understand our unique roles and then support each other, we have got to get all of these folks together in the same training.

[00:13:19]: So that’s exactly what we do, we have a model that trains both Mental Health and Child Welfare professionals together, so right there up front, they’re getting that shared knowledge, that shared language around what do assessments look like, how can we engage families. Child Welfare professionals are learning some of the fundamentals of evidence-based practice, some of the common elements that are included in evidence-based practice. Mental Health professionals are learning about what’s happening on the Child Welfare side of things - what’s involved in some of the court processes - and also, there’s just that value of having everyone in the same room to put a name and a face together.

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[00:13:56]: So, frequently a referral might be made to a therapy agency and it's just an email or it's just a phone call and there's some paper sent over, but through this training where we're bringing everybody together, you actually can meet and talk to face to face your partner in the other field. So our strategy of bringing the folks together, putting names to faces, training everybody around the same material so that we have that shared common language and have a venue to talk about some of the challenges that come up as we try to partner - as well as share some of the strategies and strengths and good things that come out of that partnership.

[00:14:36]: So we do a piece of the training in this very overlapped way, where we have everybody in the same room - but then we also spend some time in affinity groups so that the Mental Health clinicians are getting some real specific information and training and tools around how to facilitate and implement CBT in therapy, and the Child Welfare professionals are getting some of the skills and some tools around what we call Clinically Informed Case Management – so it's how they can do that follow up and that tracking, making the targeted referrals using assessments. So it's a very nice model where we have some good, conjoint quality sessions; some time where we learn our independent, unique skills and roles; and then pull it back together again to get folks talking about how they can work together in their roles.

TOM OATES [00:15:26]: I like the fact that it's not just telling somebody about the other side, but bringing everyone together and you probably see that training - not from your trainers - but then just the communication back and forth and the conversations that happen, there's got to be a lot that comes from that.

[00:15:40]: I want to get into the overall benefits that you're seeing from the children and the families perspective. But first, Jane, so you're in Maryland and your staff goes through this training - what are the benefits that they're seeing after, you know, after their training and after they're able to, kind of, implement some of this - what are they noticing, what are the improvements that they're seeing on that service delivery end?

JANE GEHRING [00:16:04]: Our staff in Maryland - we're very fortunate in Child Welfare in Baltimore County, we have an all MSW – Master's level social work staff, which are highly trained professionals, they get lots of training beyond their Master's degree as Angie said. But to really have a reliable assessment tool that doesn't just confirm their clinical assessment, but really is easy to use, quick to be done, and family-friendly - so the assessment tool could be done right with the family. What we've seen is that using the PSC17 that Suzie talked about earlier allows us to really help the family see the kind of "ah ha" moment for family – that, "The struggles I've been having with my child now I can clearly see are related to the anxiety that that child's been experiencing".

[00:16:54]: Also, the skills, then, that our staff use to help prepare them for treatment, we understand now what the treatment intervention is going to be so we can better help the family anticipate what to expect from therapy and be ready to engage fully and effectively in the process. So, we hear from the feedback from Mental Health professionals and from workers - and even the families - that when they start therapy, they're really engaged in the work and making progress much more quickly than they would have been without that preparation on the part of the social worker.

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[00:17:25]: We also have more quality evidence-based practice providers of intervention - we have a larger referral group to send our families where we know exactly what they're going to be getting and that it's an effective intervention that's targeted on the behaviors we've assessed through the tool. And finally, we have a communication process to track and support the progress. Because we're talking the same language, because we understand the tools that are being used - not only for the referral, but throughout therapy - we are able to see when they have met the goals both on the Mental Health side and in the Child Welfare process. And that communication allows us to help the families when our workers are doing in-home visits in between therapy sessions to carry out the goals of the treatment, as well.

TOM OATES [00:18:13]: So, Suzie, now on your end with the folks who work in Mental Health, the training's got to benefit them to see that, you know, here's what the Child Welfare professional is bringing to me and, you know, they've got to get a better insight – benefits that those professionals are seeing, coming out of this training and helping that relationship across the board.

SUZIE TEMPLETON [00:18:34]: And when we, before we started this partnership, there has always been, kind of, mistrust between the Mental Health and the Child Welfare – and that's historical across, you know, through time. And I want to go back to Angie's point, that really sitting around a table for those three days and having the cross-communication – and even sitting – that training is set up, so that you're sitting with Mental Health and Child Welfare, you're making connections right from the very first day. You're putting names to faces, to your colleagues in Child Welfare, so that when you leave those three days, not only do you all have the same information but you've been able to break bread and eat with Child Welfare, and really start to develop positive relationships coming out, which then transfers to the work that lies ahead.

[00:19:26]: And so, after the training the other piece that's so important is that now when the Mental Health is doing an intervention and giving homework based on anxiety, we can now talk to the Child Welfare - and as Jane said they are very, you know, sophisticated professionals, then we can tell them what we're doing, they understand it and then they're the eyes and the ears in the home. Because we also know that the change isn't going to happen in a forty-five-minute therapy session. That change is going to happen in the other six days and twenty-three hours that they're spending in their community, in their school, and in their family. And that's where the Child Welfare aspect really helps so that we're partnering together to wrap up the family to really help the child to make the changes that they need to make.

[00:20:15]: And I think the other part that comes out of that three-day training, is the relationships then lead to more sharing of information on both sides. So, there's much more open communication, whereas maybe before Mental Health would've said, "Oh, I'm not going to tell Child Welfare that information", now it's, "No, they're my partner, and it's going to benefit the child moving forward". And, so I think ultimately, for the family what happens is that then family can also see, "Wow, my Mental Health and my Child Welfare team are all working together". So, it breaks down some of their stigmas and some of their preconceived notions that, "Yes, everyone wants my family and my child to feel better and to be the best that they can be and move it forward".

TOM OATES [00:21:01]: Suzie, you mentioned something about information. You know, health information and health records - they're very private, you know, the distribution of that there are a

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number of laws that can, you know, prohibit the distribution. Are you finding that to be a challenge? How are you navigating that?

SUZIE TEMPLETON [00:21:16]: Well, we do consents – both sides – Child Welfare gets their consents right at the beginning, and the families know that yes, we’re going to be sharing and talking, and on our side, we also get those consents and we’re very open with the families and the children, that yes, we are going to be partnering, we’re going to be talking to your Child Welfare worker, because ultimately, that’s going to help benefit you.

TOM OATES [00:21:39]: So, what kind of benefits are the families and the children seeing from, kind of like you mentioned, you know, therapy is forty-five minutes but really, therapy is twenty-four/seven. Now having the Child Welfare professional in tune with what the accomplishments are from the Mental Health side, are you seeing increased, are you seeing, you know, quicker treatments? What are you seeing in terms of the results for the children and families?

SUZIE TEMPLETON [00:24:59]: I think on our side, we’re seeing that some obstacles and barriers are being broken down so that what the family needs is being taken care of a lot quicker – and for the family, as well, I mean for the child, as well. And I guess a great example of that is just yesterday, one of our children, who is in foster care, had an incident in his foster home. The Child Welfare worker had brought him to therapy and he was able to use one of his interventions with his therapist and then share that with his Child Welfare worker, who then, I believe, was able to take that back to the foster parent - so that everybody is kind of knowing the same information and working to help that child with his tantrum over a very, somewhat small issue but everybody knows now, this is what we can do to help him get through it, so that he can make better decisions.

TOM OATES [00:22:48]: Yeah, it sounds like everybody starts to join in as a team and as an understanding, kind of from that, from that single playbook on what everybody is trying to accomplish.

[00:22:40]: Jane, so from the State perspective and from the agency perspective, you know, we understand that this is, you know, three days of training and that’s a lot of time to take somebody out of the office, or out of the field. How did you get buy-in to incorporate this - to get this in for your staff - to get them trained and to go through something like this?

JANE GEHRING [00:23:16]: That’s one of the things that is critically important to the success of Partnering for Success, is the buy-in. First, we began it differently than we do anything else, we often have initiatives that take place on the Child Welfare side, or the Mental Health side where we only have really one half committed to the process for change. Here, from the very beginning we developed a very strong implementation team – I like to call that actually our Implementation Sustainability Team, because it wasn’t just to set things in motion, and then to step back, it’s been an ongoing process and as we’ve added partners to the process on the Mental Health side, we have expanded our implementation team so that there’s representation from every agency and partnership involved, including at the state-level on the Child Welfare system, National Center. And so, we really have experts in the room that can move this forward and allow us to work out any of those barriers or obstacles that are raised or come up.

[00:24:18]: With staff, we really have to help them understand how this is something that adds real value, or tools that can benefit them in an expedited way, because it’s a lot faster to do the five-minute

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PSC17 and bring the family to that moment of awareness of the needs and the issues, then it is to, you know, do a lengthy assessment, not including the family in that.

[00:24:46]: So, we built on family-centered practice that our staff had already been doing and we built on the clinical work that our Child Welfare staff do with families to partner with their Mental Health providers to be even more effective. And I think those efforts, of working together, as well as the shared training that Angie just spoke about really have been key to motivating and it makes that time investment well worth it when we have strong outcomes and better services for children and the families.

TOM OATES [00:25:21]: Was there any initial pushback from the staff going through training? Was there any, you know, questions of, “Why are we doing this”, or did they embrace it, you know, from the get-go?

JANE GEHRING [00:25:32]: Change is a part of everyday life in Child Welfare, there’s always new policies coming at us, there’s always new demands and requirements that have to be met, and that can be really burdensome to our Child Welfare staff - so, yes any change meets with some resistance, just because it seems like one more thing you’re asking us to do, one more change that we have to make.

[00:25:54]: So, when we implemented this for staff, we began with the kick-off, which we’ve added to the processes, what the implementation team is learned from experience and made modifications so that our Child Welfare staff and Mental Health staff are really understanding from the very beginning what this is all about and what to expect in training and beginning to build those relationships before they even set foot at the first formal day of training.

[00:26:21]: We also have provided feedback from those who have been in earlier cohorts about the success that their families have had and that really motivates staff to embrace this process and to get on board with learning new strategies and working with Mental Health partners in a different way.

TOM OATES [00:26:43]: So, Angie, when you bring these folks together, you have, obviously, your own goals and your own objectives of training - but after seeing this example and the other examples, what’s the key to successful training or adaptation of what’s being learned? What are you asking, in terms of both sides when they do come to the table, what should they be bringing that can ensure a greater rate of success?

ANGIE JACHELSKI [00:27:07]: Yeah, I think that is a really good question because Jane started to speak a little bit about implementation and I think it starts with the recognition that it can’t just be a training, that we have to have some kind of kickoff, or initial building of buy-in, or proving of information for folks. So, folks need to come to the training environment having an understanding of, “What is this, what is this Partnering for Success model all about and what am I going to get out of it, why is this a good thing for me to be part of as a professional?”

[00:27:45]: And so, as Jane talked about, that kickoff, that kickoff is really our opportunity to start sharing what is the model and what are you going to get out of it, what are your expectations for the next three days? And so, then we find - with having that kickoff, with starting to do those introductions and getting folks to know each other - that they do come to training sort of excited about it and even though, as Jane said change is hard and often it feels like in human services there’s a new model, a new

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practice, a new flavor of the week, people are coming to our training recognizing that it isn't just something for right now because we've done some of that pre-work around the kickoff.

[00:28:26]: And then, following the training, there's actually a whole series of consultation that happens. So again, recognizing that in three days we're going to give people a lot of information, we're going to give them some opportunities to practice, but they're still going to lose, you know - depending on what research you look at - fifty, sixty, seventy percent when they walk out the door. So, recognizing that these folks are investing a lot of time in three days and also recognizing that, hey, we really believe in this model and we know that this works, we want to follow up with people.

[00:28:59]: So, we have – both for Child Welfare and also for Mental Health – a series of consultation, where professionals have the opportunity to go back to their clients to go back to their caseload, practice some of the skills that we've talked about, and then get some feedback in consultation groups. So, they get to hear from the trainers – they also get to learn from each other and hear from each other about how they've had successes, how this is working and then to strategize amongst their groups if there is a challenge, how can we overcome that or what can we do to work around this issue?

[00:29:36]: So, I think people knowing that it's not just a training, but it really is a learning event, it really is an investment in elevating our practice. There is good research behind why we're doing this, the fact that it works. That gets people on board and ready to participate and to be really open-minded as they're going both through the training and then this follow up consultation.

TOM OATES [00:30:02]: Angie Jachelski, Suzie Templeton, and Jane Gehring, I want to thank you guys so much for your time and your energy and all the great work you guys are doing. Thanks so much.

ALL [00:30:11]: You're welcome, thank you, woo!

TOM OATES [00:30:16]: More and more, across all types of agencies and addressing all types of issues, we're seeing how agencies and communities are recognizing the value of enhanced structured collaboration across systems and services. Now, key to this – besides the communication between the two groups of professionals – is ensuring that clients have an understanding of the joint approach to services which includes caregivers as one of the key factors to success.

[00:30:43]: So, if you head over to the show notes for this podcast, just go to [acf.hhs.gov/cb](https://www.acf.hhs.gov/cb) and search 'podcasts', we've posted some additional resources for you, including links to specific sections on the Information Gateway website surrounding Behavioral Health and Wellness, Mental Health Support Services for Children and Families, and Evidence-Based Practice. We've also posted links to the National Technical Assistance Center for Children's Mental Health, and the Evidence-Based and Trauma-Informed Practice collection – and that's resources all put together by the National Child Welfare Workforce Institute.

[00:31:19]: I want to thank Angie Jachelski, Suzie Templeton and Jane Gehring for joining in on the conversation to let us know how the Partnering for Success model is working and to give some insight and feedback for you to help collaborate across agencies to enhance the services that you're providing the children and families in your backyard.

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[00:31:37]: So, if you have information or resource questions to help your practice, please let us know. It's our job to connect you to timely information, tools, best practices and data covering all aspects of Child Welfare. You can reach Child Welfare Information Gateway at info@childwelfare.gov or give us a call 1.800.394.3366. Of course, all of the information and resources we just talked about about, that's all available at childwelfare.gov.

[00:32:09]: Thanks so much for being a part of this community, and spending your valuable time with us here at the Child Welfare Information Gateway podcast. I'm Tom Oates...make it a great day!

FEMALE NARRATOR [00:32:23]: Thanks for joining us for this edition of the Child Welfare Information Gateway podcast. Child Welfare Information Gateway is available at childwelfare.gov and is a service of the Children's Bureau, U.S. Department of Health and Human Services Administration for Children and Families. The views and opinions expressed on this podcast do not necessarily reflect on those of Information Gateway, or the Children's Bureau.