

# NATIONAL TOWN HALL ON CHILD WELFARE

**MAY 28, 2012 | 3:00 – 5:00 PM (EDT)**

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*Slides and recording will be available for  
download and playback following the webinar.*

ADMINISTRATION FOR  
**CHILDREN & FAMILIES**



*Bryan Samuels*

**PROMOTING WELL-BEING BY  
ADDRESSING THE IMPACT OF  
TRAUMA**

# Waivers as an opportunity for transformative change



Applicants must demonstrate that the proposed project is designed to accomplish one or more of the following goals:

- **Increase permanency** for all infants, children, and youth by reducing the time in foster placements when possible and promoting a successful transition to adulthood for older youth.
- Increase positive outcomes for infants, children, youth, and **families in their homes** and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.
- **Prevent** child abuse and neglect and the **re-entry** of infants, children, and youth into foster care.

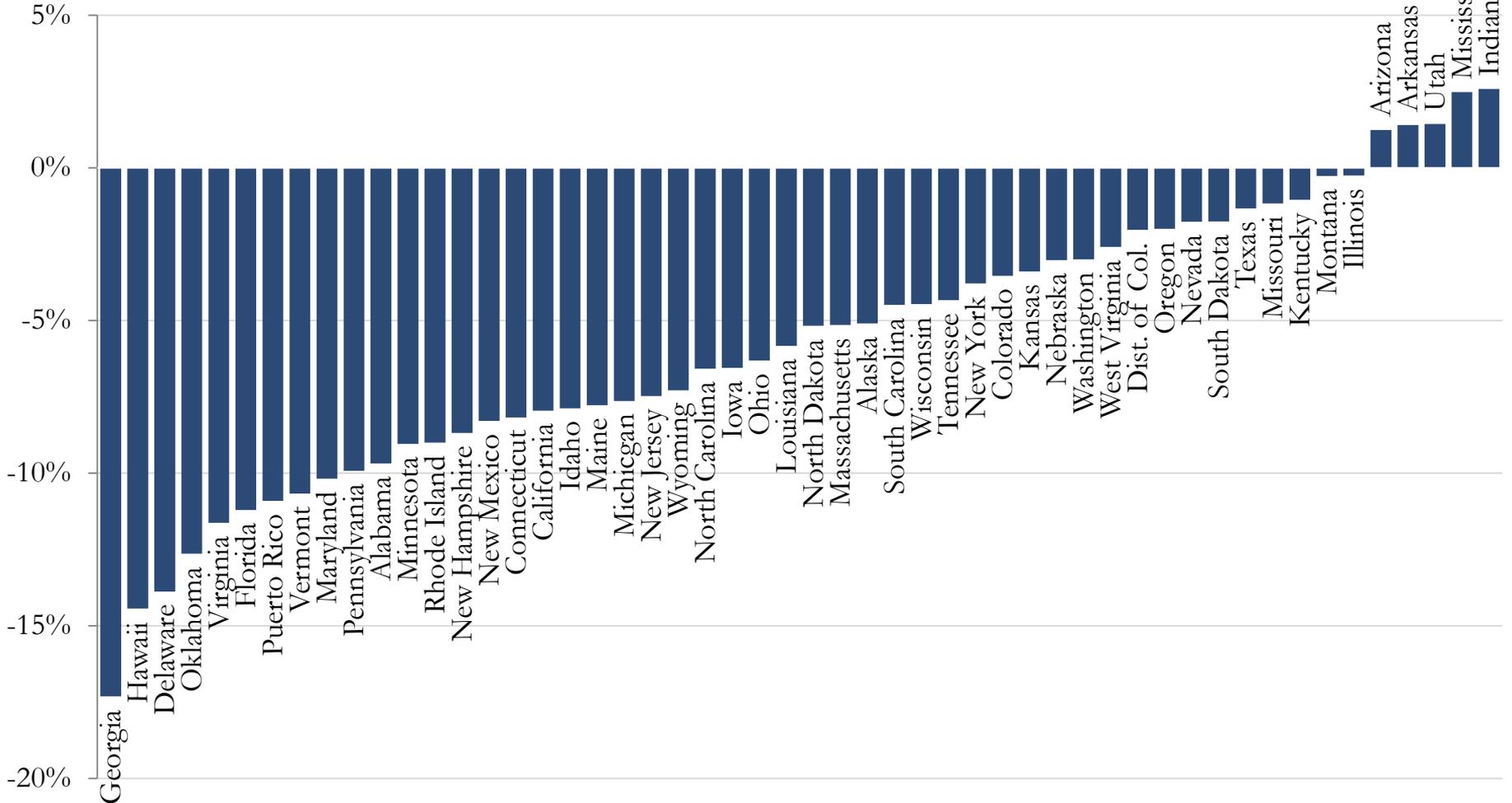
# Priorities for Waiver Demonstrations

- **Produce positive well-being outcomes** for children, youth and their families, with particular attention to **addressing the trauma** experienced by children who have been abused and/or neglected;
- **Enhance the social and emotional well-being of children and youth** who are available for adoption, as well as those who have been adopted, with a particular emphasis on those **children who have been waiting the longest or are hardest to place** in order to achieve and sustain successful adoptions;
- Yield **more than modest improvements** in the lives of children and families and **contribute to the evidence base**; and/or
- **Leverage the involvement of other resources and partners** to make improvements concurrently through child welfare and related program areas, including proposals to establish financial incentives based on the achievement of positive child outcomes.

# Foster Care Population Decline by State



Percent Change in Foster Care Population, 2007-2010



Data Source: Adoption and Foster Care Reporting and Analysis System (2002-2010). Children's Bureau, Administration on Children, Youth, and Families (USDHHS, ACF)



# Well-being has multiple domains that can be impacted by trauma

Adapted from Impact Youth Services, 2011;  
<http://impactyouthservices.com/goals.htm>

ACYF-CB-IM-12-04:  
[http://www.acf.hhs.gov/programs/cb/laws\\_policies/policy/im/2012/im1204.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf)

# Interpersonal Trauma



*“[Complex trauma – also referred to as “developmental trauma disorder” or “chronic interpersonal trauma”] refers to children’s experiences of multiple traumatic events that occur within the caregiving system – the social environment that is supposed to be the source of safety and stability in a child’s life. Typically, complex trauma exposure refers to the simultaneous or sequential occurrences of child maltreatment—including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence—that are chronic and begin in early childhood. Moreover, the initial traumatic experiences (e.g., parental neglect and emotional abuse) and the resulting emotional dysregulation, loss of a safe base, loss of direction, and inability to detect or respond to danger cues, often lead to subsequent trauma exposure (e.g., physical and sexual abuse, or community violence).”*

Southerland, D; Casaneuva, CE; & Ringeisen, H. (2009). Young adult outcomes and mental health problems among transition age youth investigated for maltreatment during adolescence. *Children and Youth Services Review*. 31(9):947.

# Essential Elements of a Child Welfare System Focused on Trauma (1 of 2)



- Maximize the child's sense of safety (with special attention on the role of trauma triggers or reminders)
- Conduct a comprehensive assessment of the child's trauma experiences and the impact on the child's development and behavior to guide services when appropriate
- Assist children in reducing overwhelming emotion
- Address any impact of trauma and subsequent changes in the child's behavior, development, and relationships
- Help children make new meaning of their trauma history and current experiences

Pence, D. (2011). Trauma-informed forensic child maltreatment investigations. *Child Welfare*. 90(6): 49.

# Essential Elements of a Child Welfare System Focused on Trauma (2 of 2)



- Monitor progress/reduced symptoms
- Pay close attention to “transitions” into and throughout placement
- Support and promote positive and stable relationships in the life of the child
- Provide support and guidance to child’s family and caregivers
- Recognize many of the adult caregivers you interact with are trauma victims as well (recent and childhood trauma)
- Manage professional and personal stress

Pence, D. (2011). Trauma-informed forensic child maltreatment investigations. *Child Welfare*. 90(6): 49.

# Core themes for promoting well-being by addressing trauma



- Knowledge building and developing practice
  - Training staff and foster parents
  - Providing supports to staff to address secondary trauma
- Trauma-informed mental health assessment
  - Screening and continual functional assessment that gathers information from multiple sources
- Case planning and management
  - Requires sensitive and responsive relationship between child and social worker, birth parents, foster parents, etc.
- Externally delivered trauma-informed services
  - Skilled mental health providers available
  - Increasing capacity to deliver trauma-focused mental health treatment
- Cross-system partnerships and system collaboration
  - Work with Medicaid and mental health respond to trauma-informed needs being identified

Conradi, L; et al. (2011). Promising practices and strategies for using trauma-informed child welfare practice to improve foster care placement stability: A breakthrough series collaborative. *Child Welfare*. 90(6):207.

# Training All Staff on Childhood Trauma Includes:



- Enhancing practitioners' **empathic understanding** of the nature of traumatic experiences from the child's and family's perspective and the ways in which trauma and its aftermath influence their lives
- Facilitate the development of **clinical reasoning and clinical judgment** in practitioners who work (or plan to work) with traumatized youth and families
- Increase practitioners' interest in and readiness for **trauma-informed evidence-based practice**, including training in specific EBPs
- Provide a **clinical practice- and research-friendly conceptual framework** that will facilitate clearer dialogue between practitioners and researchers of different theoretical orientations and professional disciplines
- Encourage learners to systematically evaluate each case from multiple perspectives in ways that help them to better **understand and address the unique circumstances, strengths, and needs of each client**

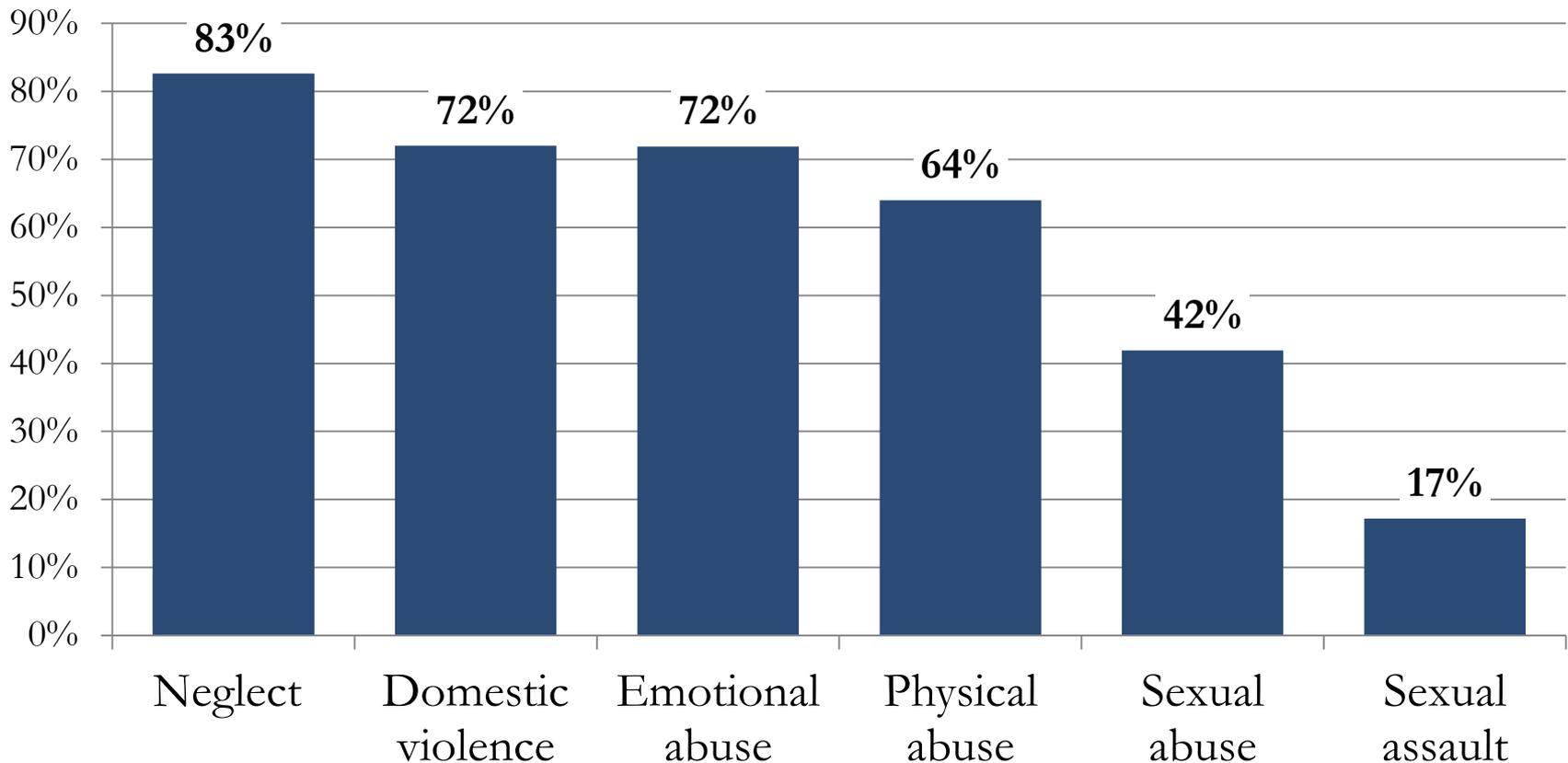
**Core Concepts in Childhood Trauma** piloted at Fordham Graduate School of Social Work in 2010

Layne, C; et al. (2011). The Core Curriculum on Childhood Trauma: A tool for training a trauma-informed workforce. *Psychological Trauma: Theory, Research, Practice, and Policy*. 3(3): 243.

# Neglect is the Most Common Trauma Type among Children Entering Foster Care

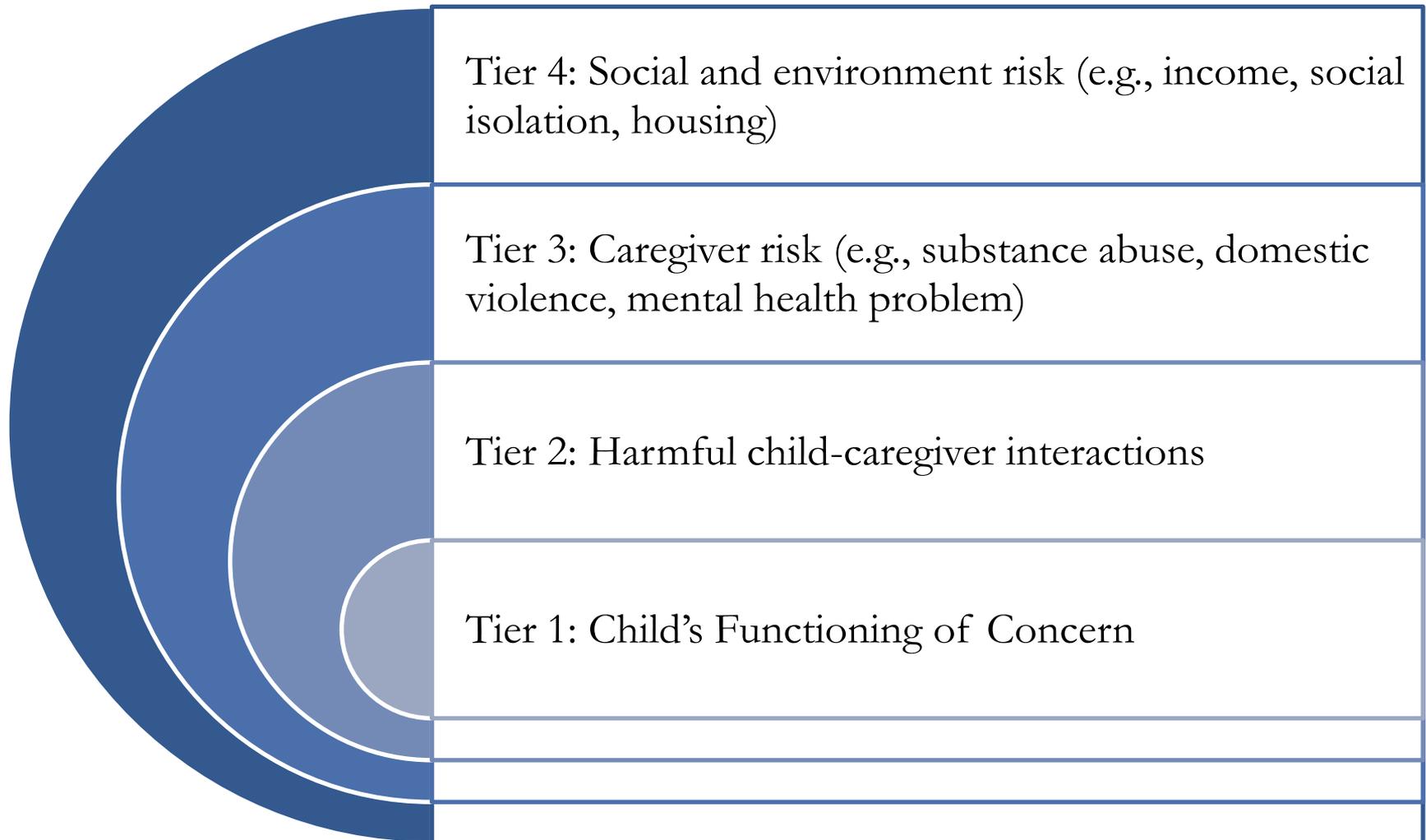


Types of Abuse among Children Entering Foster Care



Greeson, JKP; et al. (2011). Complex trauma and mental health in children and adolescents placed in foster care: findings from the National Child Traumatic Stress Network. *Child Welfare*. 90(6):91.

# Tiered Approach to Addressing Neglect



Glaser, D. (2011). How to deal with emotional abuse and neglect – Further development of a conceptual framework (FRAMEA). *Child Abuse & Neglect*. 35:866.

# Child Maltreatment Investigations



*“...a trauma-informed child maltreatment investigation (TICMI) seeks to gather the facts in ways that minimizes system induced trauma while avoiding triggering memories and reactions associated with past traumas. A TICMI initiates the relationship with the parents and caregivers in a manner that facilitates engagement rather than building a wall of fear and distrust. This connection provides an opportunity to gain a more realistic picture of the family, their functioning, covert risks, strengths, cultural influences, and needs.”*

**2004 – 2005, TICMI used in five southern California counties**

Pence, D. (2011). Trauma-informed forensic child maltreatment investigations. *Child Welfare*. 90(6): 49.

# Trauma Screening & Assessment



## Trauma Screening

Universally administered to determine a child's trauma history and related symptoms

## Trauma Assessment

If child has a history of trauma and is currently displaying trauma symptoms, referral for trauma mental health assessment is warranted

## Psychological Evaluation

Designed to answer a specific referral question

**IL uses the CANS-Trauma Instrument for all children coming into foster care**

Conradi, L; Wherry, J; & Kiesel, C. (2011). Linking child welfare and mental health using trauma-informed screening and assessment practices. *Child Welfare*. 90(6): 129.

# Prevention Intervention with a Trauma Focus



## Supports Families to Promote Well-Being through:

- Knowledge and normalization of trauma reactions
- Family organization, cohesion, and adaptation to acute and chronic stress
- Coping strategies/resilience enhancement/emotion regulation
- Family-shared meaning of trauma and environment
- Social support, including sibling support

## Reduces Risk Factors, including:

- Trauma symptoms of child and caregiver
- Negative attributions related to the traumatic events
- Child and caregiver trauma related mental health problems

**Trauma Adapted Family Connections is being pilot tested within the National Child Traumatic Stress Network and SAMHSA**

Collins, KS; et al. (2011). Trauma Adapted Family Connections: Reducing Developmental and complex trauma symptomatology to prevent child abuse and neglect. *Child Welfare*. 90(6): 29.

# Solution-Based Casework



A strengths and solutions approach to case management should be used as complements to working with children and families on trauma issues in the child welfare system.

Child welfare has traditionally adopted a deficit approach to clients due to the alleged maltreatment of children. However, when family strengths and solutions are identified and exceptions to problem patterns are utilized, clients are much more likely to succeed. Solution Based Casework (SBC) is anchored around three basic tenets;

1. **Problems are defined within their specific developmental context**, i.e. the everyday family life tasks that have become challenging
2. **Outcomes are kept relevant and measurable** by focusing the casework partnership on those everyday family life challenges, and
3. **Collaborative teams are utilized** and facilitated to keep safety, wellbeing, and permanency solutions in focus.

Antle, BF; Barbee, AP; Christensen, DN; Sullivan, DJ. (2009). The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. *Children and Youth Services Review*. 31:1346.

# Effectiveness of Solution-Based Casework



Several studies have been conducted to evaluate the effectiveness of SBC:

- 77% of SBC families followed through with referrals to services, only 35% of those in the non-SBC group did so (Antle et al, 2002).
- 76% of clients in the SBC group signed the case plan, while only 24% in the non-SBC group signed the plan (Christensen et al, 1999).
- SBC model significantly reduced recurrence/report compared to those in which the model was not used (Antle et al, 2009).
- 90% of workers in the non-SBC group removed children from the home, only 59.3% removed children when SBC was used (Christensen et al, 1999).

Antle, BF; Barbee, AP; Christensen, DN; Sullivan, DJ. (2009). The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. *Children and Youth Services Review*. 31:1346.

Christensen, D. N., Todahl, J., & Barrett, W. G. (1999). *Solution-based casework: An introduction to clinical and case management skills in casework practice*. New York: Aldine DeGruyter.

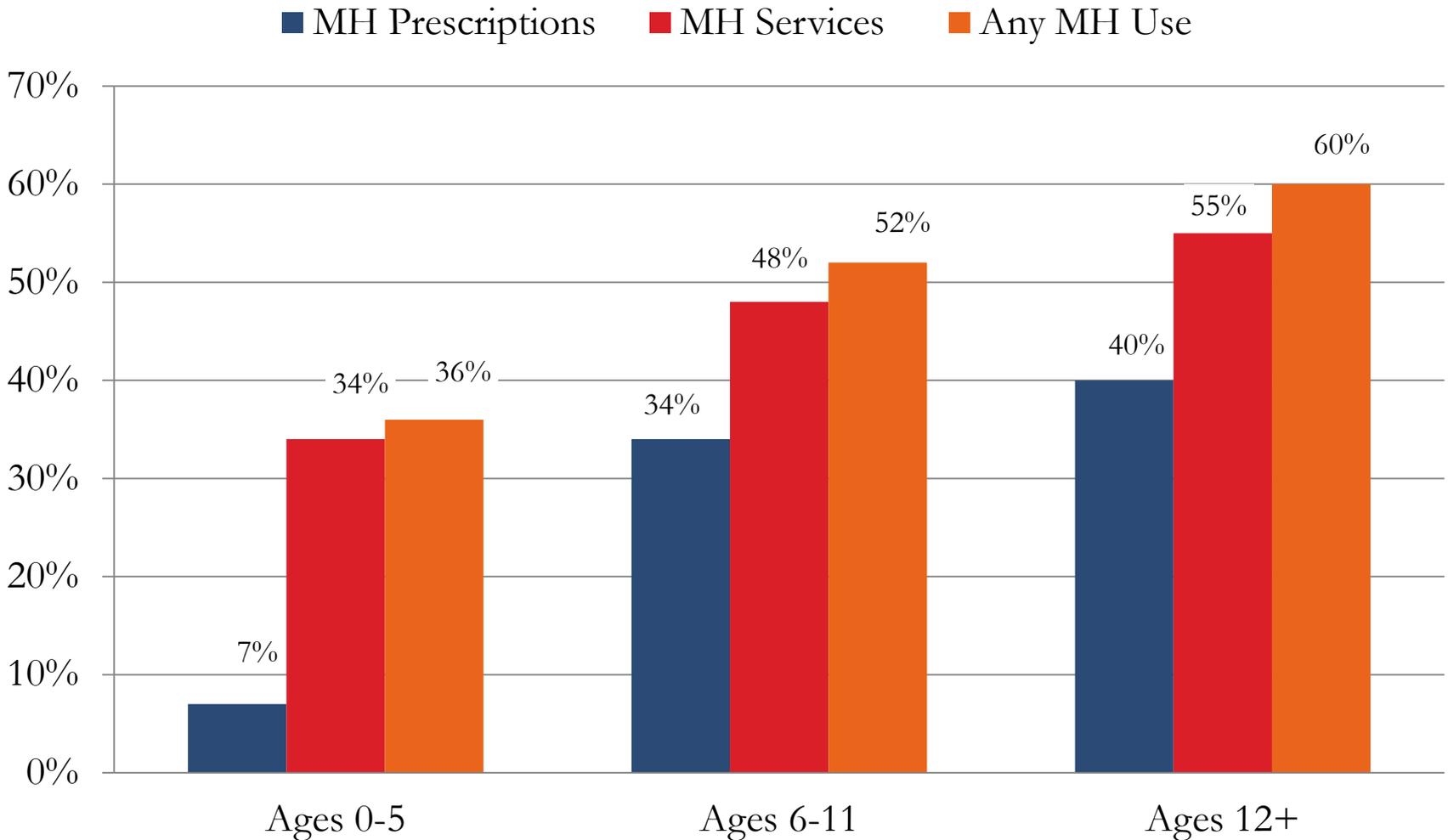
# Evidence-Based Interventions



*“Evidence from multiple trials supports the effectiveness of Attachment and Biobehavioral Catch-up and Trauma-Focused Cognitive Behavioral Therapy for improving child well-being. Multidimensional Treatment Foster Care for Preschoolers and the Bucharest Early Intervention Project, both highly individualized and multimodal foster care interventions, also provided evidence for child well-being. Parent-Child Interaction Therapy adapted for abusive parents and supplemented with a motivational intervention orientation improved safety outcomes. Multidimensional Treatment Foster Care for Preschoolers and Keeping Foster and Kinship Parents Trained and Supported improved permanency outcomes.”*

Authors. (2012). Draft Comparative Evidence Review: Child Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Maltreatment. Washington, DC: Prepared for Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. Draft evidence reports/technology assessments are distributed solely for the purpose of pre-release peer review. They have not been otherwise disseminated by AHRQ. They do not represent, and should not be construed to represent, an AHRQ determination or policy.

# Important Role Medicaid Plays in Serving Children and Youth in Foster Care



Data source: HHS, 2010

# Rethinking Residential Treatment



Residential treatment programs usually providing a safe, stable environment; mobilizing peer influence; arranging reinforcers for improved behaviors; providing individual psychotherapy; involving parents and other family members; providing training in self-management and other skills; and providing transitional and after-care services (Ellis, 2008; James, 2011). However, none of these components explicitly address trauma.

For residential treatment, programs could be redesigned to:

- assess youth's strengths, resources, trauma/*loss history, life situation, and presenting* problems;
- identification and enhancement of the client's goals and motivation;
- trauma-informed case formulation and treatment planning;
- stabilization, potentially including case management, parent/*staff training*, problem-solving, and strategic avoidance of high risk situations;
- identification and enhancement of coping and affect tolerance skills;
- resolution of trauma and loss memories;
- consolidation of gains; and
- anticipation of challenges after re-entry into stressful environments.

**A re-designed treatment program in San Diego achieved a 34% increase in problem reduction, 39% reduction in treatment time, and about double the rate of positive discharges.**

Greenwald, R; Sirada, L; Schmitt, TA; Reslan, S; Fierle, J; & Sande, B. (2012). Implementing trauma-informed treatment for youth in a residential facility: First-year outcomes. *Residential Treatment for Children & Youth*. 29:141.

# Application, Review, and Approval of Waivers



- **May 14:** Release of Information Memorandum
- Technical assistance provided through application
- **June 4:** Letters of Intent due (*optional, but not required*)
- **July 9:** Proposals due (*may be submitted earlier*)
- Federal review begins promptly upon receipt of proposals
- Negotiation with States
- **September 28:** Waiver terms and conditions signed

See ACYF-CB-IM-12-05: Child Welfare Waiver Demonstration Projects for Fiscal Years (FYs) 2012-2014

[http://www.acf.hhs.gov/programs/cb/laws\\_policies/policy/im/2012/im1205.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1205.pdf)

A photograph of a man in profile, looking up at a baby who is laughing joyfully. The man is wearing a dark blue shirt. The baby is wearing a purple and white striped shirt. The background is a soft, light blue gradient. The overall mood is warm and affectionate.

*Clare Anderson*

# **NEW PSYCHOTROPIC MEDICATION MANAGEMENT REQUIREMENTS**

# New Psychotropic Medication Management Requirements



1. **Comprehensive and coordinated screening, assessment, and treatment planning** mechanisms to identify children's mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication);
2. **Informed and shared decision-making** (consent and assent) and methods for on-going communication between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders;
3. **Effective medication monitoring at both the client and agency level;**
4. Availability of **mental health expertise and consultation** regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist (at both the agency and individual case level); and
5. **Mechanisms for accessing and sharing accurate and up-to-date information and educational materials** related to mental health and trauma-related interventions (including information about psychotropics) to clinicians, child welfare staff, and consumers.

ACYF-CB-IM-12-03: [http://www.acf.hhs.gov/programs/cb/laws\\_policies/policy/im/2012/im1203.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf)

ACYF-CB-PI-12-05: [http://www.acf.hhs.gov/programs/cb/laws\\_policies/policy/pi/2012/pi1205.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2012/pi1205.pdf)

ACYF-CB-PI-12-06 (Tribal): [http://www.acf.hhs.gov/programs/cb/laws\\_policies/policy/pi/2012/pi1206.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2012/pi1206.pdf)

A young child with short brown hair, wearing a blue and white striped shirt, is focused on painting a wall. The child is holding a paintbrush with orange paint and is in the process of applying a stroke. The wall is covered in various colorful brushstrokes, including blue, green, and orange. The background is slightly blurred, showing a white wall and some furniture.

*Clare Anderson*

# **FUNDING OPPORTUNITY ANNOUNCEMENTS**

# Child Welfare-Early Education partnerships to Expand Protective Factors for Children with Child Welfare Involvement

- Support school-based initiatives to implement multi-disciplinary interventions **building on protective factors** for children who are at risk of child abuse and neglect or are currently in the child welfare system
- Improve collaboration between early childhood and child welfare programs with the goal of maximizing the number of children involved in the child welfare system who are **enrolled in early childhood programs**
- Develop viable partnerships that include commitments from child welfare and early childhood (e.g., Head Start, Early Head Start, State Pre-K) and may involve health and mental health organizations

# Regional Partnerships to Expand Protective Factors for Children with Child Welfare Involvement



- Test targeted approaches designed to increase the well-being, improve permanency outcomes, and enhance the safety of children and families affected by substance abuse
- Implement specific, well-defined program services and activities that are **evidence-based or evidence-informed and trauma-informed**
- **Improve well-being and functioning** for families affected by substance abuse

# Comprehensive Support Services for Families Affected by Substance Abuse and/or HIV/AIDS



- Increase well-being, improve permanency, and enhance the safety of infants and young children who have been exposed to a dangerous drug or have been exposed to HIV/AIDS and/or at risk of being placed in out-of-home care as a result of the parent(s) substance abuse or HIV status
- Test targeted approaches to substance and HIV/AIDS issues affecting the family (including older siblings) from prevention, treatment to aftercare services
- Implement **evidence-based, evidenced-informed, and/or trauma-informed practices** or other effective treatments

# Initiative to Improve Access to Needs-Driven Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare

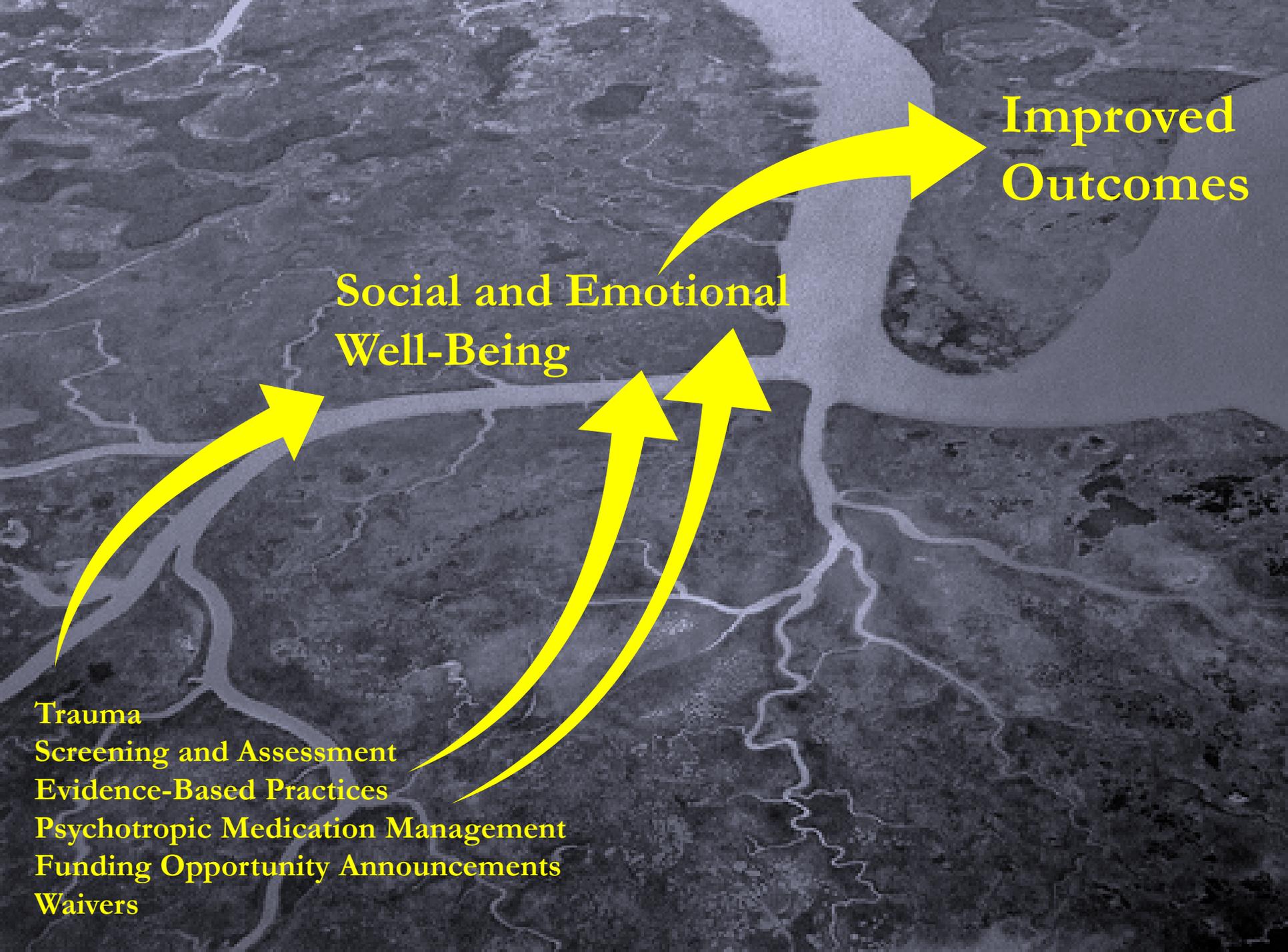


- Improve adoption outcomes by creating a flexible service array that provides early access to **effective mental and behavioral health services** that match the needs of children, youth, and families in the service population
- Support the implementation of **evidence-based or evidence-informed screening, assessment, case planning, and service array reconfiguration** practices in child welfare systems while simultaneously targeting and de-scaling practices and services that: 1) are not effective; and/or 2) do not meet the assessed needs of the target population
- Identify factors and strategies associated with successful installation, implementation, and sustainability of service system changes

# Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System



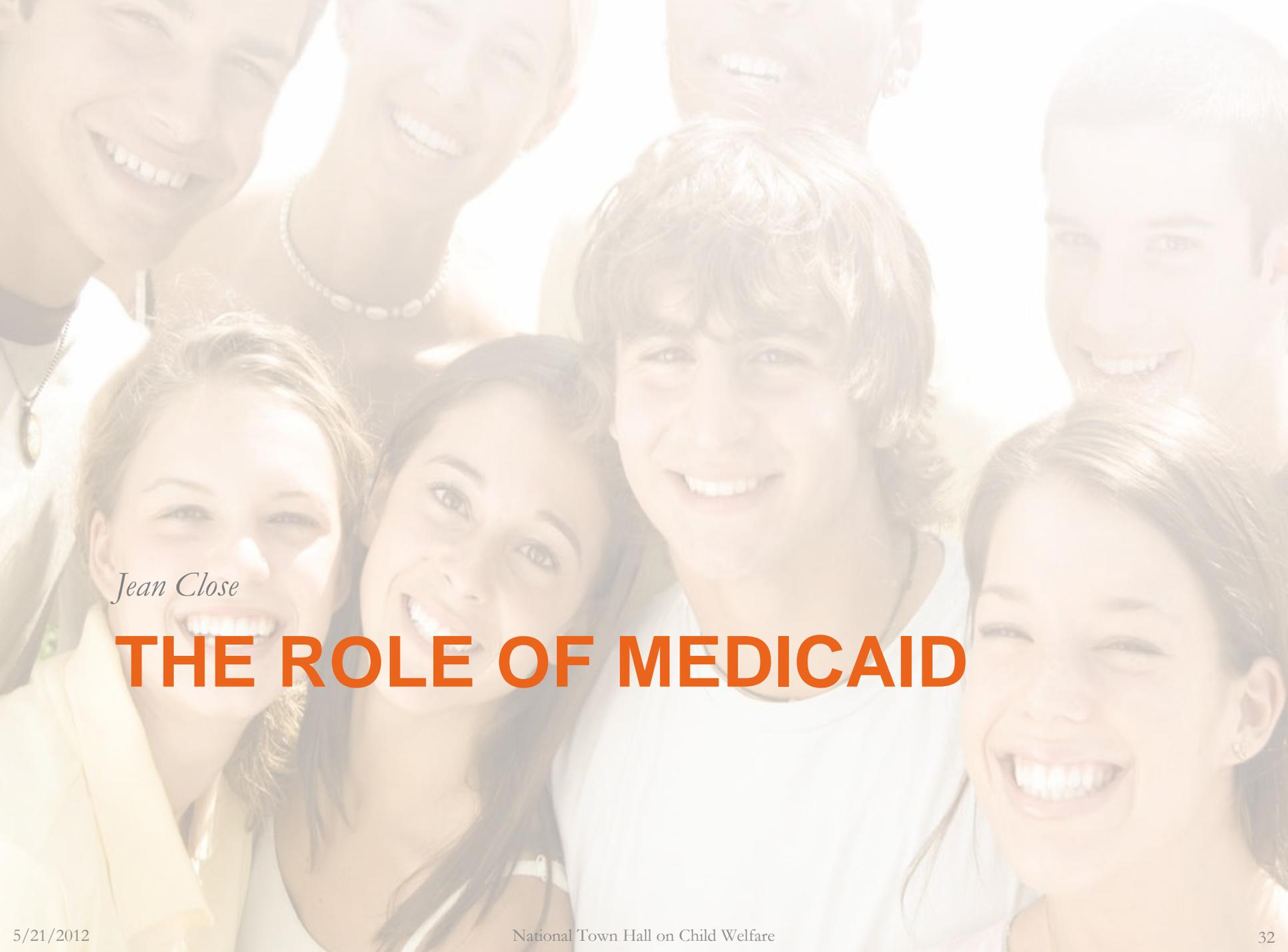
- Develop triage procedures for a subset of families who come to the attention of the child welfare system due to severe housing issues and high service needs
- Implement supportive housing services that integrate community services for housing and other critical services
- Customize case management services for children and their parents, as well as **trauma informed interventions and mental health services** through partnerships to access additional services through community-based service provider



**Trauma  
Screening and Assessment  
Evidence-Based Practices  
Psychotropic Medication Management  
Funding Opportunity Announcements  
Waivers**

**Social and Emotional  
Well-Being**

**Improved  
Outcomes**



*Jean Close*

# THE ROLE OF MEDICAID

# Aligning Resources to Promote Well-Being of Children & Youth



- Initial efforts to align Federal resources (ACF, CMS, SAMHSA) surrounded psychotropic medication use among children in foster care
- Continuing need to work in partnership to understand and provide the right services to children who have experienced trauma
- Opportunities to ensure that children receive the right treatment through Medicaid's EPSDT benefit and new Affordable Care Act authorities.

# Making a Difference in Children's Behavioral Health & Well-Being



Join Medicaid in:

- Improving children's access to the right services at the right time
- Identifying a good benefit for children with behavioral health needs
- Improving positive life outcomes for the most vulnerable children
- Improving the quality of children's behavioral health services

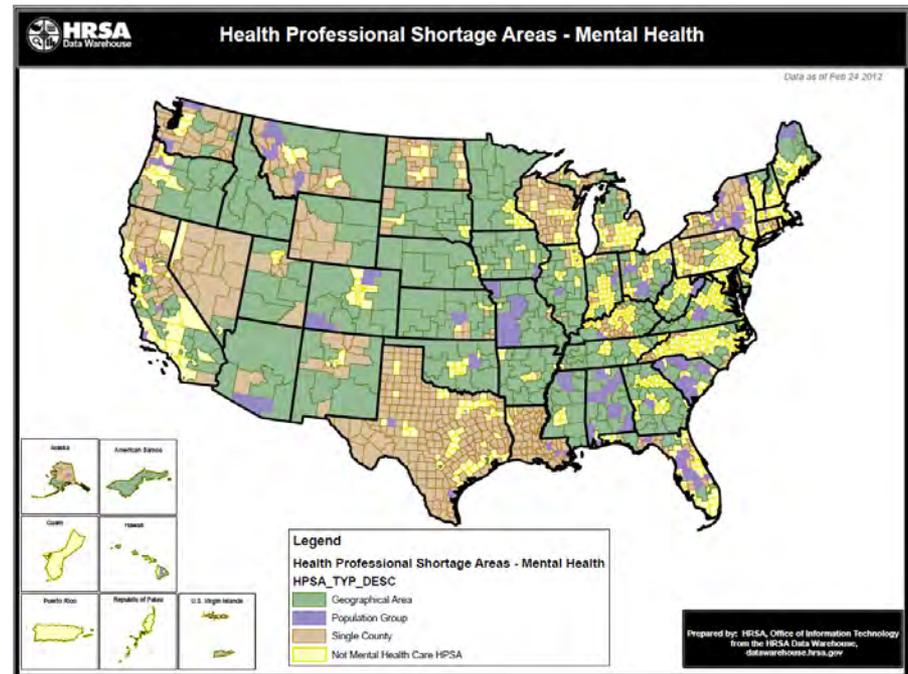
A young boy in a red long-sleeved shirt is being held up by a man in a white shirt. The boy is looking up with a wide, joyful expression, his mouth open as if laughing or shouting. The man is also smiling broadly, looking up at the boy. The background is a bright, warm-toned wall with large, abstract geometric shapes in shades of orange and yellow. The overall mood is one of happiness and connection.

*David DeVoursney*

# **THE ROLE OF MENTAL HEALTH**

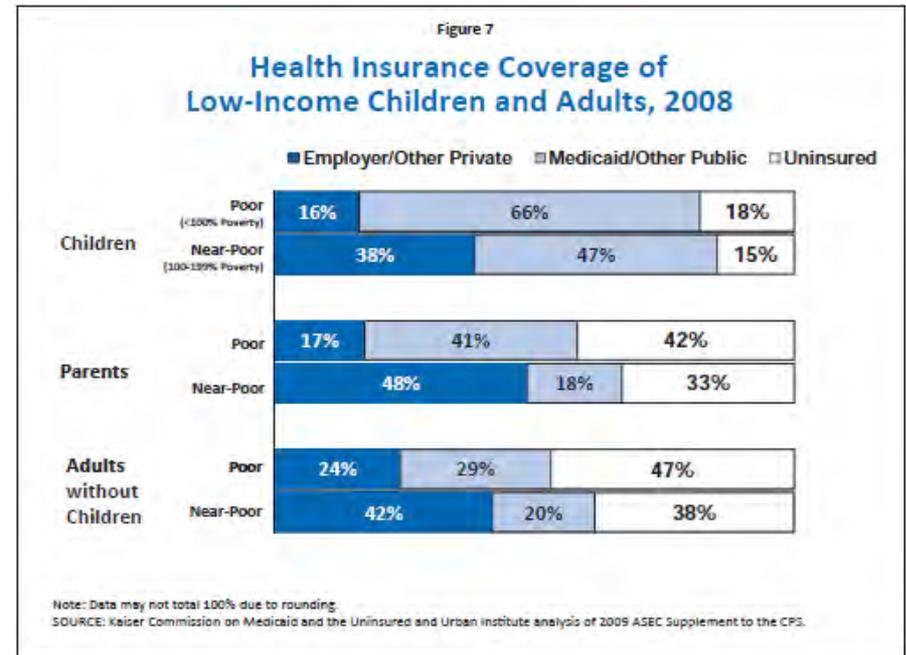
# The Challenge and Promise of Quality

- Workforce Shortages
  - 94 million Americans live in HRSA-designated Mental Health Professional Shortage Areas
  - 69 million are estimated to be underserved (adequate providers do not exist to serve them).
- Electronic Health Records
- Quality Measures
  - SAMHSA is working to identify quality measures
- State Contracts and Benefit Design
  - Medicaid
  - General Revenue and Block Grants



# Health Reform and the “Good and Modern Mental Health & Addictions System”

- SAMSHA is defining the set of services that should be a part of a “Good and Modern” system
- Developing service definitions and assessing the evidence, across the age-span, for:
  - Preventive Services
  - Treatment
  - Recovery Services and Supports
- This is meant to inform ACA implementation
- Beginning in 2014, the ACA provides Medicaid coverage to youth below the age of 25 who were formerly in foster care for a period of six months or more



- Increased coverage of parents (Including treatment for mental and substance use disorders).

# SAMHSA's Grant Mechanisms for Improving the Behavioral Health System for Children & Youth



- Block Grants:
  - Mental Health Block Grants
  - Substance Abuse Prevention and Treatment Block Grants
  - 2014-2015 BG Application
- Children's Mental Health Initiative: Scale up the System of Care Approach
- Assertive Adolescent and Family Treatment
- Project LAUNCH Grants – promotion/prevention focus
- National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org))

# Collaborations with Administration on Children Youth and Families



- Linking NCTSN with ACYF Integrating Trauma in Child Welfare Grantees
- Departmental High Priority Goal around Children and Youth in Child Welfare Who have Experienced Trauma
- Psychotropic Medications
- Treatment/Therapeutic Foster Care Technical Experts Panel
- Behavioral Health Coordinating Council
- National Center for Substance Abuse and Child Welfare
- Interagency Work Groups:
  - Youth Programs
  - Child Abuse and Maltreatment
  - Early Childhood

A photograph of a classroom scene from a rear perspective. Several students are seated at desks, with their hands raised in the air, indicating they want to ask a question or answer. The background is a chalkboard filled with faint, illegible writing. The overall lighting is soft and slightly desaturated, with a warm, orange-toned text overlay.

**QUESTIONS**