

STRENGTHEN FAMILIES LOCALLY

6/2/21

In attendance:

Tia Amich, Jamie Lovato, Missy Cummins, Jeanie Beagle, Shannon Selland, Joy Lile

Important documents:

SFL onboarding document:

<https://dcyf.box.com/s/pirdixemujfr1hw75gj3bp0enhe bq1c4>

Stevens/Ferry Project Overview:

<https://dcyf.box.com/s/4iouwydo34s7lckxp89kq3sg93in60as>

New Sensemaker “Share a Story” flyer:

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

Project updates

Next meeting: July 7th, 1-3 pm

Topic: Priority Project Planning, cont.
3rd Monday of the month, 1-3

Next Statewide Community of Practice: “Moving Upstream: Preventing Problems Instead of Solving Them” - 6/10, 2-4 pm

Strong Community Network Facilitator contractor: [Spokane Tribal Network](#)

- SCN Facilitator Role:
 - Facilitating local group and increasing parent engagement and equity
 - Setting up a sustainable strategy for SCN engagement
 - “Community Prevention Plan” design in partnership with community
- About Spokane Tribal Network: Spokane Tribal Network provides system resource collaboration, and generate hope along with the Spokane Tribal Community and surrounding communities by nurturing intergenerational wellbeing and healing centered engagement. STN Is currently working towards expanding programming and supports into other parts of Stevens, Ferry and Pend Oreille counties to serve as a networking bridge between tribal communities, schools, and other services.

Community Updates:

- Tri-county Health ACEs prevention work- under Maternal Child Health block grant - coordinating other programs and services
 - Only able to coordinate with other agencies, not funding actual activities.
 - Ideas pitched: Clothing and food pantries at the schools; Handle With Care collaboration between schools and law enforcement; Resilience and ACEs films screenings



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Priority Project Discussion

Tools:

MIRO discussion tool: understanding connections and relationships between needs and priority projects: (*Didn't get to the impact graph*)

<https://miro.com/welcomeonboard/BIF5JYOCFXIGRssDNGMr7yJwZRN23toLozUA2YdZj07Gnl4TviOC10xNQCf9nwKr>

Community Map - how to incorporate geographic areas of need

<https://www.google.com/maps/d/edit?hl=en&mid=16x5g-FvHLCIV8895hb2ZjLbVZJKy0I2U&ll=48.36698827583819%2C-118.5215252253906&z=9>

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

<https://docs.google.com/spreadsheets/d/1RYzR5McJ6Rg8FkaNwzaFoZIRFyIK9Cqww2KlteC8PE4/edit?usp=sharing>

Discussion questions:

- How to incorporate necessary approaches in this work?
- How to weave together multiple ideas?
- How to find alignment with community efforts?
- Specifically, who should do this work and where should it be focused?

Approaches to include:

- Involve school staff and volunteers in child protection and family support as "resource hubs"
- "Bridging" funds to encourage collaboration between small, local, well-networked agencies and larger agencies which have skills and capacities in prevention
- Strengthen natural supports - grandparents, neighbors, friends, church
- Healing-centered engagement for trauma
- "Physical spaces in remote places" - increasing accessibility by providing space for service providers and families to meet - churches, schools, community, libraries, tribal centers
- "Co-Op" school providers at multiple schools
- Enhance connections between CW, ICW, and schools

Most popular project ideas: (notes from discussion in blue)

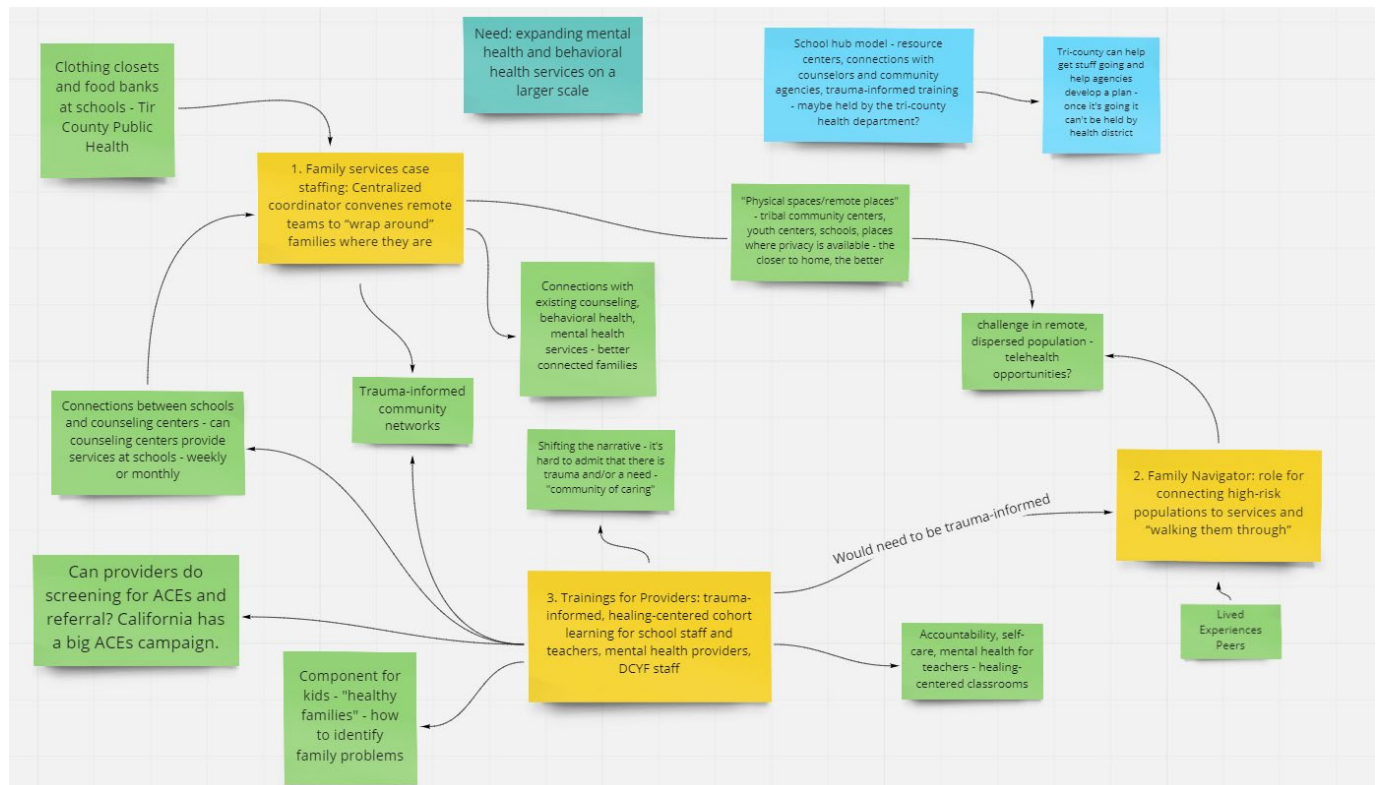
1. **Family services case staffing:** Centralized coordinator convenes remote teams to "wrap around" families where they are (most popular in "voting" tool, last meeting)
 - a. Tri County Public Health: working on ACEs prevention planning. Has proposed clothing closets and food banks at schools.
 - b. Connections with existing counseling, behavioral, mental health services – better connections to families – can counseling centers provide services at schools weekly/monthly?
 - c. "physical spaces in remote places" idea – to bring providers in to tribal centers, youth centers, schools, health centers – the closer to home, the better. Private locations to access telehealth?
 - d. Connection to Trauma-Informed Training (below) - train local teams about trauma and empower them to meet families where they are with wrap-around supports
 - e. Room for "peers with lived experiences" model to serve as part of local teams?

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- f. **School Hub Model:** support school resource centers, connections with counselors and community agencies, and trauma-informed training
 - i. Tri-County Health or Family Impact Network could hold this work?
- 2. **Trauma-Informed Trainings for Providers:** trauma-informed, healing-centered cohort learning for teachers, mental health providers, DCYF staff (popular in Better Health Together Tribal Health Alliance 2.Family Navigator: role for connecting high-risk populations to services and “walking them through” (Popular in Healthy Ferry Community Coalition meeting)
 - a. Shifting the narrative from “trauma informed” to “community of caring” – removing the stigma of “trauma” attached to the message
 - b. Can healthcare providers do screening and referral for ACEs? California model – ACEs campaign.
 - c. Component for youth at schools – “what do healthy families look like” or something similar – how to identify family problems and ask for help
 - d. Accountability, self-care, mental health for teachers – “healing-centered classrooms”
- 3. **Family Navigator:** role connecting high-risk populations to services and “walking them through” systems like DSHS, WIC, SNAP, Medicaid, child care, etc.
 - a. Room for “peers with lived experiences” model to serve as Family Navigators?
 - b. May have to be much more geographically restricted – serve only 1 or 2 communities
 - c. Challenges in remote populations – telehealth options?
 - d. This position would need to be very trauma-informed

Identified need (challenge with this funding): Expanding mental and behavioral health services to a larger scale in the county – more providers, more options, less distance to travel

MIRO discussion map:



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Proposal: After deeper discussion with Tri-County Health Department and Family Impact Network, a few options arise as primary opportunities. We are looking for agencies that could serve as a funding “flow through” and/or implementor for any of the following pieces:

1. **Caring Community Cohort:** teams from local schools, agencies, and DCYF staff to take a trauma-informed training program like Saint A, and then engage with a “community of practice” for 6-12 months where they can deepen their learning and planning to support their local systems to become more trauma-informed. DCYF could provide funds to pay for the initial training; food, supplies and travel for follow-up meetings, and limited staff time.
2. **Local Case Staffing Teams:** The implementing agency would have a coordinator who then supports local teams to provide wrap-around services to families. Teams might include school staff, local agencies (food bank, health clinics, mental health) and a family advocate. This could overlap with #1, as local teams could also be trained in trauma-informed care. Some questions need answering, like how do people get referred? What do local agency participants need to do this? DCYF could fund some staff time for this position, and other costs that arise (travel, training, etc.)
3. **Family Resource Navigator:** Either a centralized person for the county, or a person within a specific community (Inchelium, Republic, Hunters, Kettle Falls, etc.) who can “walk with” families to help them find resources to meet needs. Potential WIC/DSHS connections. DCYF could fund staff time for this position, or for coordination to support this work.

(Another possibility is to combine either #2 or #3 with a Peer/Lived Experiences model to provide a more trusted ally who can support families.)

Next Steps:

- Engaging Healthy Ferry County Coalition in a further conversation about these options
- Engaging specific agencies (Family Impact Network, Tri-County Public Health, Spokane Tribal Network, schools, tribes) in how to implement activities