

STRENGTHEN FAMILIES LOCALLY

5/27/21

In attendance:

Tom Stokes, Karen Tyson, Elisia Anderson, Colleen Studinarz, Jill McCormick, Cindy Myers, Jesse Charles, Shawnda Hicks, Minnie Whalen, Jenn So, Nicole Earls, Virginia Klein, Joy Lile

Important documents:

SFL onboarding document:

<https://dcyf.box.com/s/pirdixemujfr1hw75gj3bp0enhebg1c4>

Port Angeles/Sequim Project Overview:

<https://dcyf.box.com/s/b9282wcgc6k6dzajt9nmgv9e249iw5ot>

Sensemaker "Share a Story" flyer:

https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0057.pdf

Next meeting: June 24th, 12:30-2:30 pm

Topic: Priority Project detail planning

4th Thursday of the month, 12:30-3:30

Next Statewide Community of Practice:

"Moving Upstream: Preventing Problems Instead of Solving Them" - 6/10, 2-4 pm

Strong Community Network Facilitator contractor:

PAVE: <https://wapave.org/>

Brief description from Jill: PAVE served as contractor for FYSVRT - family and youth voice in WISE and youth behavioral health services. Looking at how to facilitate/coordinate for communities, with communities - networking resources, building resilience within family structures. Have been involved in Community Cafe and listening sessions to understand what communities want in the process.

Community Updates:

- Washington Communities for Children - Marlaina and Elisia voted in as regional leads. Convening small-group discussions around the other roles. WACFC - building on/carrying forward the Early Learning Coalition work, and adopting the Help Me Grow coalition building and resource referral format. Contact Elisia Anderson for more info

Risk Factors for Child Welfare Involvement: What We Know

(Black = original text, blue = discussion notes)

- Racial Disproportionality - referrals and dependency filings (see graphic below)
 - American Indian/Alaskan Native children
 - Black and multi-racial children
- SUD - High rates, but also high treatment availability (see graphic below)



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Family Support Programs Division

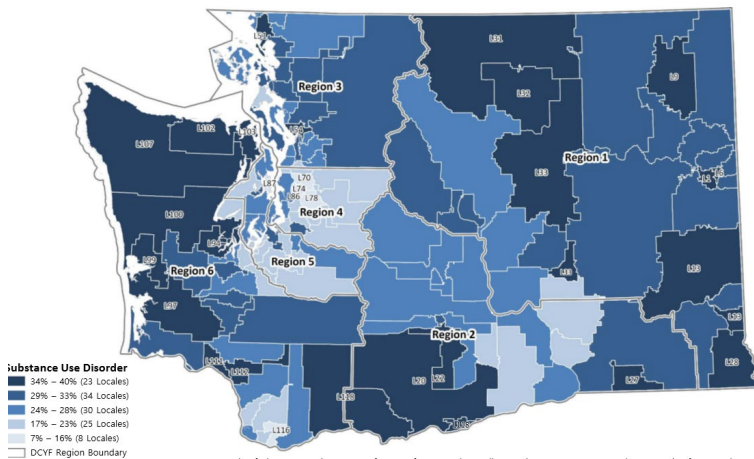
- From CW staff:
 - Behavioral health: accessibility; options and “fit” for families; supports for children
 - Childcare - lack of providers; waiting lists; transportation
 - Parent supports - lack of social and supportive connections for families; support groups; specific supports for fathers
 - Pierce County child fatality review process - more information from Tom about the process - overlay BH services availability
- From Tribal staff:
 - Racial bias links to disproportionality in referrals, investigation findings
 - Lack of services - Mental Health, Housing, Employment
 - Trauma supports - culturally relevant
 - DV and family law - shelter spaces; legal representation
 - Substance use, trauma needs for tribal children and youth
 - ⅔ of cases involve mental health and substance abuse
 - Jamestown Sklallam: Our main barriers involved in elevated referrals has been a lack of high needs mental health needs, homelessness and lack of out reach by the family to services do to fear
 - Lower Elwha Klallam: risk factor we are seeing a lot of here is truancy or children not doing well in school. having behaviors that takes them out of the classroom. This can lead to placement disruption
- Poverty, substance use, mental health - rooted in ACEs, racial disparity, and community resilience
 - lack of high needs mental health needs, homelessness and lack of out reach by the family to services do to fear
 - Mental Health - RDA data risk factors
- Law Enforcement - can map out the responses from involving families
- LGBTQ+ youth - higher risk of suicide for youth in foster care system
 - Infographic: https://nihcm.org/publications/foster-care-lgbtq-youth-increased-suicide?utm_source=NIHCM+Foundation&utm_campaign=6cd69a3caa-Trevor+Project+Infographic+052521&utm_medium=email&utm_term=0_6f88de9846-6cd69a3caa-167840556



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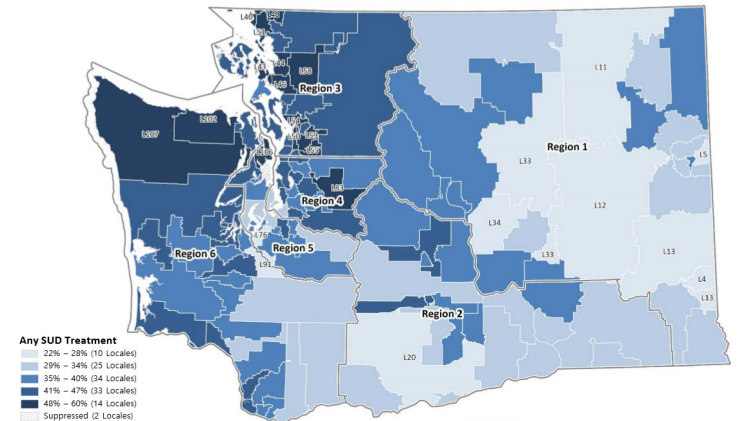
Proportion with Substance Use Disorder by Locale

Caregivers with Child Welfare Involvement, SFY 2015-2018



Proportion with Any Substance Use Disorder Treatment by Locale

Caregivers with Child Welfare Involvement and SUD, SFY 2015-2018



Approaches to include – review of collected thoughts

(Black = original text, blue = discussion notes)

- Center racial equity in resource distribution
 - Support urban/off Res.-dwelling tribal members
- Promoting social connections, peer/community supports
- Invest in organizations already doing the work
- Meet families where they are - neighborhoods, communities, natural connections
 - Collaborations between school, mental health, family support agencies
 - Support “natural supports” with connections to family, friends, and neighbors
 - Address areas of high density Child Welfare referrals
 - Pulling in family voice and having them at the table - families having a say in what supports them and building supports that they have a vested interest in
- Lower stressors on families which contribute to family and domestic violence
- Identification of the family and their needs - CW can't be involved with a family before the baby is born. Services and supports need to start prior to birth - data system to identify and support families - how to do this in a way that is not intrusive? Engaging families in designing these approaches
 - Sometimes agencies would like to work alongside DCYF so they can develop a plan for the family ahead of challenges that may arise
 - Lower Elwha Klallam looking at how to better connect with pregnant women
 - Connecting the medical, social support, and family supports systems
- Neurodiversity in parents - a risk factor for children going into foster placement - lack of supports for parents before this happens. Local hospital has nursing staff who follow parents in this situation - a unique support in this county
 - Cognitive delays and Fetal Alcohol Syndrome - First Step houses home visiting for parents with developmental delay

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Priority Project Planning Tools

Easy Retro discussion tool:

<https://easyretro.io/publicboard/DTGt8u1PRNUAzS9w3FTtPkHfiQl1/7277231e-9e95-4245-86f0-2c841ccd7b3e>

Opportunity Matrix - laying out what people have said in conversations and discussion:

https://docs.google.com/spreadsheets/d/1JWaU6IVmbgnOlG5B4bwxacssPbND2LmJBf3dp7_OqKc/edit?usp=sharing

Group made a few tweaks in the matrix, mostly around available resources.

Opportunity Map and Impact Graph- understanding connections and relationships between needs:

https://miro.com/app/board/o9J_IH1IXFY=/

Port Angeles/Sequim Map with Child Welfare referral hot spots:

<https://www.google.com/maps/d/edit?mid=1ZlilfRwONP9yH70AWNMEt-p5DOfJZ1Kw&usp=sharing>

Priority Project Design – Voting and Discussion

Final discussion – how to integrate ideas?

- While trauma-informed parent ed is needed, the feeling is that it will not “meet families where they are” and respond to high-needs families – folks have to be at a certain level of stability before they can participate in parent education.
- Family resource navigator, located at a “satellite” Family Resource Center office, and being a person with lived experiences
- How do we identify the families who need help? Collaborative case-managing/wrap-around concept with a facilitator who can talk across disciplines for families presenting high needs before referrals have been made
- Next steps:
 - o 1:1 and small group conversations to flesh out ideas, ensure that needed approaches are utilized and considerations are made (Tribal groups, potential service locations, potential contractors)
 - o Reconvene 6/22 to present final project format

New Project Ideas

- Trauma-informed parent education - including information about ACEs and NEAR sciences directly to parents. "Trauma 101 level training". Ex: Tools of the Mind, Trauma Smart Head Start, NEAR @ Home (15 votes)
 - o More than education is needed - looking at yourself and how trauma relates to you and your children - takes ongoing support, not a "one time" thing
 - o Xparenting - trauma-informed mentoring
 - o Might work better pre-natally and in-home. May not work as well for other groups
 - o Having peers who can translate concepts might make this more effective
 - o This should be number one for all demographics.
 - o Making the assumption that the other professionals working with the family are already trained - education related to culture and trauma especially related to tribal communities is most important - need to recognize and respect parent's culture
 - o If you're looking at people who are using substances don't tend to want to attend a training - severe mental health disorders - difficult to attend training
 - o How does this overlap or build upon what Clallam Resilience Project is doing? It's the integration of the knowledge that is important, not just the content of the training - opportunities to provide shared language and training, but the "next step" of how to support people to integrate, practice, model, coach, etc.

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- CRP has people from Clallam who have just been trained to train NEAR sciences
 - Skill building
 - Video- Building Adult Capabilities to Improve Child Outcomes: A theory of change https://youtu.be/urU-a_FsS5Y
 - in Kitsap, they are having a community of practice for families to accompany these trainings
 - Family visiting program out of head start?
 - Parents as Teachers home visiting begins prenatally
 - PCAP also begins prenatally
- Parent/Peer Mentors - 1:1 supports for parents and social connection to peers with lived experience (10 votes)
 - Lack of parenting-peer programs or even just parenting programs that are culturally focused - most of the options are to send them to a "parenting class" that reflects western culture - need to consider the impacts of culturally competent parenting
 - Head Start family visiting - it needs to start earlier - before baby is born - First Steps has a program like this - then "linking in" with Head start
 - Advocates with lived experiences in Healthy Transitions program - the lived experience helps with the connection and trust - grant funded, full paid staff
 - Quality peer mentoring requires a high level of facilitation and training/skill building - especially in complex situations, boundaries can get blurred. Needs careful facilitation
 - I supervised a group of casemangers and some of the most successful workers were those who had lived experience. But they also needed extra training and frequent (weekly) opportunities to staff cases and discuss counter transference with a supervisor
 - Peer work on the Medicaid or other funding streams - WISE peers, recovery models - linking to the work of Healthcare Authority in the community - could we build funding streams from Medicaid
 - Establishing relationships is important to supporting trauma - "i've been there, i'm at your level" - parents will be more open to building trust with peer supports
 - Culturally relevant care - 7 Generational approach?
- "Satellite" family resource centers - connecting remote or specific locations with existing supports (Elwha, Jamestown, housing units) (9 votes)
 - Navigators located at family resource center satellites - funding is going to come down to build these programs - potential capacity to grow these approaches - can provide different components
 - DSHS model:
 - DSHS used to send a worker to Lower Elwha Klallam offices - better connection to state benefits and resources
 - DSHS used to send reps. to Quilute - one of the best used resources was for connecting to Child Support. Once worker became a consistent support, she became connected to the community - rather than "othering" people who live there
 - Allegany County model - had family support centers - were helping folks who didn't speak English - classes, free lunch, childcare, whatever can bring people in to offer them support - exe. Spanish speaking folks in Forks, tribal connections, exe - Mom support group at Aldergrove in Forks
- Family Resource Navigator - designed as a FAR parallel in the community, engaging Help Me Grow system locally (8 votes)
 - Breaking up the silos - collaboration between Medicaid, DSHS, DCYF - keeping ourselves separate
 - PAVE has this model for families coming out of NICU - following families for a year, using connections with other supports around them
- Therapeutic/respite child care supports for families and youth - both for respite and during appointments (7 votes)

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- Transportation - shuttle for families accessing services (6 votes)
- Youth Services Team - collaborative "staffing" with family to provide wrap-around services (5 votes)
- Data tracking system in community to help identify families who are at higher risk (connected with Medicaid?) (5 votes)
- High-risk preschool with parenting component (4 votes)
- "ECEAP Transitional Cohort" - moving up through elementary school with "cohorts" of families from ECEAP programs (3 votes)
- Housing-first approach to help stabilize families with severe needs (3 votes)
- Family, Friends, and Neighbors childcare options - expand awareness, access, supports (2 votes)
- "Family/Community Supporter" training alongside basic Mandatory Reporter training - volunteer network (1 votes)
- Direct funding to support organizations and individuals to collect more Sensemaker stories (in order to more deeply inform future prevention projects) (0 votes)

Expansion of Existing Services/Programs

- Network tribal and non-tribal services more effectively/intentionally (9 votes)
 - o (This can be an approach that we use rather than a program)
- Expand culturally relevant home visiting (6 votes)
- Subsidized mental health vouchers for non-Medicaid eligible (3 votes)
- Partner with schools to provide on-site appointments for families (2 votes)

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