“Working Together to bridge the gap: a tribal systems of care approach”

Presented by

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Overview of the Cherokee Nation:

- 9,234 sq. mile tribal service area
- 340,000 + Cherokee citizens
- More than 11,000 employees
- Largest tribally operated health system in the U.S.
- 1 hospital, 8 clinics
- Health employees make up 58% of the workforce
The HERO Project

• Established in 2013, Cherokee Nation’s new initiative to improve social, emotional, and educational outcomes for all children
• Provide direct services to children with mental health needs and provided evidenced based interventions for our communities
• Provide outreach activities to empower community members, youth and families to make changes in their communities
• Combat stigma and raise awareness around children’s social and emotional health
• Mission:
  • Will develop, strengthen, and promote effective, integrative and holistic programs and services for child-serving professionals and families of young children in order to optimize the individual development of every child
Systems of Care

- Screening & Assessment
- Cultural traditional practices
- Family skills curriculum
- Family Care Management
- Health Care
- Home-based services
- Speciality services
- Follow-up & aftercare
- Outpatient
- **Macro**
  - Cabinet on Children and Families
  - Community Education
  - Policy Reforms
  - Integration of Behavioral Health into Primary Care
- **Mezzo**
  - Community Organizing (Youth MOVE, Action Teams)
  - Mental Health Consultation (Schools)
  - EB parenting curriculums (Triple P – Primary Care, Selected Seminars, Stepping Stones, Teen; Circles of Security)
  - Increased Screenings/Assessments (Social, Emotional, Developmental)
  - Workforce Development (Evidenced-Based Interventions)
- **Micro**
  - Clinical Services (TF-CBT, PCIT, etc... 0-21)
  - Family Care Management

Only a **small** number of community members will need to access **intense** level of services

Families are more likely to access services when they have an understanding of mental health

By increasing community knowledge of mental health families are able to support on another and **recognize** mental health concerns
Integration into Indian Child Welfare

• The Plan:
  • Developed and formed a collaborative partnership
    • One-on-one meetings to establish rapport and understanding
  • Invited them to join the Cherokee Nation Children’s Cabinet for Children and Families
    • Signed a partnership agreement
  • Collaborated on a Safe Babies grant
    • Wrote activates into a grant application to create the Safe Babies Court Team
  • Developed a plan for workforce development and creating a trauma informed agency
Integration into Indian Child Welfare

• Collaborated to create a trauma informed agency

• Activities:
  • Workforce development training (Trauma, early intervention, parenting, self-care and secondary stress/burnout)
  • Trauma training with foster parents and caregivers
  • Referral process established for ICW involved families
  • Using two generational approaches for child welfare families (CPP, COS, PCIT)
Why Safe Babies?
Why Safe Babies?

• Focus is on infants and toddlers (most active brain development)
• Neurons that fire together wire together
• In the first three year’s of life:
  • Brain growth is at its peak
  • Intervening to change the child’s life trajectory is the key
Creating the Safe Babies Court Team (SBCT)

• Created in January 2016, the SBCT was developed in partnership with Indian Child Welfare and the HERO Project
• Formed around a system of care approach to serve the youngest population in child welfare custody
• Takes a team approach to strengthen partnerships between children and family serving agencies, such as early education, behavioral health, etc...
Goals of Safe Babies

• **Goal 1:** To improve the wellbeing of children who have experienced trauma by providing immediate services and frequent contact through the SBCT
  
  • Streamline service provision and client contact standards through the creation of policies and procedures
  
  • Design and implement a trauma scale/evaluation process for all families/children involved in the program to measure reductions in experienced trauma
Goals of Safe Babies

• **Goal 2: Increase collaboration and coordination among child serving agencies to improve outcomes for tribal children involved in SBCT**
  
  • Maximize existing partnerships among child serving systems and recruit new partners from other systems to improve outcomes for children and families
  
  • Establish contact with agencies/programs informally and formally through participation in community events
Goals of Safe Babies

• Goal 3: Project our children’s future and preserving cultural traditions through child centered services
  • Increase accessibility of evidenced based practices that support strong family relationships and increase parenting skillsets that optimize child development
# Evaluation of Safe Babies

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>How success is defined (Process)</th>
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<tbody>
<tr>
<td>To what extent does SBCT increase access and use of trauma screening and EB interventions for families involved in the program?</td>
<td>Increase in number of families who received trauma screening and use of EB curriculum</td>
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<tr>
<td>To what extent does SBCT expand collaborative partnerships and improve collaboration in local systems</td>
<td>Increased number of partnerships, coordinated referral pathways and increased collaboration among partners</td>
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<tr>
<td>To what extent does SBCT enhance parenting skills and cultural protective factors for families</td>
<td>Increased knowledge and use of cultural activities and use of positive parenting techniques</td>
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Outcome expectations

• Lower rates of recidivism for children involved in SBCT
• Quicker permanency for children 0-3 as opposed to children who are not in SBCT
• Higher reunification rates for children and their families
• Less time of children in the system compared to those who are not part of SBCT
Where are we now...

- Began the SBCT in October 2017
- Six families are currently working with the safe babies court team
- They receive 3 visits a week
- Developing the stakeholders meeting once a month
- Two family team meetings a month
- The HERO Project has trained 3 ICW staff in Triple P and Circles of Security to support and assist parents
- Creating trauma informed agency
What is a Trauma Informed Agency?

A trauma informed agency is one in which all parties involved recognize and respond to the impact of trauma on mental health and physical well-being. The culture of a trauma informed agency is guided by six guiding principles:

• **Trauma Understanding** - Are consumer “symptoms” understood as attempts to survive (i.e. what appears as symptoms may also be a person’s current, best and only solution to cope)?

• **Safety & Stability** - Do all staff understand that “trust” must be earned, not assumed?

• **Cultural Humility & Responsiveness** - Are the diversity of cultural/healing rituals honored?

• **Compassion & Dependability** - Does all staff seek to develop secure and dependable relationships characterized by mutual respect?

• **Collaboration & Empowerment** - Do consumers have a significant role in planning and evaluating the agency’s services?

• **Resilience & Recovery** - Does the program communicate a sense of realistic optimism about the capacity of consumers to reach their goals?
“You cannot change the fruit, until you change the root”

http://www.emilyhalbig.com/trauma-tree.html
Trauma Informed is a Culture

• By building on these key principles, a service system with a trauma-informed perspective is one in which programs, agencies, and service providers:
  • Routinely screen for trauma exposure and related symptoms;
  • Use culturally appropriate assessment and treatment for traumatic stress and associated mental health symptoms;
  • Consider the impact of traumatic stress on mental and physical well-being;
  • Attempt to strengthen resilience and protective factors;
  • Address the trauma that parents, caregivers, and family have experienced
  • Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.
Workforce Development

• Trainings covered:
  • Understanding the effects of trauma
  • Adverse Childhood Experiences (ACE)
  • Brain Architecture
  • Serve and Return
  • Conducting Trauma Screens
  • Creating a Trauma Informed Agency
  • Importance of Self Assessment and Self Care
  • Implicit Bias and Microaggressions
Trainings with Resource Parents and Caregivers

- Understanding the effects of trauma
- Adverse Childhood Experiences (ACE)
- Brain Architecture
- Serve and Return
Screening vs Assessment

• A **trauma screening** is universally administered to children in the CW system and is typically brief.

• A **trauma-informed mental health assessment** is a comprehensive process of evaluation that is completed by a licensed mental health clinician in order to determine treatment planning.
Importance of Trauma Screens

• Empathy Building
• Opportunity for psycho education with parent
• Better tailored case plans
• Opportunity for parents to understand their own trauma history and provide resources to seek treatment
During the Screening

• Develop rapport with child and/or caregiver(s) as much as possible.

• Explain directly to the child and caregiver(s), if appropriate, the reasons for the screening.
  • Use clear and straightforward language on the purpose
  • How it will be used
  • Whom it will be shared with
  • Be sincere

• Explain that CW services works with many families and individuals who have a broad range of experiences, and this screening is an attempt to understand their families unique experience.
During the Screening

• Offer the option of not answering questions.
• Give families the option of self-administering the questionnaire, if appropriate.
• Screening should elicit yes or no answers.
  • A screener would indicate whether the child would benefit from a trauma-informed mental health assessment.
  • This is not an interview
• Conclude the screen with a brief discussion of its implications for case planning and for any necessary immediate intervention.
After the Screening

- Results should be documented in each child’s case plan.
- Discuss with caregivers result of screener and definition of trauma
- Interviewer should have some awareness of managing the effects of secondary/vicarious trauma that may emerge when asking a child about his or her traumatic experiences.
Referral Process for ICW Involved Families

ICW Case Workers Completes referral

FCM-Assigned to ICW Cases schedules consent paperwork appointment

Family scheduled to begin services

- Fast Tracked process for ICW Cases
- Assigned Clinician the day of referral
- Staffed to determine services needed (i.e. HERO Builder, CPP, PCIT)

- Child Parent Psychotherapy
- Parent Child Interaction Therapy
- Circle of Security
- Triple P
Use of Two Generational Approaches

- Child Parent Psychotherapy
- Parent Child Interaction Therapy
- Circle of Security
- Triple P Level 4 & 5
Screening Tools

• Caregivers
  • Trauma Screen and PTSD-DSM5 Checklist-Adult

• Child
  • Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 7-17 years)
  • The Childhood Trust Events Survey -Children and Adolescents: Caregiver Form
Evaluation Tools

• Agency Level
  • The Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA)

• Staff level
  • Professional Quality of Life Scale (ProQOL)
Q10: What is your job role?

- Volunteer: 1
- Intern: 2
- Front Line Worker: 35
- Clinician: 1
- Supervisor: 2
- Manager: 1
- Senior Manager: 0
- C-Level CEO, Executive Director, COO, etc: 0
- Other: 14
Q12: How many years have you worked as a professional helper?

- 0-2 years: 15
- 3-5 years: 10
- 6-10 years: 10
- 11-20 years: 12
- 21+ years: 2
Application

• Benefits and challenges to creating a trauma informed agency in your community/agency?
  • Do staff feel supported?
  • What is your agency culture? Is it supportive of families?
  • Are you aware of any biases you may have?
Sustainability

• Sustaining ideas, practices through policy (Policy Toolkit)
• Medicaid reimbursement
• Title IV-E funding
• Grant applications
Helpful Resources

• Creating A Trauma Informed Child Welfare System

• The Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA)
  http://www.uky.edu/CTAC/STSI-OA

• Professional Quality of Life Scale (ProQOL)
  http://www.proqol.org/

• https://alamedacountytraumainformedcare.org/trauma-informed-agencies/developing-a-trauma-informed-agency/