

**LARIMER COUNTY INTERAGENCY OVERSIGHT GROUP (LCIOG)**

**FEBRUARY 12, 2015**

**11:30 AM – 1:00 PM**

**LARIMER COUNTY COURT HOUSE**

**200 WEST OAK STREET**

**CARTER LAKE ROOM, 1<sup>ST</sup> FLOOR**

**FORT COLLINS, CO 80521**

**Voting Members in attendance:** Michelle Brinegar, Dale Lake, Darcie Votipka, Jenny Ellison, Jim Drendel, Avie Strand, Charlie Carter, Cyndi Dodds, Josi McCauley, Chris Gastelle, Kay Dechairo, Alex Murphy

**Non-Voting Members in attendance:** Greg Otte, Sharon Swett

**Guests:** Catherine Weaver, Andrea Fotsch, Judy Rodriguez

**Recorder:** Deb Bowen

- I. Call to order by Avie Strand at 11:40 AM
- II. Welcome and Introductions around the table. Judy Rodriguez was introduced as a new employee of Larimer County Dept. of Human Services and works in the Children, Youth and Family (CYF) Division. She will assist the CYF Administration Team with State projects and legislative issues. She will sit on several State committees since she brings a wealth of knowledge from her previous role as an Administrator for the Colorado Dept. of Human Services.
- III. Review and Approval of minutes from December 11, 2014 and January 8, 2015. Motion to approve minutes by Dale Lake, seconded by Chris Gastelle. All in favor, motion passed, minutes approved.
- IV. Update HB-1451 State Sub Committees  
It is still unclear if legislation will be passed after the HB-1451 issues were brought up. A steering committee met with the Collaborative Management Program Board (CMPB) for funding of HB-1451.
  - Memorandum of Understanding (MOU) Committee – Shannon Reiff & Judy Rodriguez, Co-chairs
    - The MOUs will be revamped for all counties participating and will follow a format approved by the State. Each county must hold regular meetings.
  - Outcomes Committee – Jim Drendel, Co-chair
    - Two levels of outcomes are proposed. Process outcomes and an outcome based on meaningful minimum based on county size. Each county would pick their own outcomes to participate in HB-1451, i.e., successful Probation, Division of Youth Correction commitments, reducing Congregate Care and School Truancy.
  - Allocation Committee – Thad Paul, Co-chair
    - Committee will put forth a plan for general fund savings allocation for Child Welfare but that needs to be clarified.
    - Colorado Counties Inc. (CCI) and Colorado Department of Human Services Directors Association (CDHSDA) are behind keeping the \$2,600,000 in divorce fees for use by the 40 counties that participate in HB-1451. The Governor has recommended an additional \$2,000,000 from the general fund be used for HB-1451.
- V. Promoting Safe and Stable Families (PSSF) Update
  - A Fact Sheet for PSSF is attached.
  - PSSF is housed under the Office of Early Childhood at the State level. Larimer County currently receives PSSF funds but in 2016 the process to receive funds will be awarded as a competitive process. 22 counties participate in PSSF funding and other counties now want to access these funds.
  - Larimer County DHS met with some of the community providers to help explain the new process and help align them with the goals set by the Office of Early Childhood. \$65,000 of funds will be open to Larimer County to provide new services. We must hit the targets set by the State. The funds are allocated with 40% to helping children in foster care, 15% for post-adoption and moving towards adoption services with the rest to prevention services.
  - Some LCIOG volunteers are needed to help review PSSF proposals and funding at a special meeting on March 18, 2015 from 11:00 AM – 1:00 PM at the Court House. Dale Lake, Avie Strand, Sharon Swett and Alex Murphy have all agreed to help. Thank you.
    - We will be reviewing and ranking our Core Services, discussing what's valuable, what's missing and what changes may need to be made to services.
- VI. Trauma Informed Care
  - The Federal Department of Human Services has mandated trauma screening for child welfare nationally.

- A Fact Sheet on the Impact of Trauma on Children and Families is attached with other documents on Larimer's Trauma project.
- Larimer County DHS has been working with Dr. James Henry for trauma screening for child welfare children in our county. 15% of our children are scoring at a high level of trauma on the screening tool.
- Judy Rodriguez will write Larimer County's IV-E waiver and will ask for more funding for trauma services.

VII. Old Business – None

VIII. New Business

- Since Judy Rodriguez is sitting on the CMPB and working on the MOU Committee she may need clarification on some of our LCIOG agencies and may contact you for further information as the MOU is revamped.

IX. Next LCIOG Meeting

**March 12, 2015**

**10:30 AM – 1:30 PM \* Note longer time period – reviewing and ranking services \* Dr. Marc Winokur will be invited.**

**Larimer County Court House**

**200 West Oak Street**

**Carter Lake & Boyd Lake Rooms, 1<sup>st</sup> Floor**

**Fort Collins**

X. Adjourn 12:55 PM

Notes Submitted by Deb Bowen

## Larimer County Children, Youth and Family Fact Sheet

### Promoting Safe and Stable Families

Promoting Safe and Stable Families (PSSF) grant funds are awarded to county's throughout Colorado. The total allocation is \$1,867,146.00 with a 30% match requirement. Larimer County currently receives \$95,000 annually in PSSF funds. A minimum of 40% of the total funds must be used towards reunification services and a minimum of 15% must be used towards adoption promotion services.

The PSSF program in Larimer County provides our community with a low cost respite resource, child care scholarships, parenting classes, after school and summer programming, support and training for kinship and foster parents, mediation services, and family meetings.

#### **PSSF Populations:**

- **Family Support** – families in crisis and in need of support; may not have any current or past child welfare, but are at risk.
- **Family Preservation** – families with children at risk for removal; generally these families receiving services through an open DHS case.
- **Family Reunification** – children who are in out of home placement
- **Adoption Support** – children who are legally free for adoption and in need of adoption services

#### **Program Goals:**

- Prevent abuse and neglect through supportive family services
- Prevent the unnecessary separation of children from their families through intensive preservation services.
- Minimize the length of time children remain in foster care through safe and expedient reunification
- Promote permanent placements and support life-long family connections for children and youth through adoption promotion and post permanency support services.

<b>Outcomes</b>	<b>FY04</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>Federal Goal</b>
<b>% of all PSSF children not having a confirmed report of abuse/neglect (No Abuse)</b>	100%	99%	99.6%	100%	99%	95%
<b>% of Reunification Children who are reunited with family (Reunification/12 months)</b>	36%	32%	93.3%	20.8%	70%	76%
<b>% of Adoption Children adopted (Adoption/24 months)</b>	3%	25%	73.3%	62.5%	81%	36%
<b>% of Preservation/Support children remaining with family (Remain Home)</b>	93%	96%	99.1%	99%	99%	90%

\*Outcomes are representative of children served through PSSF funds only, these are not representative of all children served by DHS Larimer County.

## The Impact of Trauma on Children and Families

### Why is it important that trauma is addressed in the child welfare field?

- Many children and their birth parents in the child welfare system have experienced different kinds of trauma. Nearly all children in the system have had some exposure to neglect, family violence, physical, emotional and/or sexual abuse.<sup>8</sup>
- Neglect has been shown to have an incredible impact on a child's development and can be traumatic in itself.<sup>8</sup>
- Parents' past or present experiences of trauma can affect their ability to keep their children safe, to work well with child welfare staff, and to respond to the requirements of the child welfare system.<sup>8</sup>

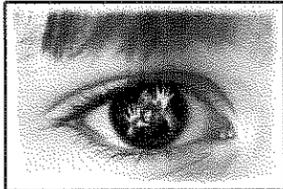
*Adults who have experienced childhood trauma are more at risk for difficulty in controlling their emotions, maintaining physical and mental health, relationships, parenting and maintaining family stability.<sup>8</sup>*

### What is childhood trauma?

- *What is trauma?* An overwhelming event or events that render a child helpless, powerless, creating a threat of harm and /or loss AND the internalization of the experience that continues to impact perception of self, others, world and development.<sup>5</sup>
- *Complex trauma:* children's experience to multiple or extended traumatic events and the impact on their development.<sup>8</sup>
- This can result in children losing emotional balance, sense of safety, direction, and the ability to sense or respond to danger cues.<sup>8</sup>
- This can set off a chain of events leading to additional trauma exposure in adolescence and adulthood.<sup>8</sup>

### Adverse Childhood Experiences Study

- "The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being."<sup>3</sup> Examples of ACEs are emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parent treated violently, substance abuse or mental illness in the home.
- "Childhood abuse, neglect, and exposure to other traumatic stressors which we term **adverse childhood experiences** (ACE) are common. Almost two-thirds of [the] study participants reported at least one ACE, and more than one of five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems."<sup>3</sup>



### Trauma and placement of children in stranger care

- Children in non-parental care were:
  - 2.7 times more likely as children living with two biological parents to have had at least one adverse experience.<sup>2</sup>
  - More than 2 times as likely as children living with one biological parent.<sup>2</sup>
  - About 30 times as likely as children living with two biological parents to have had four or more adverse experiences.<sup>2</sup>
  - More than one half of children in foster care had experienced caregiver violence or caregiver incarceration and almost two thirds lived with a caregiver with a drug or alcohol problem.<sup>2</sup>
- Children who have been removed from their parents show "fears of being totally abandoned and an overwhelming feeling of helplessness [within the child], making it difficult for them to process any information given to them."<sup>4</sup>
- For children, the placement process can "[hinder] their ability to evaluate the potential of events to threaten their personal well-being, relationships, and matters of significance in their lives".<sup>6</sup>

## **What can we do about trauma?**

- An important concept in understanding and treating trauma is that trauma is a biologically brain-based issue. People who have experienced trauma (especially children whose brain is still developing), their brains that are wired with a heightened “fight, flight or freeze” response.



- Neuroscience, or the science of the brain and nervous system, has shown that with treatment, the brain can be “rewired” (neuroplasticity) so children and adults can respond to their environment in productive ways.<sup>7</sup>
- Larimer County Department of Human Services is now screening children we serve for trauma and referring them to trauma assessments to determine if children would benefit from trauma interventions.

1 Easing Foster Care Placement: A Practice Brief. (2012).

2 Bramlett, D., & Radcliff, L. (2014). Adverse Family Experiences Among Children in Nonparental Care. *National Health Statistics Reports*, 1-1.

3 Center for Disease Control and Prevention Website: <http://www.cdc.gov/violenceprevention/acestudy/>

4 Folman, R. (1998). “I Was Taken”. *Adoption Quarterly*, 7-35.

5 Henry, J. (Director) (2014, January 1). Trauma 101. Lecture.

6 Mitchell, M., & Kuczynski, L. (n.d.). Does anyone know what is going on? Examining children's lived experience of the transition into foster care. *Children and Youth Services Review*, 437-444.

7 Simpkins, C., & Simpkins, A. (2013). *Neuroscience for clinicians evidence, models, and practice* (pp. 165-174). New York, NY: Springer.

8 [www.NCTSN.org](http://www.NCTSN.org)

<b>TRAUMA PRACTICE</b>	<b>VS</b>	<b>TRAUMA LEADERSHIP</b>
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|---|--|---|
| <ul style="list-style-type: none"> <li>• Community group to share how work is going with clients</li> <li>• Share barriers and successes</li> <li>• Share strategies and resources</li> <li>• Review recommendations made in trauma assessments to determine how much has been done and if there are gaps in service delivery</li> <li>• Discuss general case issues or themes</li> </ul> |  | <ul style="list-style-type: none"> <li>• Consists of agency heads</li> <li>• This group has the ability to make decisions</li> <li>• Can submit proposals</li> <li>• Will receive updates on trauma budgets</li> <li>• Problems or problem themes identified in the practice group will be brought to the leadership group for plans to bring in training or develop resources</li> </ul> |
|---|--|---|

<b>TRAUMA SCREEN</b>	<b>VS</b>	<b>TOP</b>
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|--|--|--|
| <p>Southwest Michigan's Trauma Assessment Center Trauma Symptom Checklist</p> <ul style="list-style-type: none"> <li>• Created by Dr. James Henry</li> <li>• Filled out by the caseworker with family input to screen for trauma</li> <li>• Generally two sections, historical events &amp; current impact on functioning</li> <li>• Typically this is done one time at the beginning of the case</li> <li>• Gives DHS a guideline on severity of past trauma &amp; current impact</li> <li>• This is a checklist to help DHS determine if the child should be referred on for a trauma assessment</li> <li>• This instrument is also a tool to help talk about trauma with families and children</li> </ul> |  | <p>Treatment Outcome Package</p> <ul style="list-style-type: none"> <li>• Created by Dr. David Kraus</li> <li>• Researched and validated instrument</li> <li>• TOP measures if services are having an impact on a child's wellbeing</li> <li>• TOP was originally used in the mental health world between the client and clinician</li> <li>• TOP is new to Child Welfare with an added multi-rater element</li> <li>• TOP is completed regularly throughout the case by five different raters</li> <li>• This will measure service and provider impact. This will also measure the trauma project as a whole</li> </ul> |
|--|--|--|

**NCTSN** The National Child Traumatic Stress Network  
**Children's Trauma Assessment Center**  
 Screening Checklist: Identifying Children at Risk  
 Ages 0-5

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:

- Physical abuse
- Suspect of neglectful home environment
- Fraternal abuse
- Exposure to domestic violence
- Known or suspected exposure to drug activity *not from parental use*
- Known or suspected exposure to any other violence *not already identified*
- Potential drug use/substance abuse
- Multiple separations from parent or caregiver
- Frequent and multiple moves or homelessness
- Sexual abuse or exposure

Other: \_\_\_\_\_

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention.

Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:

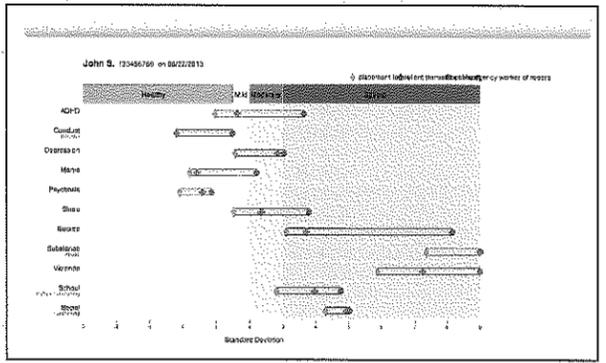
- Excessive aggression or violence towards self or others
- Repetitive violent and/or sexual play (or malcontented fantasies)
- Explosive behavior (irascible and prolonged tantrums)
- Disorganized behavior states (i.e. attention, play)
- Very withdrawn or excessively shy
- Rises and crowding behavior with adults and peers
- Sexual behavior not typical for child's age
- Difficulty with sleeping or eating
- Regressed behaviors (i.e. toileting, play)

Other: \_\_\_\_\_

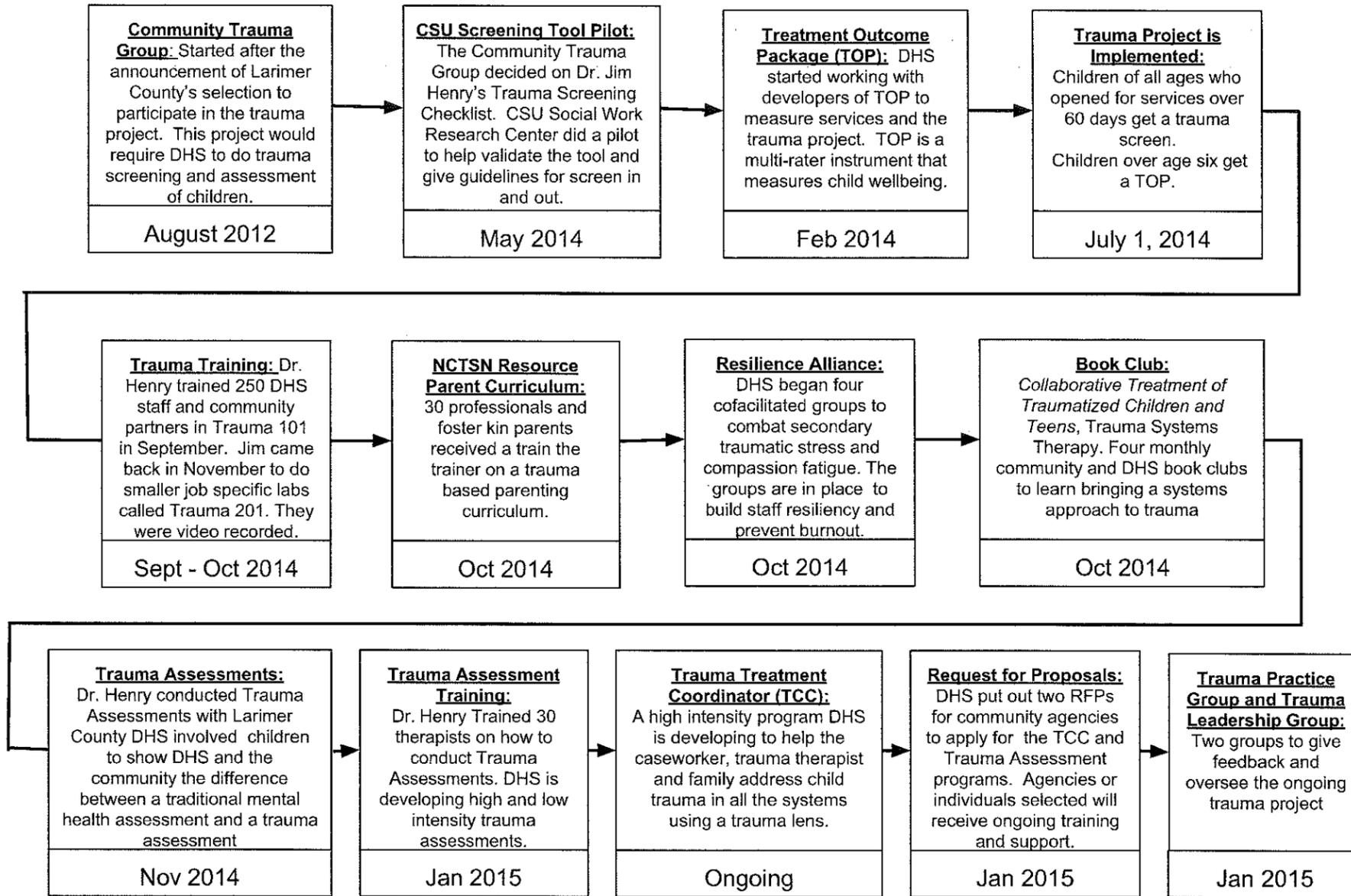
3. Does the child exhibit any of the following questions or moods:

- Chronic sadness, doesn't seem to enjoy any activities
- Very flat affect or withdrawn behavior
- Quick, explosive anger

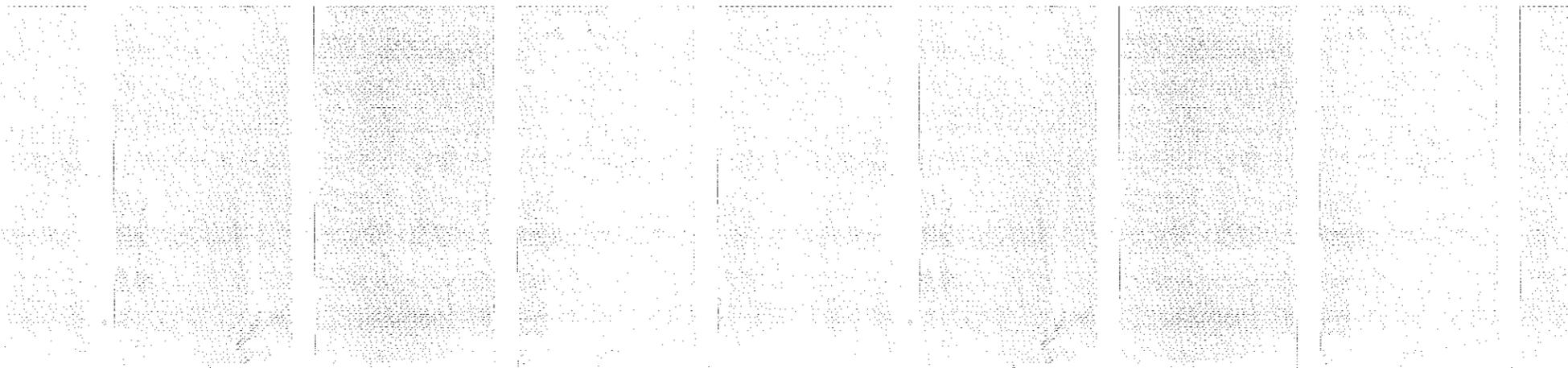
Other: \_\_\_\_\_



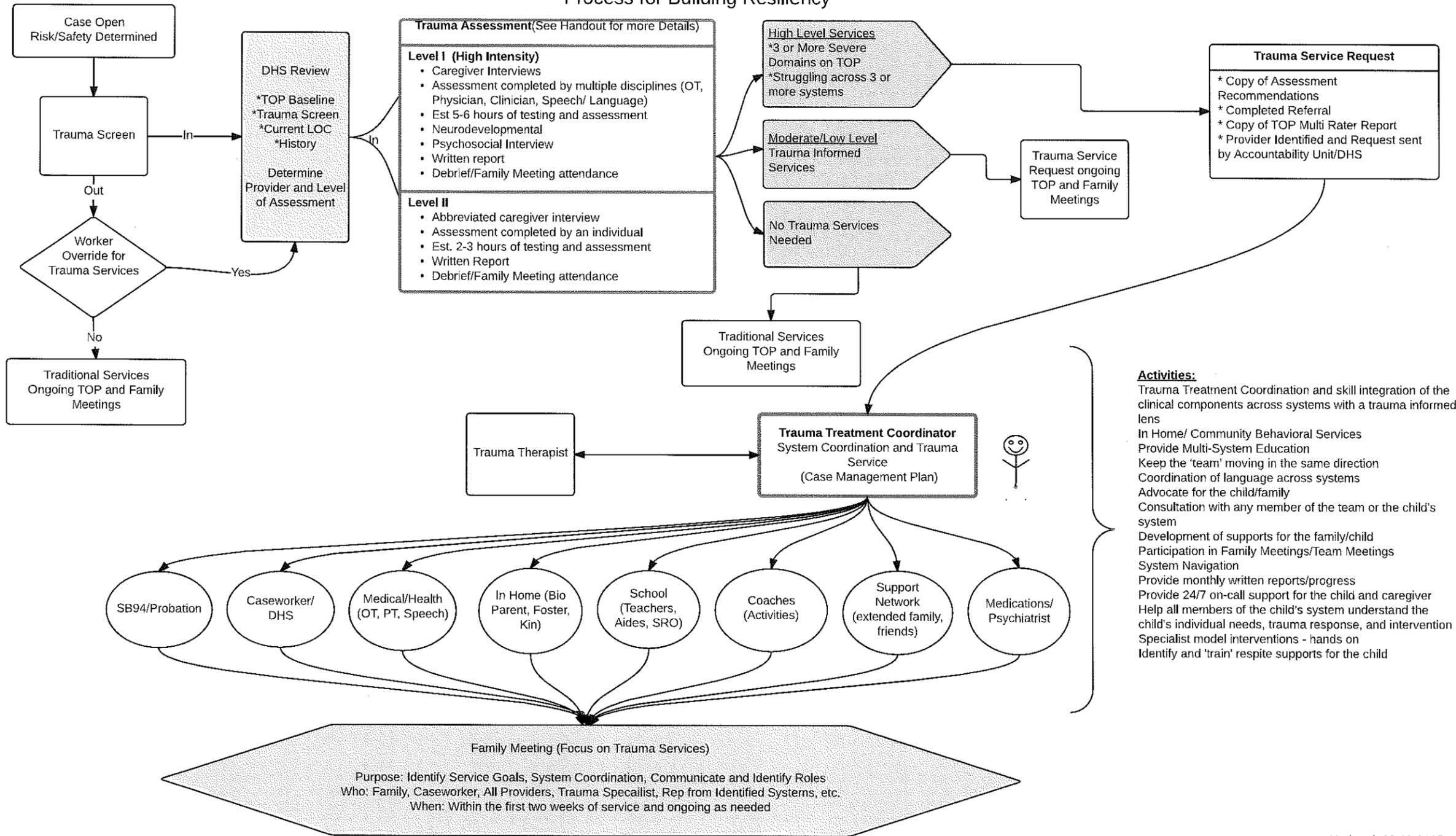
## Larimer County Children Youth and Families Trauma Project Timeline



**Gaps: Providers that are certified in TF-CBT: Trauma Focused Cognitive Behavioral Therapy**



# Process for Building Resiliency



Updated: 02-11-2015