# Child and Family Services (CFSR) Advisory Committee Agenda November 18, 2015

## 10-3

# **Governor's Office Building, Room 470**

#### Attendees:

Christine DeTienne - Children's Division Crystal Wilson - Children's Division

Kim Abbott – OSCA

Sally Gaines – Children's Division

Christy Collins – Children's Division

Keith Noble – Preferred Family Healthcare

Anthony Brewer – State Youth Advisory Board

Morgan Reifsteck – State Youth Advisory Board

Clark Peters – University of Missouri Deborah Smith – ACF – Children's Bureau Susan Savage – Children's Division Amy Martin – Children's Division Tiffany Moore – Children's Division

Cindy Reese - DHSS

Teresa Hayner – Good Shepherd
Dale Fitch– University of Missouri
Debi Word – Lincoln University

Patsy Carter CD/ DMH

Kendall Darling – ACF Region 7 Becky Porter – ACF /ICF Region 7

Welcome by Christine DeTienne and Introductions made.

#### **Announcements and Successes**

Kendall Darling accepted a promotion and will be going to ACF Region 5 to be their program manager. The group thanked Kendall for the guidance he has provided to the group and the state of Missouri. Everyone wished him well on his promotion.

The University of Missouri had an interesting month. There is a lot of work to be done across the state in all the University campuses. Progress is being made in the right direction at all campuses. The School of Social Work received a grant to improve the online program. The whole Social Work program will be online. This will begin fall 2016 and the advanced standing will stay the same.

Susan Savage recently traveled to the First Circuit and met with staff and reviewed cases and performance reports. This was a very positive experience for everyone and it was nice to see the great work being done in Children's Division in all parts of the state.

# Trauma Initiative - Patsy Carter, Ph.D., Director of Children's Clinical Services, DMH

#### What We Know About Trauma

Trauma is more prevalent than we had thought. The ACE study has shown the long term trajectory for possible outcomes of experiencing trauma. At least 50% of the population has experienced one traumatic event. Chronic trauma impacts every 1 in 16 individuals. Youth and families in the child welfare system have higher levels of trauma at 90-100%.

Trauma's impact on brain development and functioning- want to intervene as early as possible to prevent the impact. We need to be able to reverse the impact trauma has on the brain. Trauma can impact all areas of functioning and become a defining core.

Organizations designed to serve and support can unintentionally re-traumatize the people they serve. Children's Division needed to take a universal approach. The number of placements in CD can be retraumatizing and if we don't recognize the trauma we may be making it worse for the youth.

#### The Missouri Model

The Missouri Model is a developmental framework for trauma-informed. The development of the model was started several years ago. The model was developed for a shared definition and understanding of Trauma and to take the mystery out of the process. The model creates manageable steps for organizations to become trauma informed.

Organizations from across the state make up this trauma round table that developed the Missouri Model. The organizations serve varied populations across the lifespan and systems.

The model can be used as a roadmap from being trauma aware to trauma informed. The Model may also be used for informing the public on becoming trauma informed.

# Moving Towards Trauma Informed

Being trauma-informed is an ongoing organization change process. A "trauma-informed approach" is not a program model to be implemented and monitored by a fidelity checklist. It is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time.

Look at how we are engaging the youth and family. Develop a common language, especially when engaging community partners' increases effectiveness in services.

The model is to help agencies identity where they are on the continuum and where they want to be. The continuum is being trauma aware, trauma sensitive, trauma responsive, and trauma informed.

# **Current Work**

Trauma informed is one of the foundational pieces of Children's Division's culture and framework. Trauma specialists are training all staff to NCTSN Child Welfare Toolkit

Secondary Trauma- there is a contract with Cornerstones of Care to revise curriculum and help staff to integrate into circuit practice and environments. Secondary trauma, Children's Division is looking at who is impacted and in what way. The agency is being diligent and thinking outside the box.

Children's Division is working with adoption resource centers on implementation of the NCTSN resource parent curriculum.

CD Central office trauma committee has met four times and is starting to review policies and practices to ensure they are trauma informed.

## **Children's Division Update**

Susan Savage provided an update to the group. The number of children in foster care is at an all-time high at approximately 13,298. The Children's Division is looking at the foster care population at a monthly meeting. The group is discussing strategies on how to safely reduce the number of children in foster care.

An update on the Mobility Project was provided by Susan. Children's Division has issued almost 1400 iPads to all staff. A survey will go out soon to staff about the iPad's. Everyone is using the equipment to benefit them the best way it can.

# Update on Initiatives- Christy Collins, Christine DeTienne, Susan Savage, and Amy Martin

Signs of Safety- framework will guide us in the work we do every day. There is a pilot for Signs of Safety in Jackson County. Everyone was trained in August and September. Staff began using Signs of Safety one week following training. Supervisors are receiving additional training. Safe Generations provides coaching with staff. The next site will be in St. Louis, the kickoff is on December 16<sup>th</sup>. The goal is to have 5 hubs in 2016 and we do not know exact locations at this time. We are receiving lots of positive feedback from the staff. Community partners are giving a lot of favorable feedback about Signs of Safety. The model is simplistic and easy for everyone to understand. There has been a struggle with investigations, law enforcement doesn't always want to sit through the mapping process. Language from Signs of Safety is being used in central office and meetings in the field by using the scaling process. Jackson's foster care population has been decreasing over the last couple of months.

Five Domains —Every region will be trained by the end of November 2015. The trainers of Five Domains of Well-being are certified as trainers prior to training staff. Every new staff as well as existing staff will go through the introductory training. In the future, Children's Division plans on having more in-depth trainings that relate to individual positions. Looking at staff through the five domains of wellbeing and how the domains apply to staff. It is a unified effort to look at everything to make sure the concepts are involved in our practice. Looking at advanced training for clinical supervision for supervisors.

Team Decision Making (TDM) – Children's Division is working with Annie E Casey on utilizing Team Decision Making statewide. A team of four from Annie E Casey came in November to St. Louis City which was the original TDM site. The team spend 2 ½ days speaking with court officials, resource providers, and observing meetings. They also did follow up interviews with facilitators. There was a cursory review of data and discussions with the scheduler on how to balance the TDM's. In December the team will be visiting Jackson county and then back to St. Louis County. During the December meeting in Jackson, Annie E Casey plans on bringing their data person to see what options are available. Would like for us to track in SACWIS. In January a report out will be given to the executive team about what they have learned over their visits and discuss making a plan to roll out TDM's statewide. Community buy in is very important with the process.

Differential Response – The workgroup met at the end of September with staff about how the pilot is going. It was great to hear the positive information from the staff involved in the pilot. We heard how the families are calling the staff for assistance and developing a positive relationship. Staff reported how much more they are writing in FACES and the reports are reading like a book. In some of the circuits they are demonstrating how they use assessment tools to assess the family. Work is being done really well without the forms. Challenge will be using new staff to get them to the same level of competence. MSU is evaluating the pilot using qualitative and quantitative measures. They are sending surveys out to the families and the workers. Not a lot of data on family served. Greene reported 198 families through differential response assessments and only had 2 removals. Supervisors are reviewing the cases and determining which cases are being chosen. Jasper county would like to begin the process of participating. The 5<sup>th</sup>,6<sup>th</sup>, and 7<sup>th</sup> circuits in the Northwest will start a pilot at the beginning of beginning of December. They are not going to choose their cases and going to try to use the approach for all assessments.

FCS pilots- The FCS pilot has a lot of similarities to the Differential Response pilot. The model is looking at taking away the mandatory forms and allowing staff to use a tool box of tools. The skill set of workers and needs of families will determine the number of cases. We feel like these cases will be a step up from current FCS and a step down from IIS and in the middle of the two programs. The model will allow staff to have flexibility in thinking of risk factors and protective factors. Starting in January, a pilot will begin in St. Louis City. A Local implementation team is working on the implementation of the pilot in St. Louis City as well as a state implementation team. We recognize hotline supervisors need to be on board when making referrals, looking at the different risk factors. We have been talking to University of MO and Mathematica about evaluating the project. There is a federal grant under ACF, which would include an evaluation component to make sure it is a good model. Not using evidence based models, but will utilize portions of evidence based models. Using rapid cycle approach when evaluating the program.

## Discussion of Reasonable and Prudent Parenting Legislative and Policy Changes - Amy Martin

The Preventing Sex Trafficking and Strengthening Families Act legislation requires states to have an action plan on how we are going to prevent sex trafficking and how we are going to apply reasonable and prudent parenting.

## Reasonable and prudent parenting

The Children's Division reached out to the Capacity Building Center to have a facilitator assigned to assist the division in the process. The facilitator will be coming in January. Every child, youth, or young adult in foster care will be able to participate in the same activities as every other child in the population. The Legislation requires assigning a person for each child to be the reasonable and prudent parent of youth in foster care and residential treatment.

Survey about the acts and youth know their rights and information about the legislation. Relative providers may feel differently than resource providers. Heavy lifting coordinating with the judges and

the judges respect the legislation. Heavy lifting with staff- cautious atmosphere with liability maintain some control with those youth.

Huge learning curve for everyone involved. A lot of moving parts that can be manipulated. Voice of the youth should be present and magnified during the process of development of the reasonable and prudent parenting for Missouri.

A Youth empowerment task force was developed around the topic. The task force met and determined the following are items they plan on discussing:

- How do we allow youth to have natural choices?
- Doing some assessment and seeing where we need to go as an agency- using surveys to youth and resource providers.
- Seeing how we can do better work.

Kim Abbott reported this topic is on the next family court committee agenda to inform juvenile officers and judges about the legislations.

2016 Meeting Dates – all at GOB Room 470
February 17, 2016
May 18, 2016
August 17, 2016
November 16, 2016