

Benchmarks' Partnering for Excellence: Movin' on Up (stream that is)

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BENCHMARKS' PARTNERING FOR EXCELLENCE

PROJECT DIRECTOR

Reminder: Take Care of Yourself

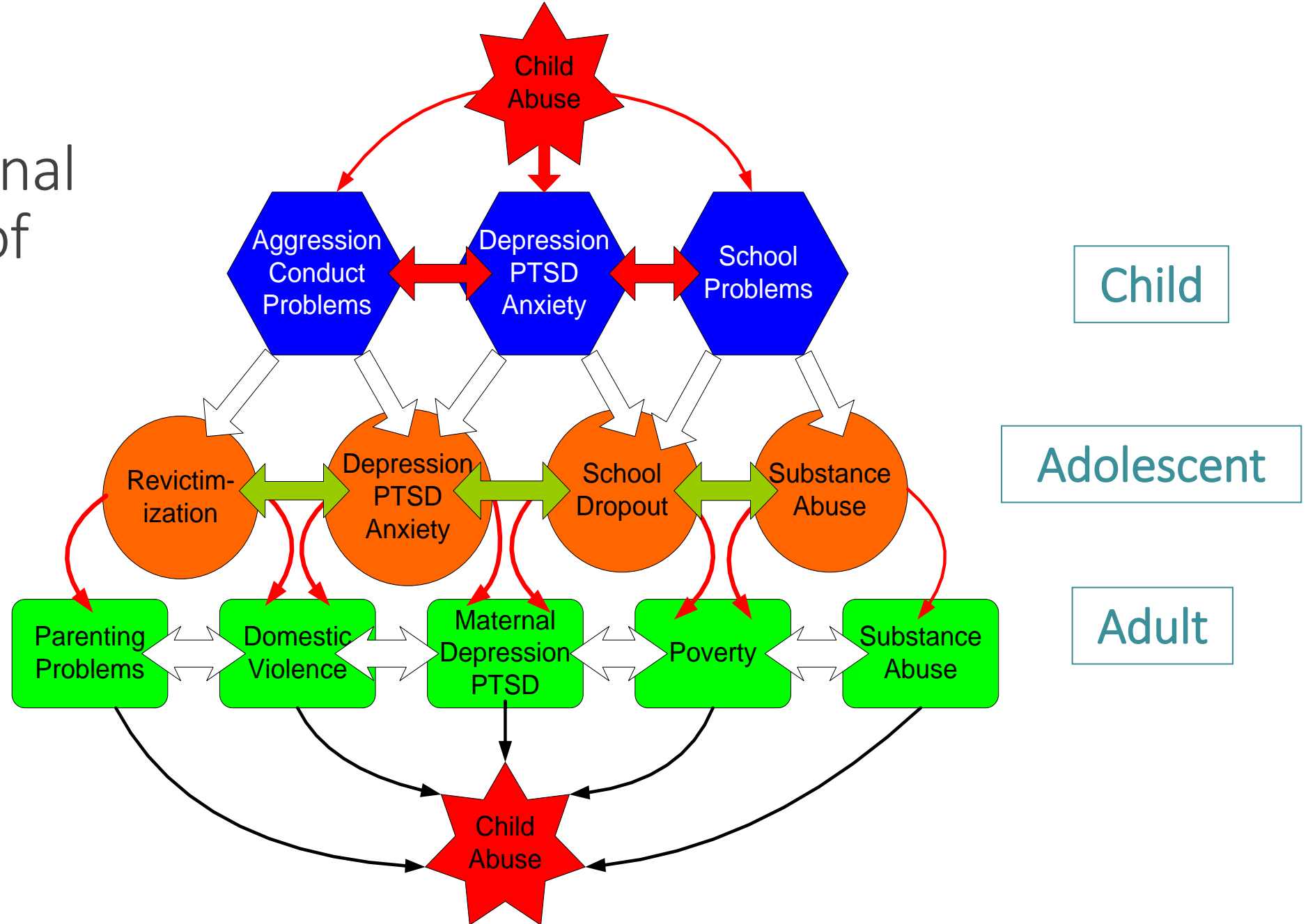
Project Partners



Cardinal
Innovations
HEALTHCARE



Model for Intergenerational Transmission of Child Maltreatment



THE OPPORTUNITY

If we directed half of what we pay for child abuse into prevention, it would **increase**:



and **reduce** child abuse by up to

48%

FACT

CHILD ABUSE INCIDENTS ARE VASTLY UNDERREPORTED

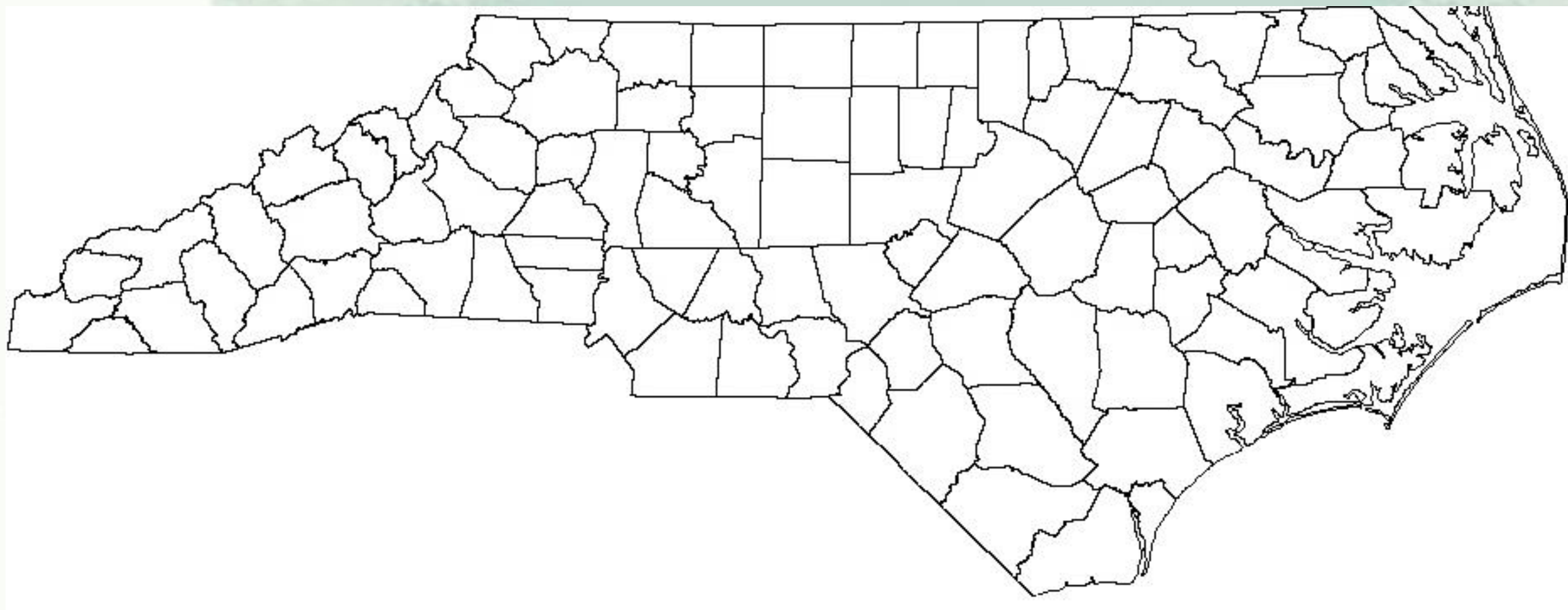
and could cost the community as much as

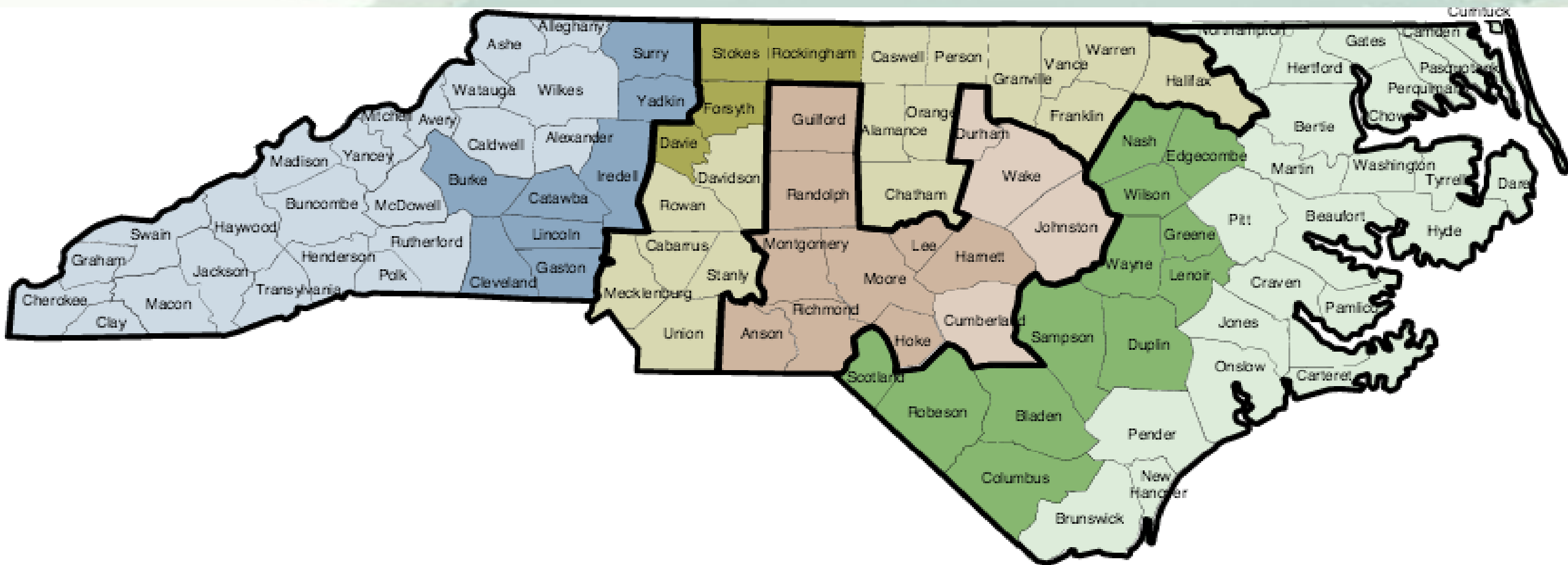
\$5.6 BILLION

Economic Toll

The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **\$124 billion**.







6 Principles of Partnership

Everyone desires
respect

Judgments can
wait

Everyone
needs to be
heard

Everyone
has
strengths

Partners
share
power

Partnership
is a process

One Family, Two Systems

LOCAL MANAGEMENT ENTITY-MANAGED CARE ORGANIZATION

Tend to focus on the child

Tend to focus on well-being

Person Centered Plans

Monthly CFT's

“It’s all DSS’s fault!”

DEPARTMENT OF SOCIAL SERVICES

Tend to focus on the parents

Tend to focus on safety & permanency

Family Service Agreements

CFT's at various intervals- 30, 60, 90, 180, etc.

“It’s all the MCO’s fault!”

July 2012

- Exploration begins

July 2013

- Installation begins with Rowan and Cardinal

February 2014

- Usability testing begins

October 2015

- Partners begins exploration

April 2016

- Installation begins with Partners and Cleveland

July 2016

- Exploration begins in Cardinal

October 2016

- Usability testing begins in Cleveland
- Installation begins in Davidson

June 2017

- Usability testing begins in Davidson
- Exploration begins in Partners

Reflections of 2012

“Early intervention and prevention systems have been gutted, so it is hard to get services children need to keep them out of more intensive placements”

“Sometimes, clinicians simply don’t want to work with the parents- either the biological parents because they are seen as the bad guys or the foster parents because they are temporary.”

“There is not much sharing of information among providers, which makes services less efficient and effective and allows families to fall through the cracks.”

“Caseworkers feel that they conduct screening or assessment because of their lack of expertise.”

Overarching Goal of PFE

Reduce the need for high end services

Decrease youth coming into foster care

Decreased CPS re-assessments

Increase placement stability

Improve family functioning

Contain costs

DSS Screening

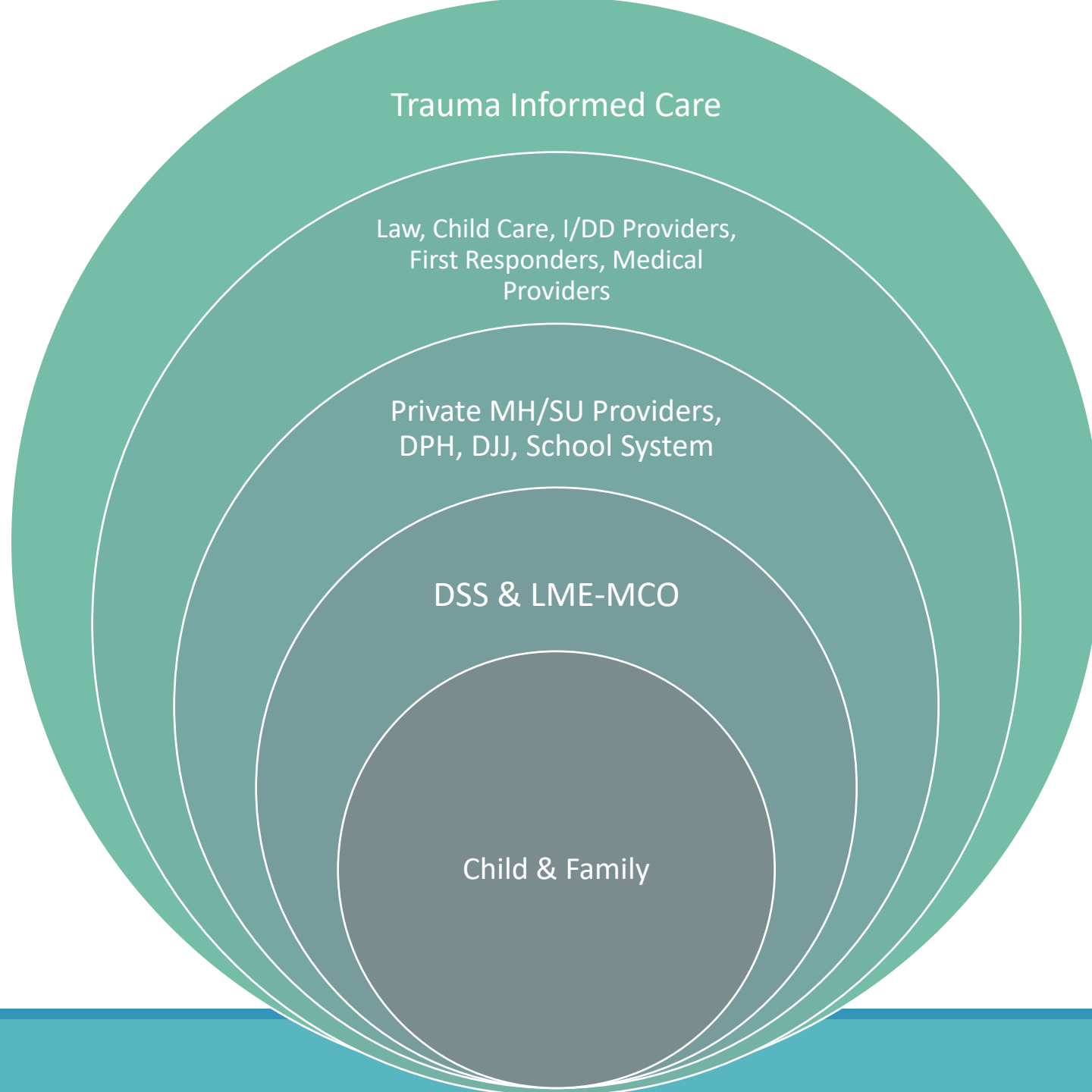
Trauma Intensive
Comprehensive Clinical
Assessment

Integrated Child Plan

Quality Service Array

Effective Care Management

Improved Outcomes for Children Involved
with Child Welfare



DSS Screening

DSS social workers screen for trauma in youth 5 to 17 in In-Home, Permanency Planning, and cases of abuse.

Children who screen positive or enter DSS custody are referred for a Trauma Intensive Comprehensive Clinical Assessment (TiCCA)

Children 0 to 5 are referred to CC4C through the Public Health Department for trauma and developmental screenings

Mental Health Assessment

Specially trained TFCBT clinicians use a protocol and template for assessment

- Focus on primary and secondary trauma
- Use of collaterals
- Holistic, trauma informed recommendations with a focus on model and not just level

Enhanced rate and privileging through the LME/MCO

Integrated Child Plan

TiCCA is integrated in to the Family Services Agreement through the Child and Family Team.

DSS strengthens its' focus on:

- Youth well-being
- Coaching for CFT facilitators
- Focus on referrals to evidence-based referrals whenever available

Quality Service Array

PFE team works intentionally to ensure that families involved in child welfare access quality, evidence-informed or based front end services in their community

Collaborative vision of a front end service array

Focus on trauma training and increased clinical support for those who care for children

Effective Care Management

DSS, resource parents, the LME/MCO, and private providers will engage in activities to improve communication, coordination, and monitoring of child and family treatment

- DSS
- Resource Parents
- LME/MCO
- PFE Provider Agencies

Secondary traumatic stress is recognized as workforce concern that must be addressed for families & youth to receive the best possible care

Trauma Screening

EFFECTIVE 11/1/15
Project Broadcast Trauma Screening Tool (Age 6-21)

Date: _____
Child Initials _____

SW Initials _____ County Case #: _____

☐ Assess/Invest ☐ In-Home ☐ Foster Care ☐ Other (_____)

SIS#: _____

☐ Initial Screen ☐ Re-Screen

Project Broadcast Screening Tool

- Potentially Traumatic Events
- Child Interview (5 and up)
- Symptoms
- 1 event and 1 symptom scores positive for trauma

Service Areas

- Only 5 years old and above (some 4 year olds in extenuating circumstances)
- All IHFS
- All permanency planning
- Youth who disclose at the CAC and may be appropriate for continued DSS involvement

Tool for engagement

The TiCCA- Trauma Informed Comprehensive Clinical Assessment

Rostered clinicians with additional day of training on the TiCCA

Referral packet to private agency

- Cover page
- Screening tool
- CPS History
- Case Decision

Intake Form (completed by SW and family)

- Follows TiCCA

TiCCA

Focus on traumatic event and secondary impact

Review of DSS involvement

Use of a complete battery of measures which are age dependent

Focused on collaterals

- Social worker is present
- Birth parent is present, if not feasible, is called or visited in prison
- Contact with schools, previous providers, physical health providers, previous social workers, other family members

Holistic, trauma informed recommendations

- Focus on medical, school, discipline, parenting

Family Service Agreements

Expanded child well being section

Trauma screening and/or referral to CC4C is on every plan- requires the “0” conversation

Supervisor and/or co-located Care Coordinator reviews TiCCA with social worker

Clinicians are invited to CFT and if unable to attend, social worker and clinician speak prior to the CFT

Recommendations from TiCCA reviewed during CFT and recommendations are added to FSA

Trauma Informed Evidence Based Treatment

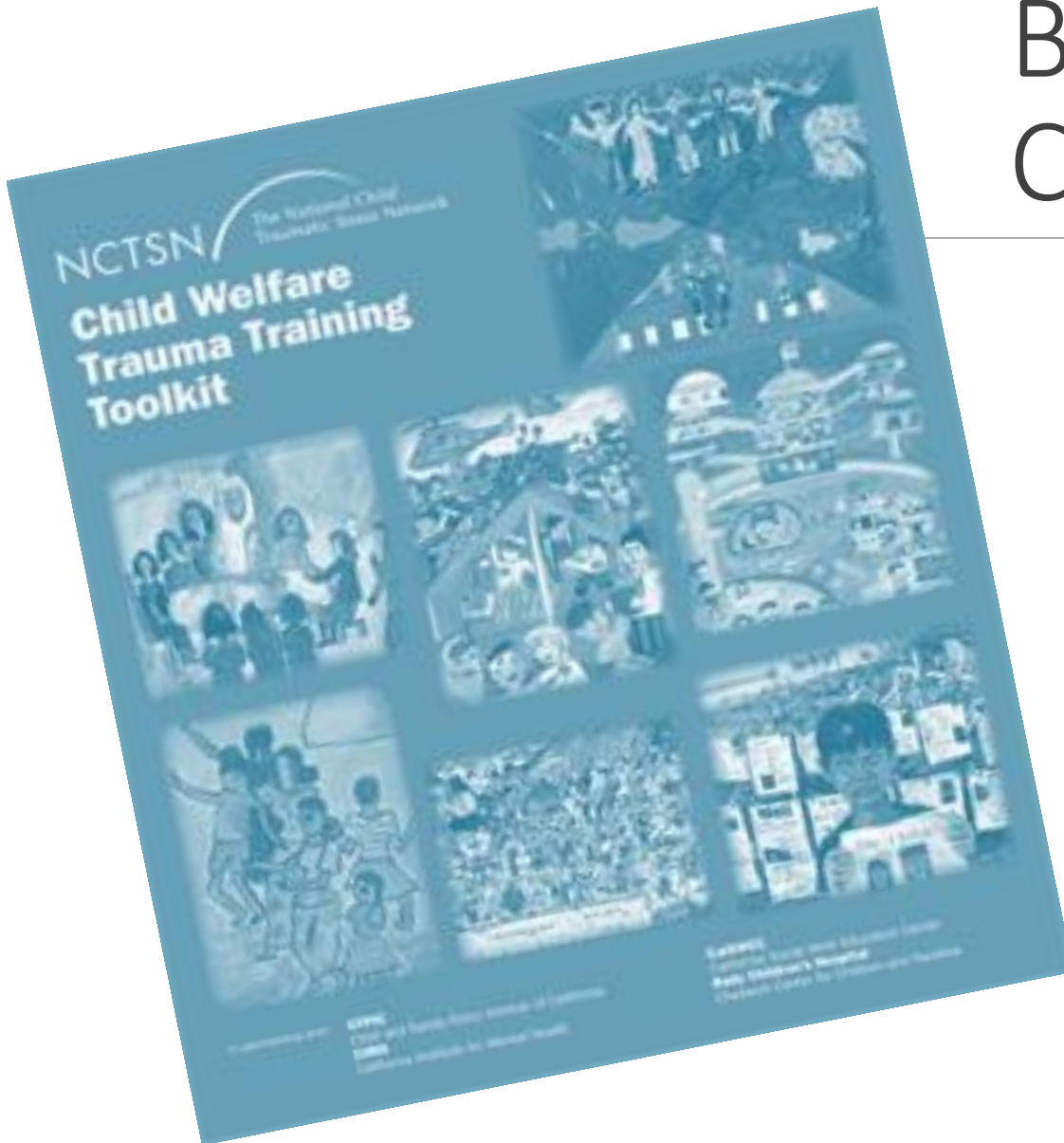
Focus on evidence based services- have been researched and evaluated to show results

Training for best practices post college

Mostly using Trauma Focused Cognitive Behavioral Therapy (TFCBT) but also building capacity for

- Parent Child Interaction Therapy (PCIT)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Non-clinical
 - Triple P
 - Seeking Safety
 - Celebrating Families!

Building Organizational Culture through Training



- Choose trainers –
 - Child welfare
 - LME/MCO
 - Other community members
- Flexible structure
- Required for all Child Welfare staff; best to include all staff
- Can include community partners and community stakeholders
- After training, determine how what is learned will impact practice
- Find ways to weave lessons throughout daily practice

Secondary Traumatic Stress

Value individual control

Normalize the experience

Be mindful of triggers

Use reflexive supervision

Value stress reduction

Use “stay” conversations

Encourage use of vacation time

Highlight the positive difference being made



A Trauma-Informed Child Welfare System

A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.

While that is important, this new research tells us that when community resilience is present, promoted and practiced, some negative impacts of abuse and neglect can be reduced by 40-53%!

Trauma Informed System of Care

Working closely with SOC Coordinator & Manager from LME/MCO to help drive new ideas

Survey of the level of trauma informed-ness from partners

Include community in trauma trainings

Increase awareness at many agencies

- DJJ
- Judges
- School system
- Medical homes
- Private agencies

NON TRAUMA INFORMED

POWER OVER
YOU CAN'T CHANGE
JUDGING
PEOPLE NEED FIXING FIRST
OPERATE FROM THE DOMINANT CULTURE
PEOPLE ARE OUT TO GET YOU
RIGHT/WRONG
HELPING
"YOU'RE CRAZY!"
COMPLIANCE/OBEDIENCE
NEED-TO-KNOW BASIS FOR INFO
PRESENTING ISSUE
"US AND THEM"
LABELS, PATHOLOGY
FEAR-BASED
I'M HERE TO FIX YOU
DIDACTIC
PEOPLE MAKE BAD CHOICES
BEHAVIOR VIEWED AS PROBLEM
WHAT'S WRONG WITH YOU?
BLAME/SHAME
GOAL IS TO DO THINGS THE 'RIGHT' WAY
PRESCRIPTIVE
PEOPLE ARE BAD
CONSIDER ONLY RESERCH AND EVIDENCE

POWER WITH
YOUR BRAIN IS 'PLASTIC'
OBSERVING
PEOPLE NEED SAFETY FIRST
CULTURAL HUMILITY
PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM
MULTIPLE VIEWPOINTS
LEARNING
"IT MAKES SENSE"
EMPOWERMENT/COLLABORATION
TRANSPARENCY AND PREDICTABILITY
WHOLE PERSON AND HISTORY
WE'RE ALL IN THIS TOGETHER
BEHAVIOR AS COMMUNICATION
EMPATHY-BASED
SUPPORT HEALING
PARTICIPATORY
PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS
BEHAVIOR VIEWED AS SOLUTION
WHAT HAPPENED TO YOU?
RESPECT
GOAL IS TO CONNECT
CHOICE
PEOPLE ARE DOING THE BEST THEY CAN
CONSIDER ALSO LIVED EXPERIENCE

TRAUMA INFORMED CARE

Partnership Between DSS and LME/MCO

Proactive face to face staffing aka co-location-
amount varies depending on location

Cross training

- Utilization Management
- How DSS operates
- Medical necessity
- Legal regulations of DSS
- Person Centered Plans

Co-training

- Trauma 101

LME/MCO participation in PPATs

Safety and permanency versus well being

Relationship,
relationship,
relationship!

Reflections of 2015

“From a systematic view, you can’t do child welfare without mental health partnering”

“Partnering for Excellence has really done an amazing job of bringing a lot of organizations together to work in collaboration.”

“It has really shown us that when you truly invest in collaboration and partnership....it just works better, not just for the child, but for the entire community.”

Others care....



Identify those individuals potentially impacted by trauma



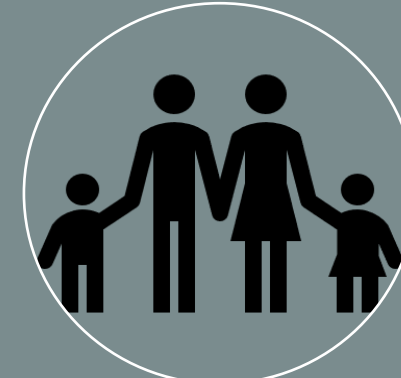
Seek appropriate diagnoses and trauma-informed treatment



Increase efforts to become more trauma informed, aware, and responsive



Incorporate strength-based approached in your practice and within your agency



Work to build resilience with youth, families, and those in helping roles



Oh, the places you will go!



1974 “such incestuous activity diminishes the subject’s chance of psychosis and allows for a better adjustment to the external world”

2014 “adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today”

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