

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

Benchmarks' Partnering for Excellence

JENNY COOPER, BENCHMARKS

DSS PANELISTS

The Story of PFE

PART I: SYSTEM MAPPING & FOCUS GROUPS



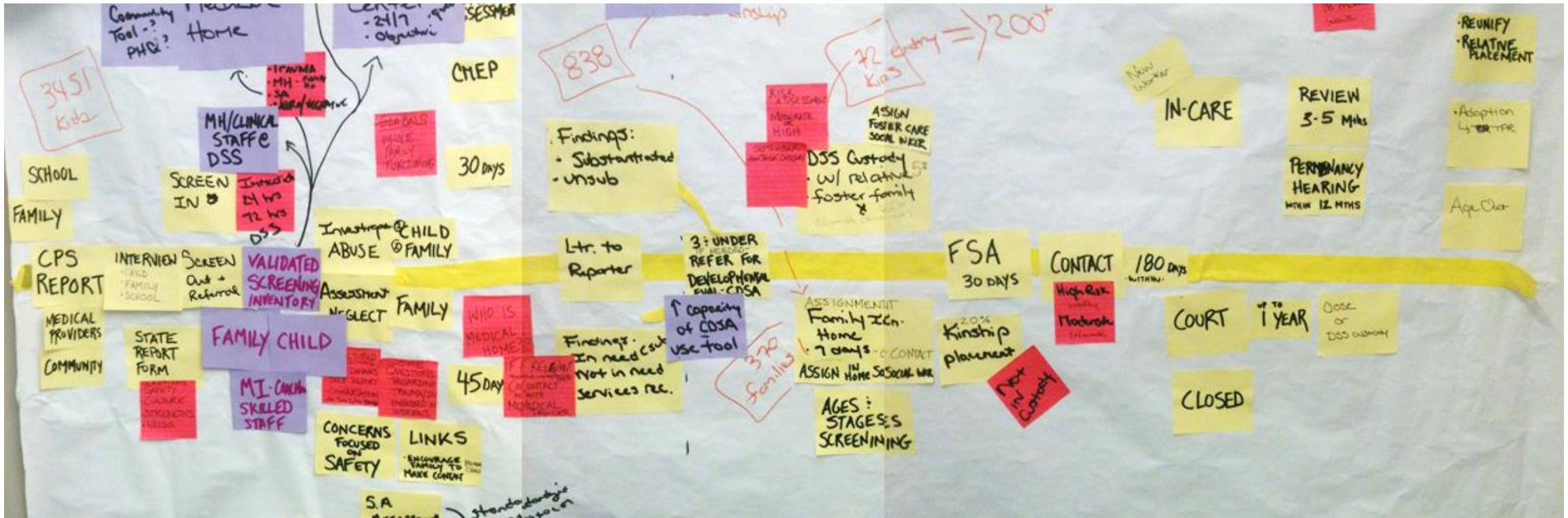


How it all began...

Early in 2012, Benchmarks began exploring how to better serve children & youth that cross DSS and the mental health system

We were trying to answer:

- What are we currently doing? What is working? What isn't?
- What needs to change for the better?
- What needs to be added?
- What interventions do we need?
- What shared data do we need?



Pathways, Barriers, & Opportunities

Stakeholder Focus Groups

Participants:

- DSS Staff
- LME/MCO
- System of Care members
 - Mental health providers
 - School system
 - Juvenile justice
 - Families United
 - Foster Parents

Talked about current state of things in each system/organization

Discussed “Vision” components to get feedback, concerns, and barriers



Key Issues to Emerge



- Extreme need was overwhelming the systems & the staff
- Agency mandates didn't always prioritize attention to child mental health
- Services were reactive rather than proactive
- There were service gaps and insufficient capacity
- Interagency collaboration needed support

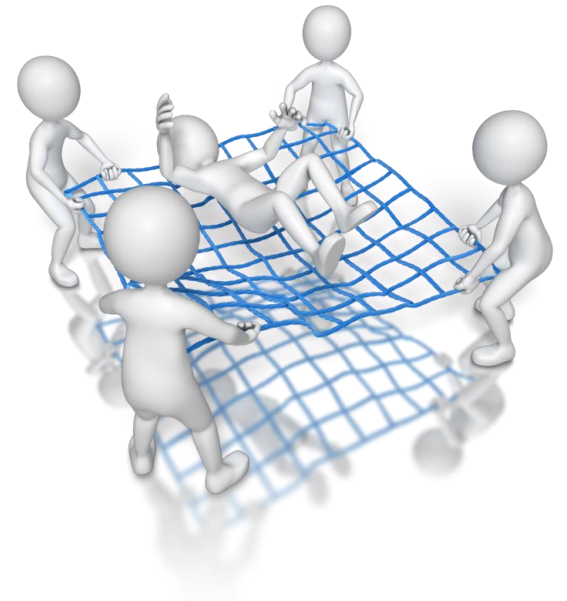
Recommendations: Screening/Assessment

- Shift to early, proactive screening and assessment
- Develop a standardized, validated, comprehensive assessment and consistent reporting protocol with a data sharing process
- Partner with and/or train dedicated, knowledgeable assessors who are informed about resources and service options in community



Recommendations: Services & Supports

- Align services with assessment findings
- Enhance capacity for EBPs for youth and their families
- Monitor engagement and outcomes to be sure services are working
- Provide training and clear avenues of support for all caregivers to increase knowledge and stabilize placements
- Enhance interagency collaboration



Choosing this Path

The Story of PFE

PART II: PFE IMPLEMENTATION



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

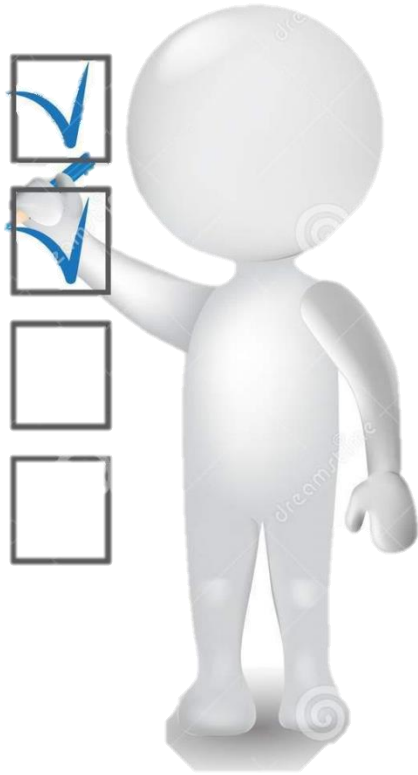
Quality Service Array

Effective Care Management

Improved Outcomes for
Children Involved with Child
Welfare



Local implementation



- Development of a trauma-informed workforce
- Proactive screening & assessment
- Validated, comprehensive, consistent assessment protocol
- Specially-trained assessors with knowledge of local resources
- Expanded capacity for evidence-based practices
- Enhanced rates for Trauma-intensive assessments and evidence-based treatment
- Training for care providers
- Co-location of MCO staff member at DSS

History of PFE

July 2012

- Exploration begins

July 2013

- Installation begins with Rowan County DSS and Cardinal Innovations

February 2014

- Rowan “goes live”

April 2016

- Installation begins with Partners BHM and Cleveland County DSS

October 2016

- Cleveland “goes live”; Installation begins in Davidson County DSS & Cardinal Innovations

July 2017

- Davidson “goes live”

July 2019

- Installation begins with Pitt & Craven Counties alongside Trillium Health Resources

March 2020

- Pitt & Craven “go live”

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

The Harsh Realities of Implementation

The Story of PFE

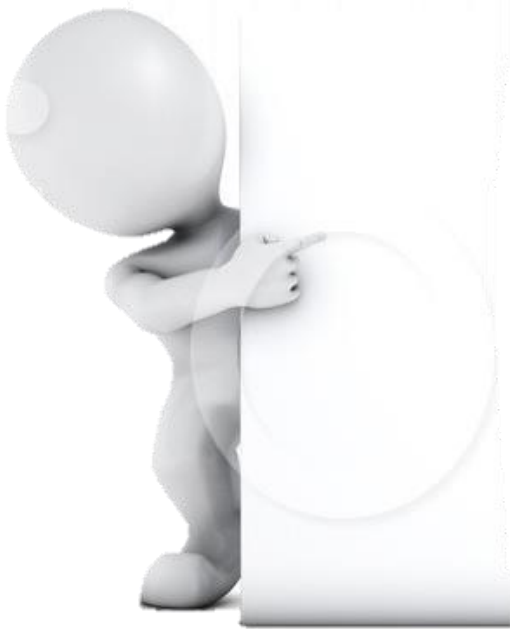
PART III: QUALITATIVE OUTCOMES

Successes: Screening, Assessment, & Treatment

- Trauma screen shifted attention to proactively consider child mental health needs
- Increased standardization and quality of assessments; easier to authorize services
- Assessment provides DSS and providers with more information that helps them work with children and families
- Families reported assessment opened their eyes about level of child needs and helped them learn better ways to support wellbeing
- Veteran foster parents saw big differences in services and child wellbeing as a result of up-front identification of needs
- Quality of assessments and EBPs is far beyond the traditional services



Successes: Trauma Training



- Trauma training has strengthened understanding and collaboration
- Information spreads outward as staff teach this information to families and other caregivers
- Professionals in the community are more likely to recognize possible trauma triggers instead of just seeing the bad behaviors
- Trauma-informed training very helpful for foster care providers

Successes: Collaboration

Greatly improved trust across systems

- More knowledge of one another's systems
- More person-to-person relationships

Increased collaboration and communication

Understanding of mandates and procedures across systems helps streamline services

- Feel more mutual investment rather than frustration and blaming



Ongoing Challenges



Providing services to parents

Providing training and support for kinship care providers

Monitoring long-term engagement and outcomes

Capacity-building to deliver EBPs with fidelity

- Culture shift as to how business is done
- Sufficient availability of qualified providers

Timelines can suffer due to capacity issues

Successes & Challenges

Where we go from
here...

Questions and Answers



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