



# Agenda

<b>9:00-9:05</b>	<b>Brief overview of project history and status</b>
<b>9:05 – 9:10</b>	Recognition of role of Core Team members and Learning Community advisors
<b>9:10 – 9:20</b>	Project perspectives – social workers, CHET screening, policy/state, academic
<b>9:20-9:50</b>	Current state of behavioral health for children and youth in foster care: <ul style="list-style-type: none"><li>• Training outcomes</li><li>• Time series analysis</li><li>• SCARED completion rates</li><li>• OMH screening</li><li>• Child welfare survey</li></ul>
<b>9:50-10:00</b>	Plans for sustainability – recognition of AHCC and Alliance
<b>10:00 – 10:10</b>	Future Plans
<b>10:10 - 10:30</b>	Questions, adjourn

# “Trauma Grantees”

- 5 sites funded in 2011
- 9 sites funded in 2012
- 6 sites funded in 2013

University of Washington, Seattle, WA

University of Montana, Missoula, MT

Western Michigan University, Kalamazoo, MI

The University of Vermont and State Agriculture College, Burlington, VT

Trustees of Dartmouth College, Hanover, NH

New Hampshire Division for Children, Youth and Families, Concord, NH

Department of Children and Families, Boston, MA

Rhode Island Department of Children, Youth and Families, Providence RI

Department of Children and Families, Hartford, CT

DC New York University School of Medicine, New York, NY

District of Columbia Child and Family Services, Washington DC

Department of Health and Human Services, Raleigh, NC

University of Louisville Research Foundation, Inc, Louisville, KY

Harmony Family Center, Inc., Knoxville, TN

Franklin County Children Services, Columbus, OH

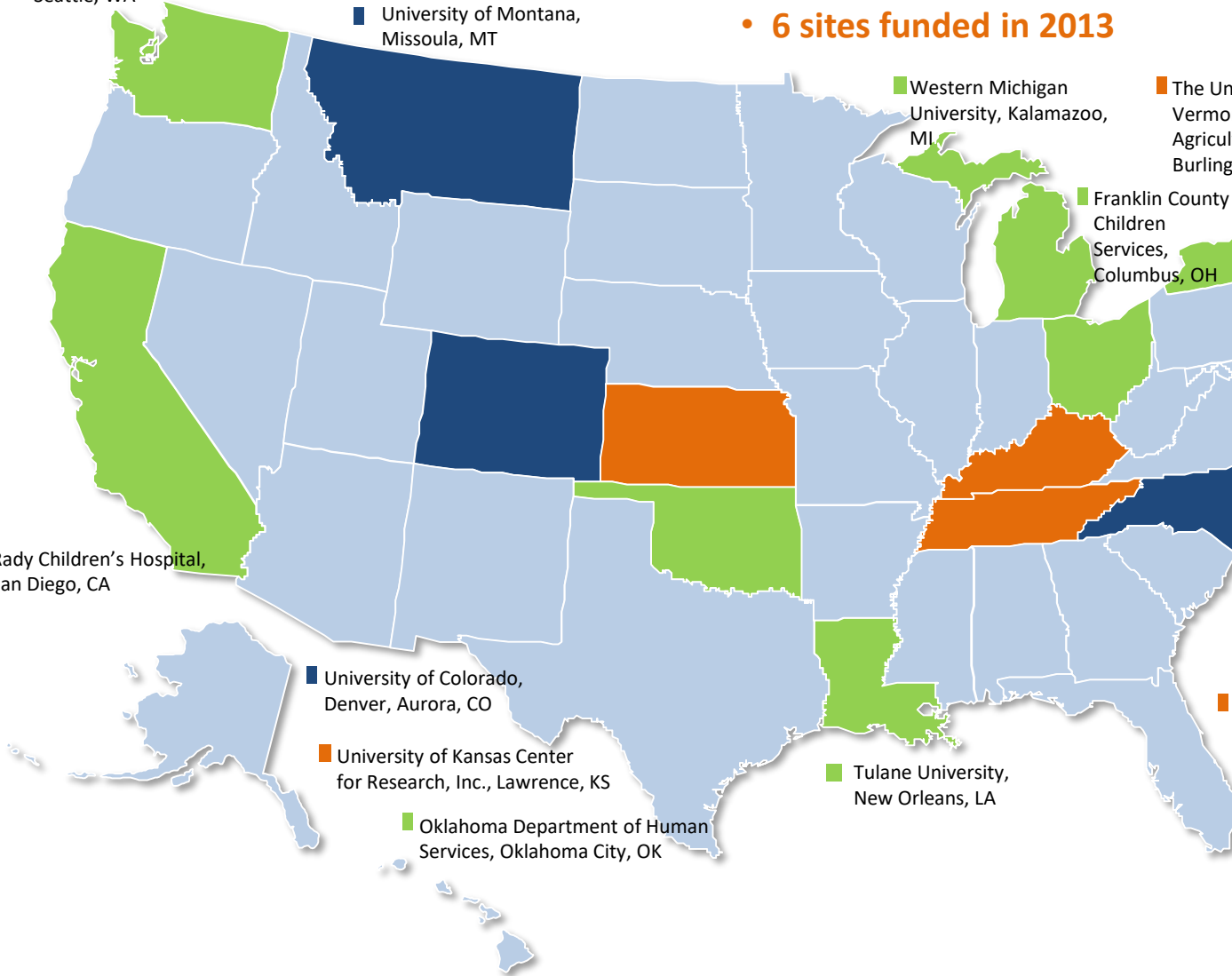
University of Colorado, Denver, Aurora, CO

University of Kansas Center for Research, Inc., Lawrence, KS

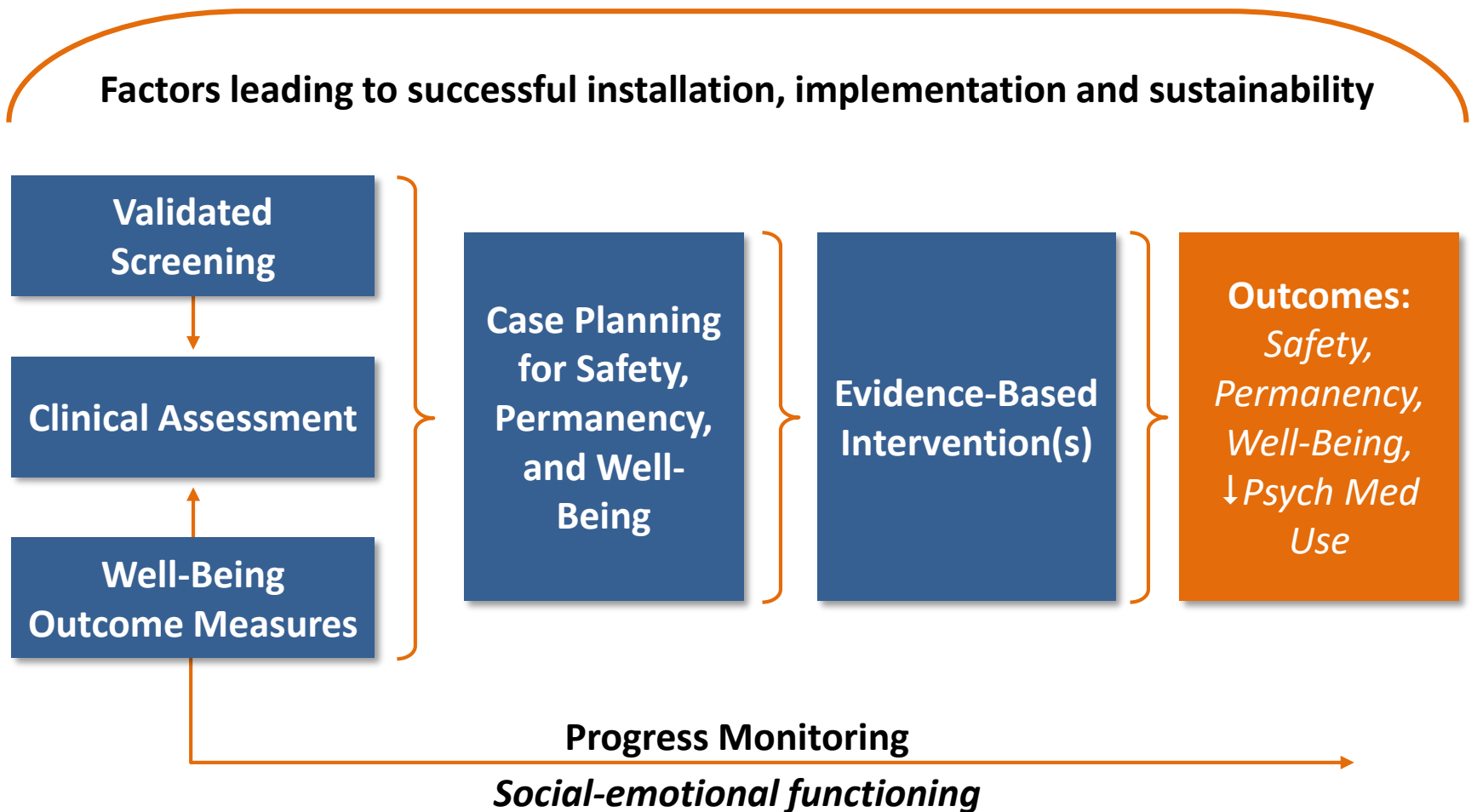
Oklahoma Department of Human Services, Oklahoma City, OK

Tulane University, New Orleans, LA

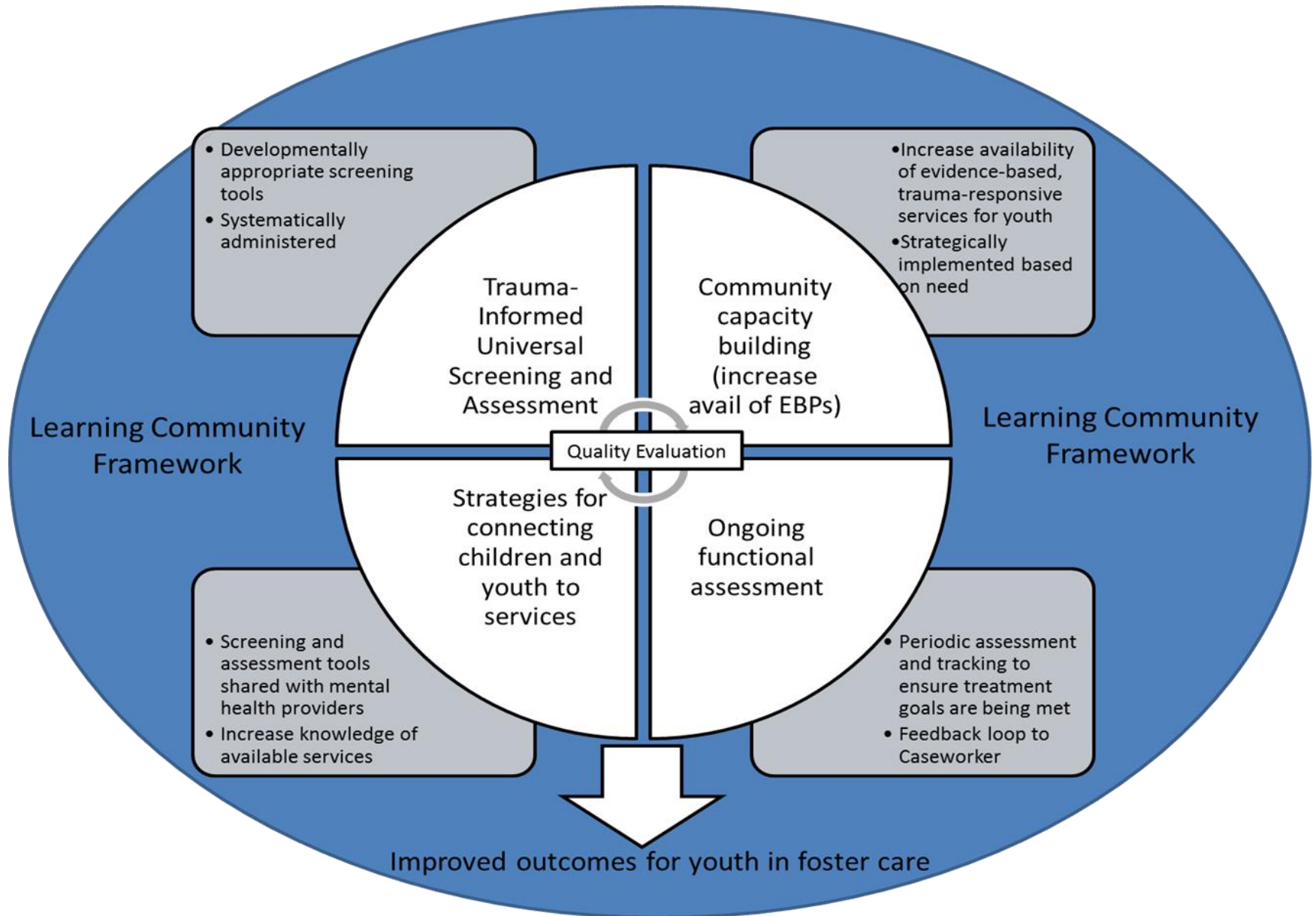
Rady Children’s Hospital, San Diego, CA



# Overall Logic Model for ACF Grantees: Achieving Relevant Child Welfare Outcomes

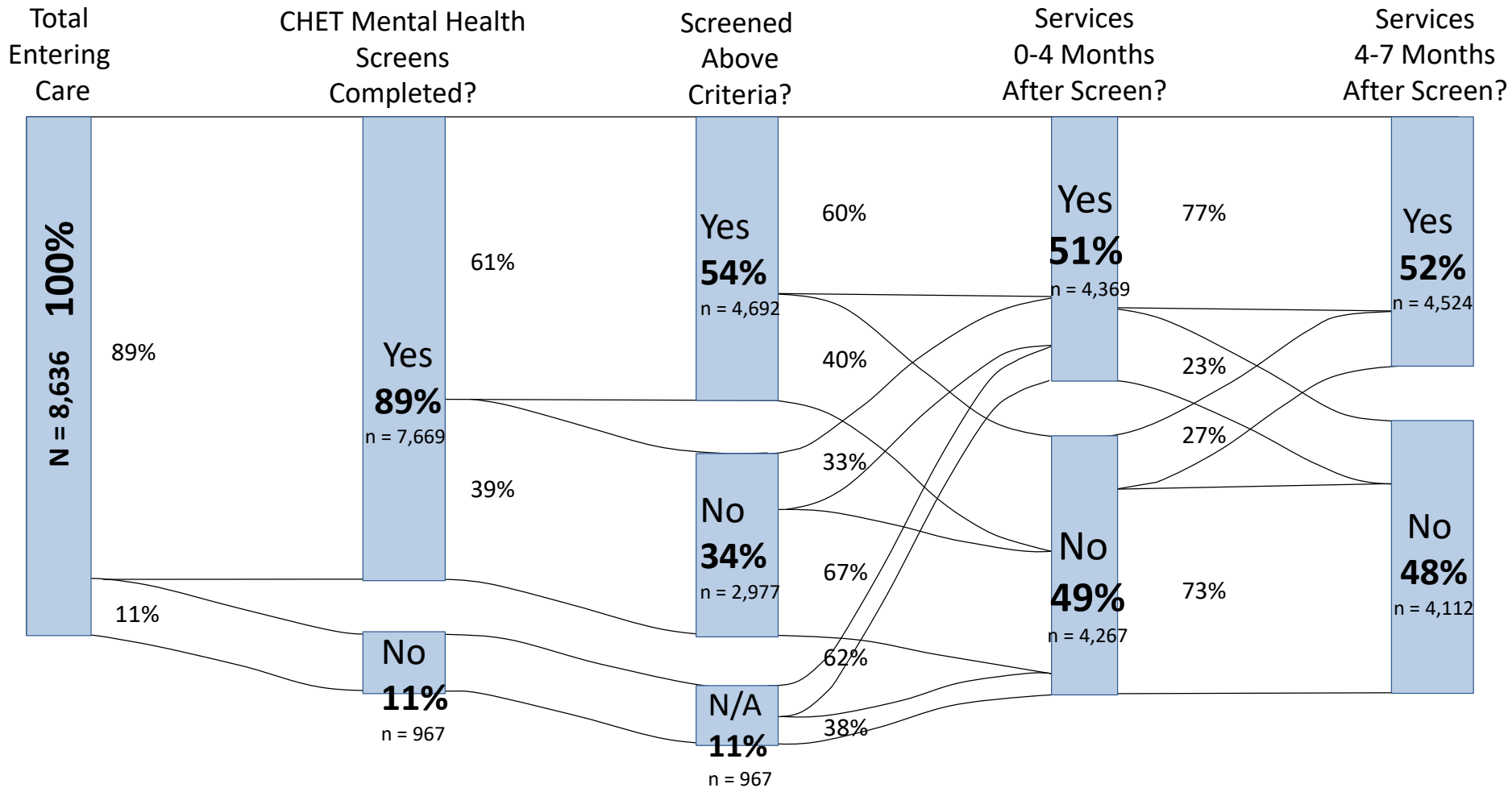


# Initial Creating Connections Conceptual Framework



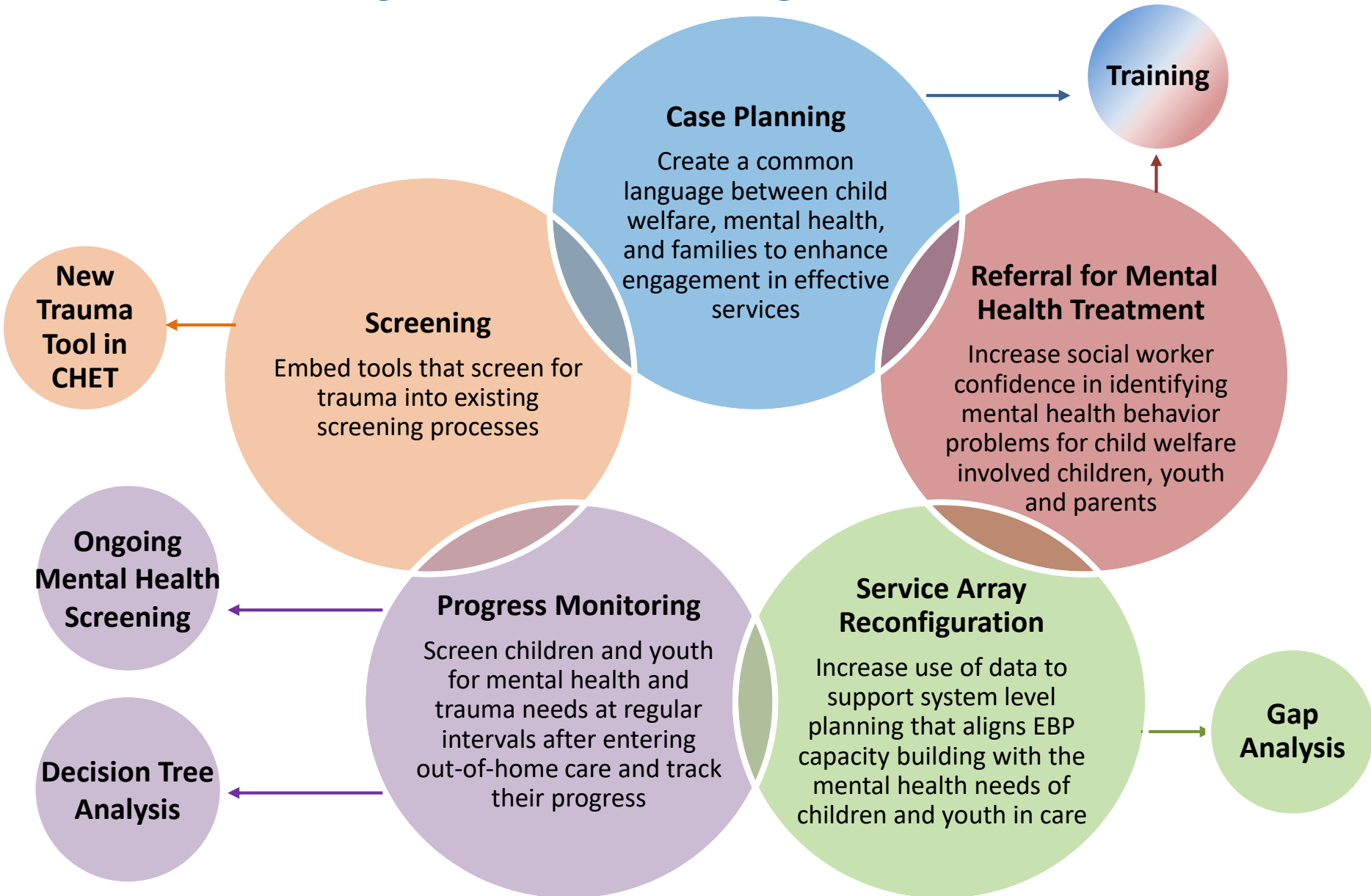
# Pathway of Youth Aged 3-17 Entering Foster Care in Washington State *between July 2010 and July 2014*

**BASELINE DATA – Prior to the Introduction of the Trauma Screening Tool**



Note: Study population is all children aged 3-17.5 entering out of home care for 30 days or more between July 2010 and July 2014. “Screened above criteria” indicates that the youth scored above established clinically significant criteria at least on mental health measure by at least one reporter (e.g. self-report, parent, teacher), indicating further assessment may be warranted. Mental health service receipt includes at least one mental health service on at least one occasion during the time period (e.g. assessment, outpatient therapy, hospitalization).

# Creating Connections Strategies and Activities



# Trauma Symptoms Identification Project Plan

## ▶ Population of focus:

- Children and youth placed in foster care (expected for >30 days)
- Ages 7-17 (moving towards 3-17)

## ▶ Finding out about symptoms through a trauma screen:

- Screen for Child Anxiety Related Emotional Disorders (Brief) (SCARED)

## ▶ How often:

- Within first 30 days of care, and every 6 months

## ▶ Strategies:

- Embedded within existing CHET
  - *Also assesses developmental, internalizing, externalizing, attention, and substance use problems*
    - ASQ-SE, PSC-17 and GAIN-SS
- Creation of Ongoing Mental Health Screening Unit
  - *Periodic re-screening (every 6 months)*



# Leveraging a Pre-existing Screening Structure

- ▶ **Child Health and Education Tracking (CHET) program:**
  - All children and youth in care 30 days or longer
  - Initial screening completed within the first 30 days of entering care
  - Already part of the screen: Denver, ASQ, ASQ-SE, PSC-17, GAIN-SS
- ▶ **Creating Connections Project:**
  - Added SCARED trauma tool for youth ages 7-17
- ▶ **Role in Treatment Planning:**
  - Clinical score (on any tool, by any respondent) indicates need for mental health referral
  - Recommendation made to social worker to pursue treatment
- ▶ Between July 1<sup>st</sup>, 2014 and September 30<sup>th</sup>, 2015: of the **2,122** children/youth who were in care for 30 days or longer, **590 (28%)** screened for having a possible mental health concern on the SCARED

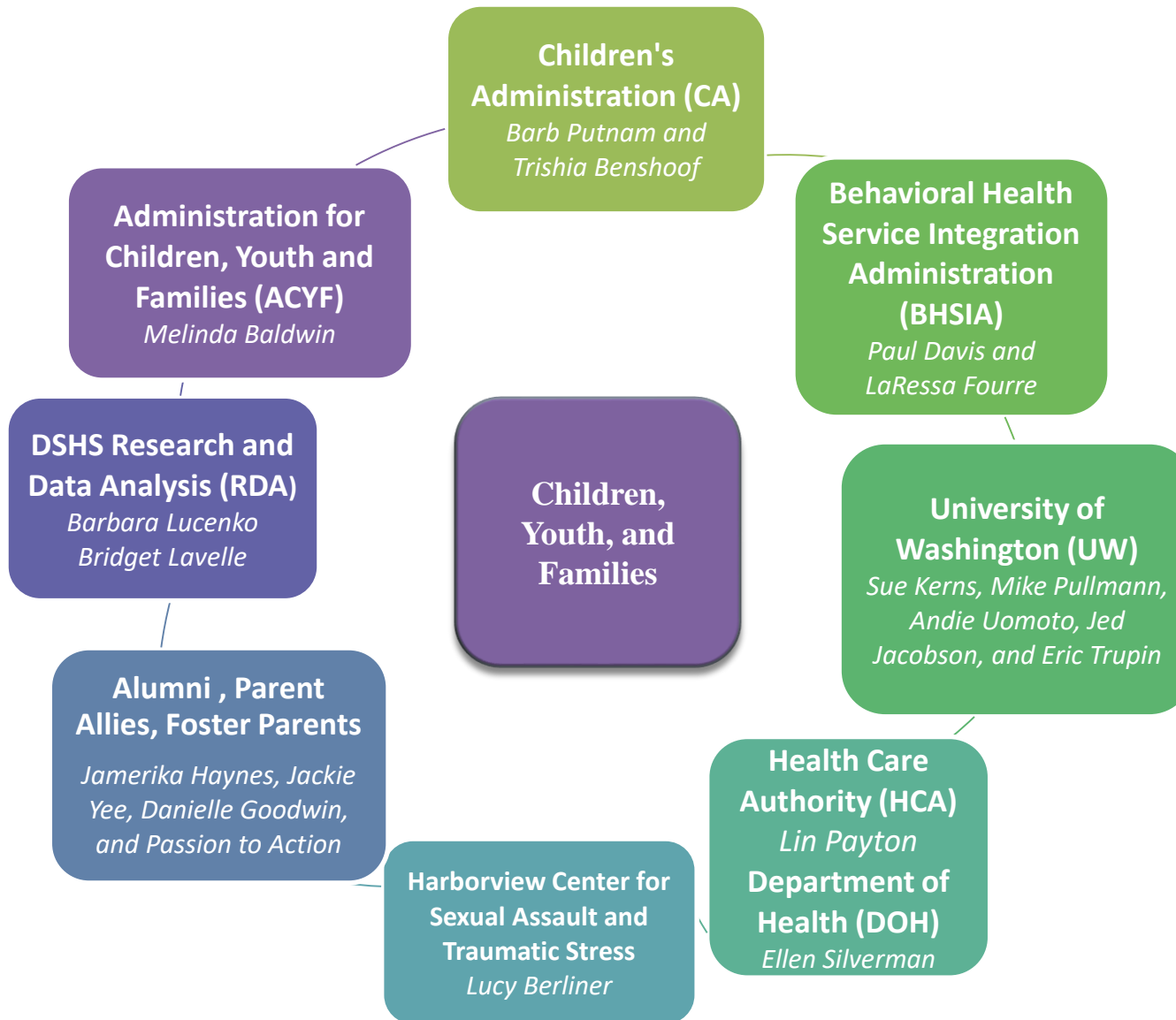
# Ongoing Mental Health Screening Program

- ▶ **Ongoing Mental Health (OMH) Screening program** provides ongoing progress monitoring within the child welfare system
  - Telephonically re-administers mental health screens for a cohort of children/youth (3-17) every 6 months
  - Report is provided to the social worker and caregiver(s)
  - Social worker makes referral for appropriate mental health services
- ▶ We identified 149 children (10%) who had developing concerns that were not identified on the CHET.
- ▶ We were able to prompt a review of treatment for those who had ongoing concerns
- ▶ We were able to validate progress for those whose symptoms decreased

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# How did we accomplish these goals: Our Core Team!



**HUGE Thank you to past collaborators!**

Dae Shogren  
Joe Avalos  
Jeanette Barnes  
Anne Buher  
Carlos Carrillo  
Sarah Holland  
Brenda Lopez  
Laura Merchant  
Taku Mineshita  
Kari Mohr  
Andrea Negrete  
Naomi Perry  
Joyce Pfennig  
Georganna Sedlar  
Michael Tyers

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# Project Perspectives

## Social Worker

- ▶ New perspectives on how to use the screening results to inform case planning
- ▶ Able to make strategic decisions about treatment

*“Knowing the symptoms of mental health issues in youth helped me to determine the need for BRS for one of my clients.”*

*-Caseworker*

*“I have developed a better understanding of the different types of trauma associated with children in foster care.”*

*-Caseworker*

## CHET Screening

- ▶ New tool available to more comprehensively screen for emotional and behavioral health needs

*“Gives me an idea what services the youth would need to help them to be more successful in life and deal with their issues.”*

*-Caseworker*

*“I am more aware of what to look for and different questions to ask when meeting with youth to completed the PSC-17 and SCARED Tools for services.”*

*-CHET Screener*

# Project Perspectives

## Policy/State

- ▶ Successful demonstration of a State-Academic partnership
- ▶ Administrative data more clearly shows how youths' mental health needs are or are not being met at the state level
- ▶ Highlights challenges in increasing communication and collaboration between systems

Kerns, Pullmann, Putnam, Buher, Holland, Berliner, . . . Trupin. (2014). Child welfare and mental health: Facilitators of and barriers to connecting children and youths in out-of-home care with effective mental health treatment. *Children and Youth Services Review*, 46, 315-324.

## Academic

- ▶ Successful demonstration of a State-Academic partnership
- ▶ Contributions to generalized knowledge
  - ▶ Thus far, two manuscripts in the literature, three currently in progress
- ▶ Multiple presentations at local and national conferences

Hanson, Rochelle F, Lang, Jason, Kerns, Suzanne E. U, Pullmann, Michael D, Negrete, Andrea, Uomoto, Jacqueline A, . . . Putnam, Barbara. (2016). Development and Implementation of a Child Welfare Workforce Strategy to Build a Trauma-Informed System of Support for Foster Care. *Child Maltreatment*, 21(2), 135-146.

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# Current state of behavioral health for children and youth in foster care

- ▶ **Training Completed and Satisfaction** – ensures our training is reaching workers and is meaningful to the daily work of those participating
- ▶ **PSC-17 Validation**- examines how our measures function depending on who is responding and what they are responding about
- ▶ **SCARED Trauma Tool Completion Rates** – helps document the reach of our strategy and helps ensure that the logic model chain is justified
- ▶ **Time Series Analysis** – looks at how symptom identification changes over time
- ▶ **OMH Program Outcomes** – documents the ‘value added’ of this new program for **children/youth** (e.g., Was there an increase in identification of needs and services provided?) and **child welfare system** impacts (e.g., how much does this cost? How much time does it take?)
- ▶ **Child Welfare and Mental Health Surveys** – can we see population-level impacts of our work on social worker practice over time?

# Overview of Main Findings – Trainings Completed

## Social Worker Children’s Mental Health Training

Regional Core  
Training (RCT)

Half-Day

106 trainings  
completed

880 people trained

In-Service Training  
(IST)

Full Day

17 trainings  
completed

212 people trained

## Mental Health Professional Child Welfare Training

“Things I Wish My  
Therapist Knew” Training

3 Hour

6 in-person trainings  
completed

140 people trained

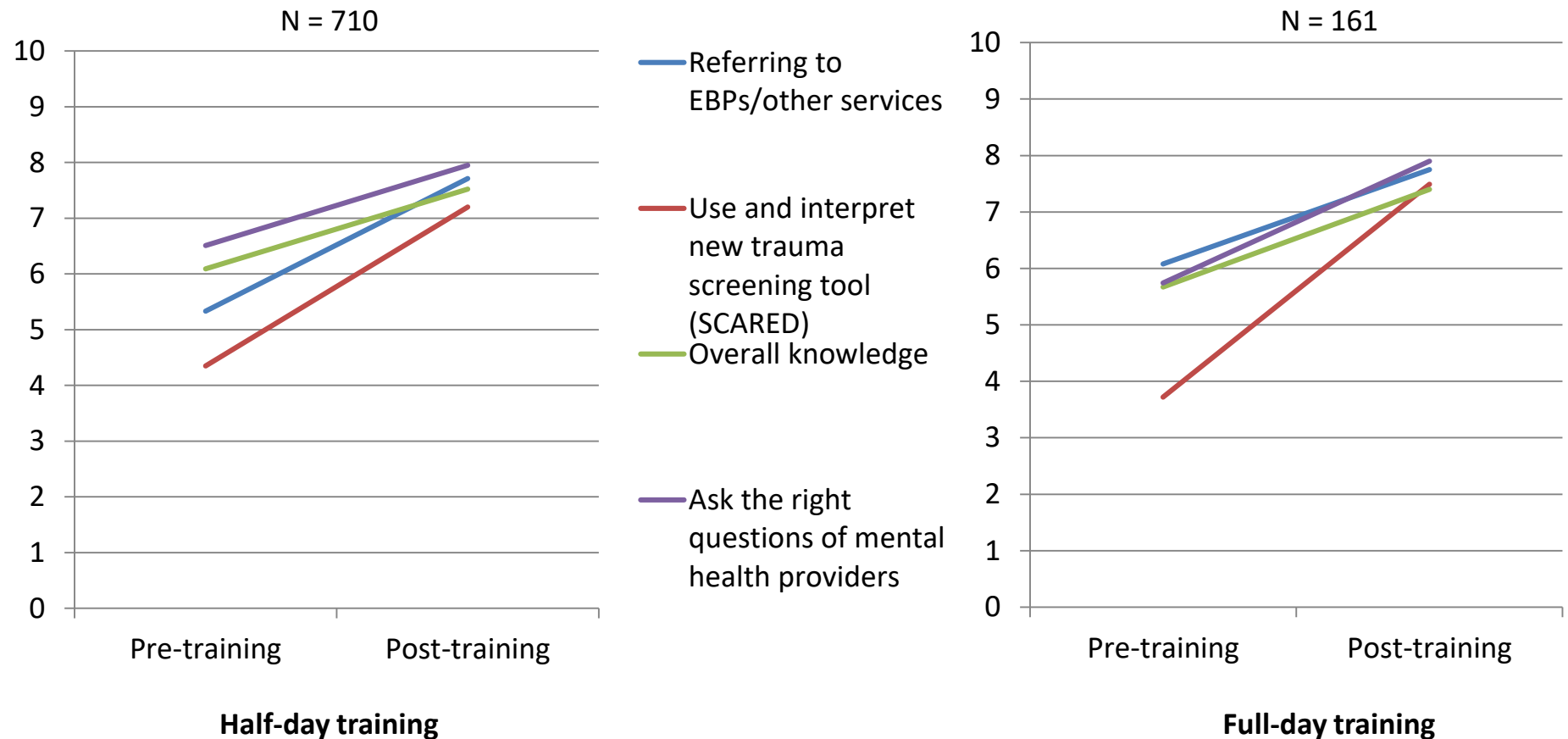
Online now at:  
<https://bhwc-training-center.myshopify.com>

Voice-over training in progress,  
should be available next month!

# Overview of Main Findings

## Training Satisfaction:

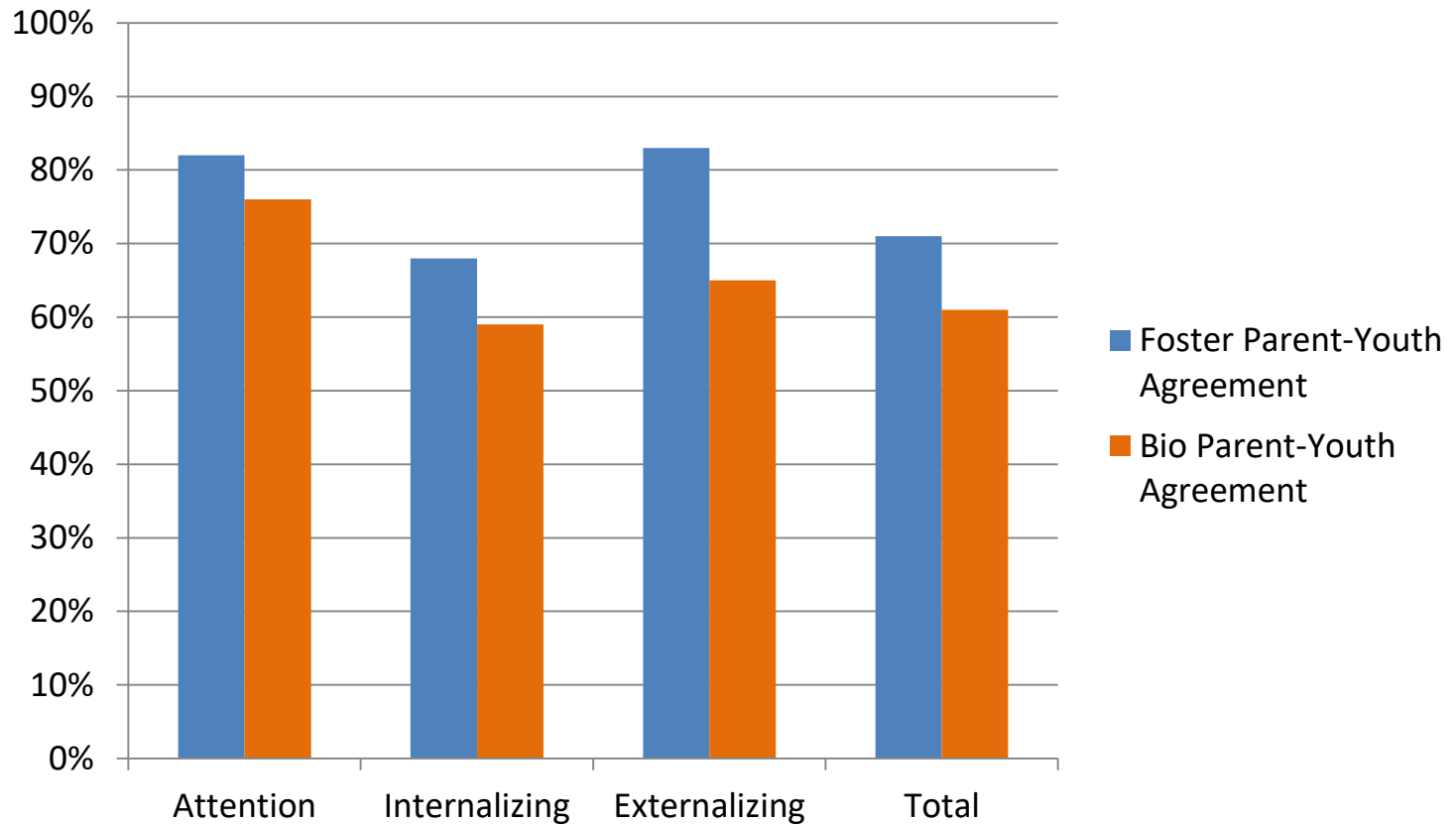
- Pre- and post-training surveys for the mental health trainings for Children's Administration staff were conducted to measure knowledge change and satisfaction
- Significant self-reported increases on trained skills across two training types



# Overview of Main Findings

## PSC-17 Validation

- Foster parent reports of behavioral health appear valid: stronger agreement with youth reports than bio parents on each subscale

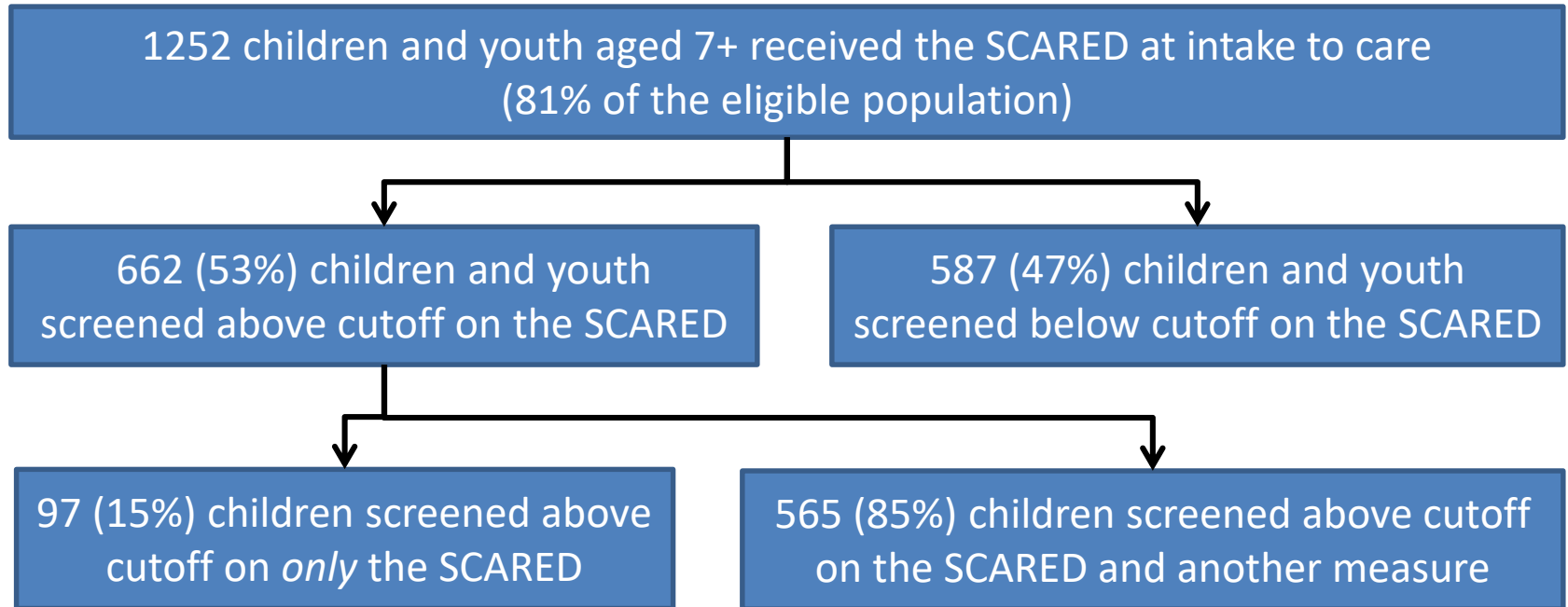


**Sample:** All children/youth aged 11-17.5 having a self-report, biological parent, and foster parent-completed PSC-17 during CHET screening between July 2010 and July 2015

# Overview of Main Findings

## SCARED Trauma Tool Completion Rates

CHET Screens July 2014 - July 2015:

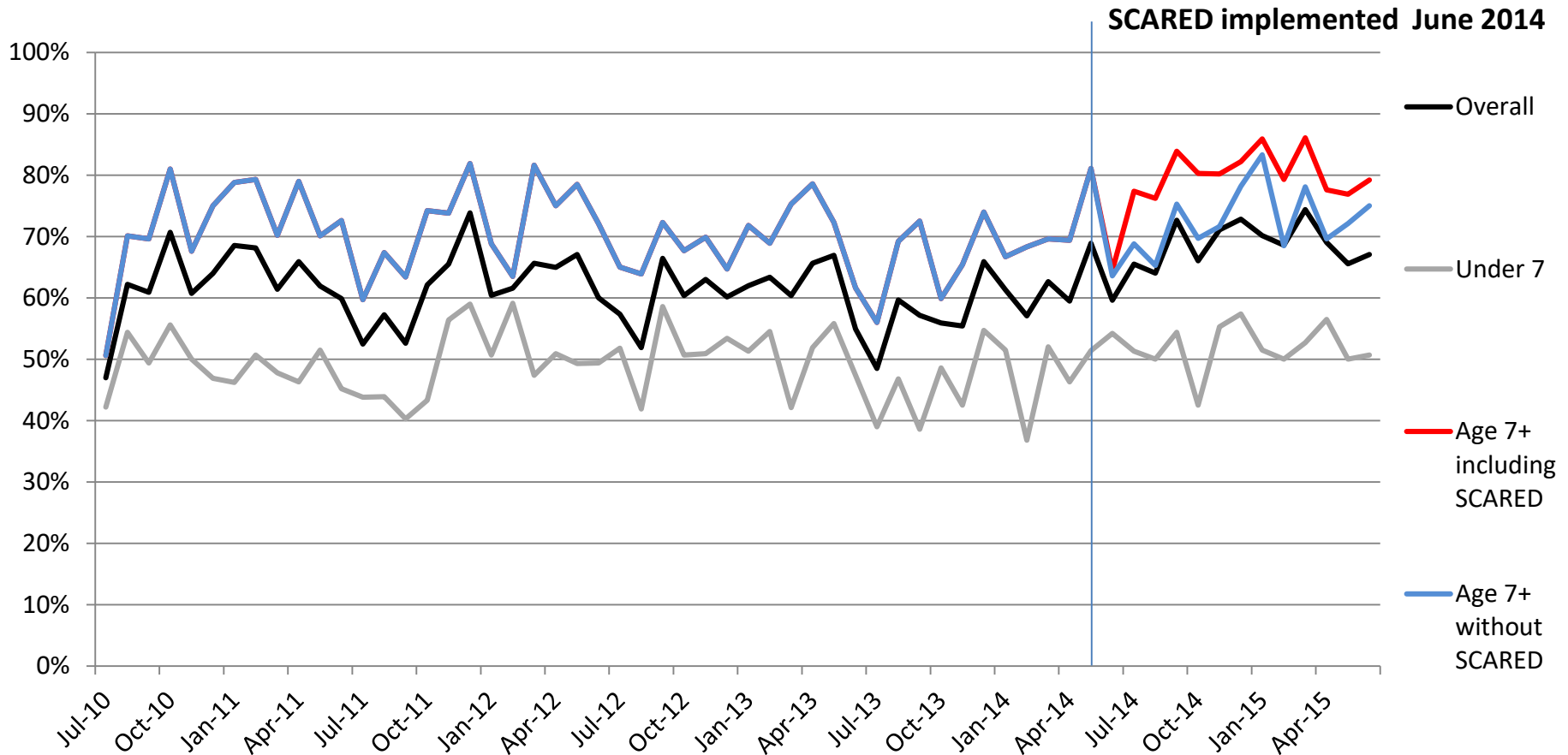


Therefore, the addition of the SCARED resulted in an additional 97 out of 1,252, or 8% of youth screened, being identified as possibly having a MH need

# Overview of Main Findings

## Time Series Analysis

- Creating Connections is able to explore the overall impact of project activities, especially the impact of the implementation of the new trauma tool (SCARED)
- The introduction of the SCARED in June 2014 led to a bump in youth identified as having a mental health need

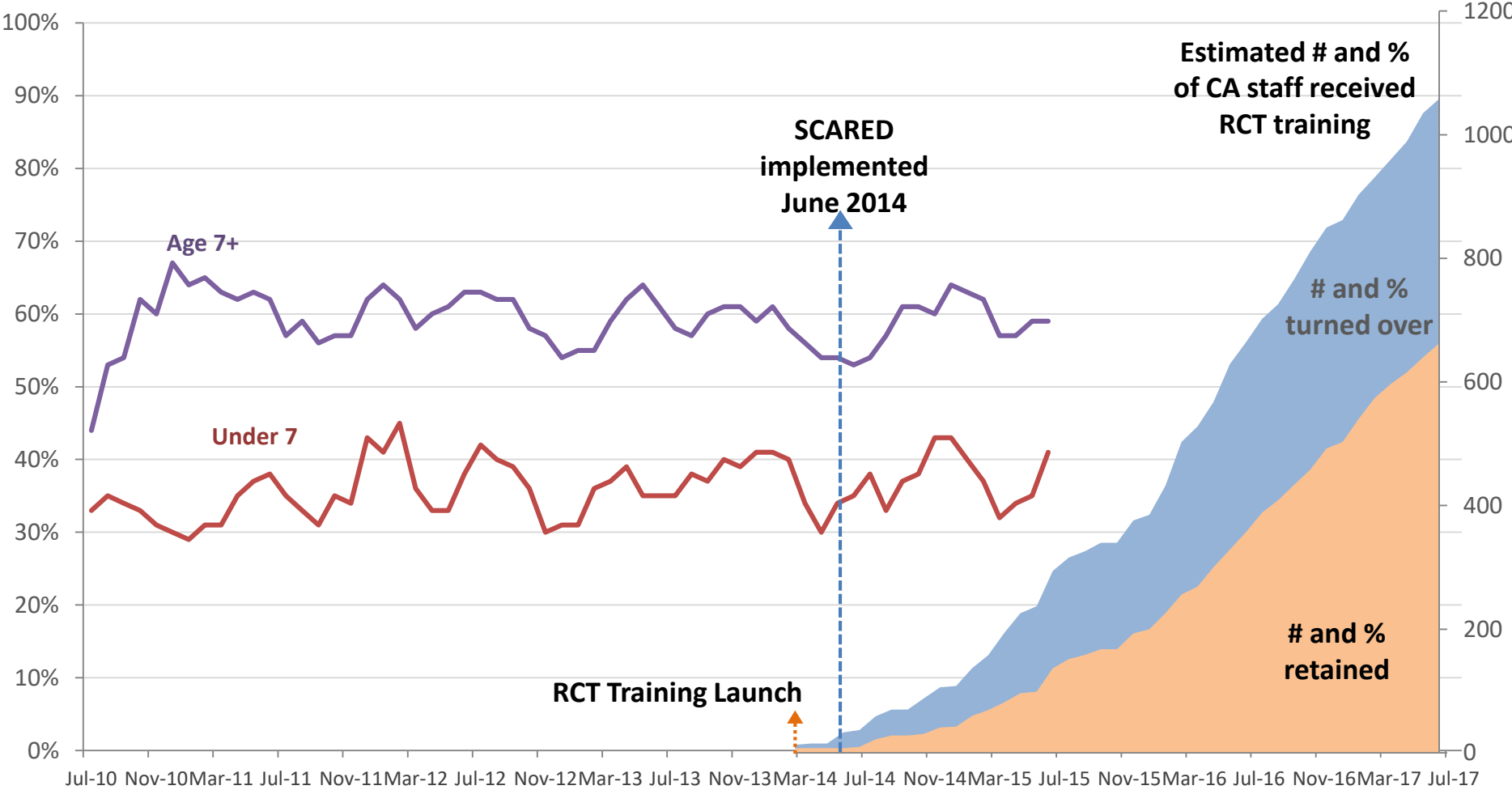


**Sample:** All children/youth receiving a CHET screening between July 2010 and July 2015

# Overview of Main Findings

## Time Series Analysis

- No noticeable increase in service receipt after SCARED implementation



**Sample:** All children/youth receiving a CHET screening between July 2010 and July 2015. Data smoothed using a 3-month moving average to reduce random variation. Workforce turnover estimated at 18%, compounded annually

## Overview of Main Findings

### OMH Program outcomes:

- Total number of youth/families screened by OMH screeners
- Includes all screens completed from July 2014 through August 2017

	6 month screens	12 month screens	Total
<b>Screening Totals</b>	3617 Total 6 month Screens	633 Total 12 month Screens	<b>4250</b> <b>Total</b> <b>Screens</b>

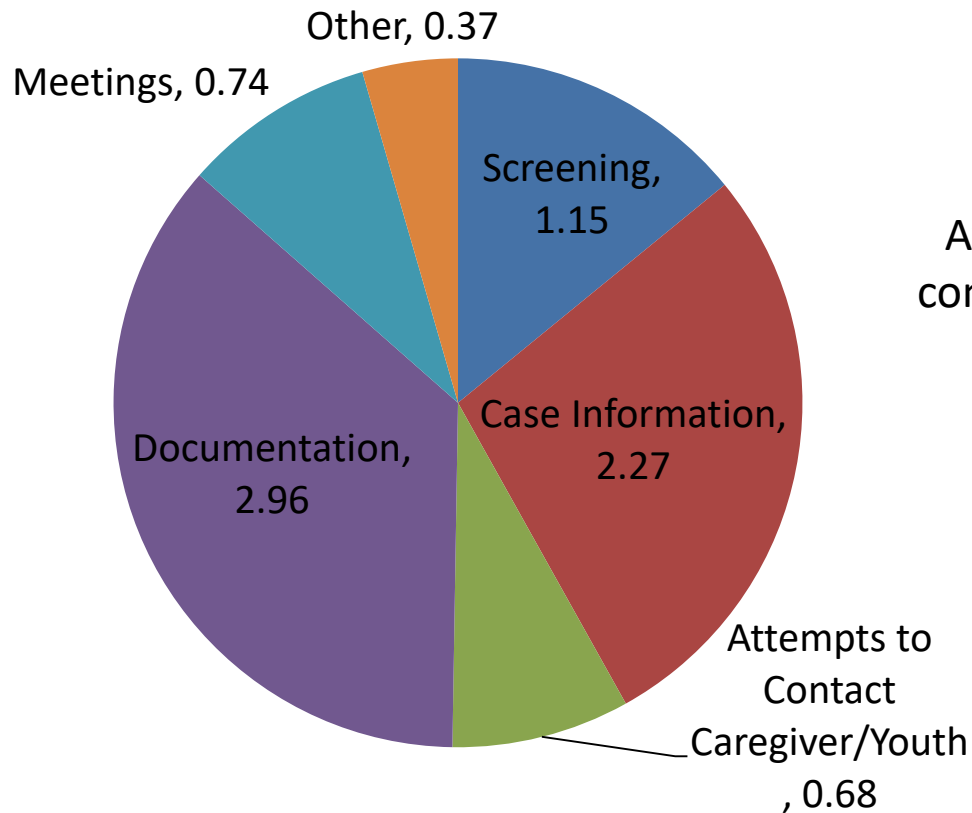


# Overview of Main Findings

## OMH Program outcomes:

- Time diaries were completed by the OMH screeners to document the amount of time they spent in various activities

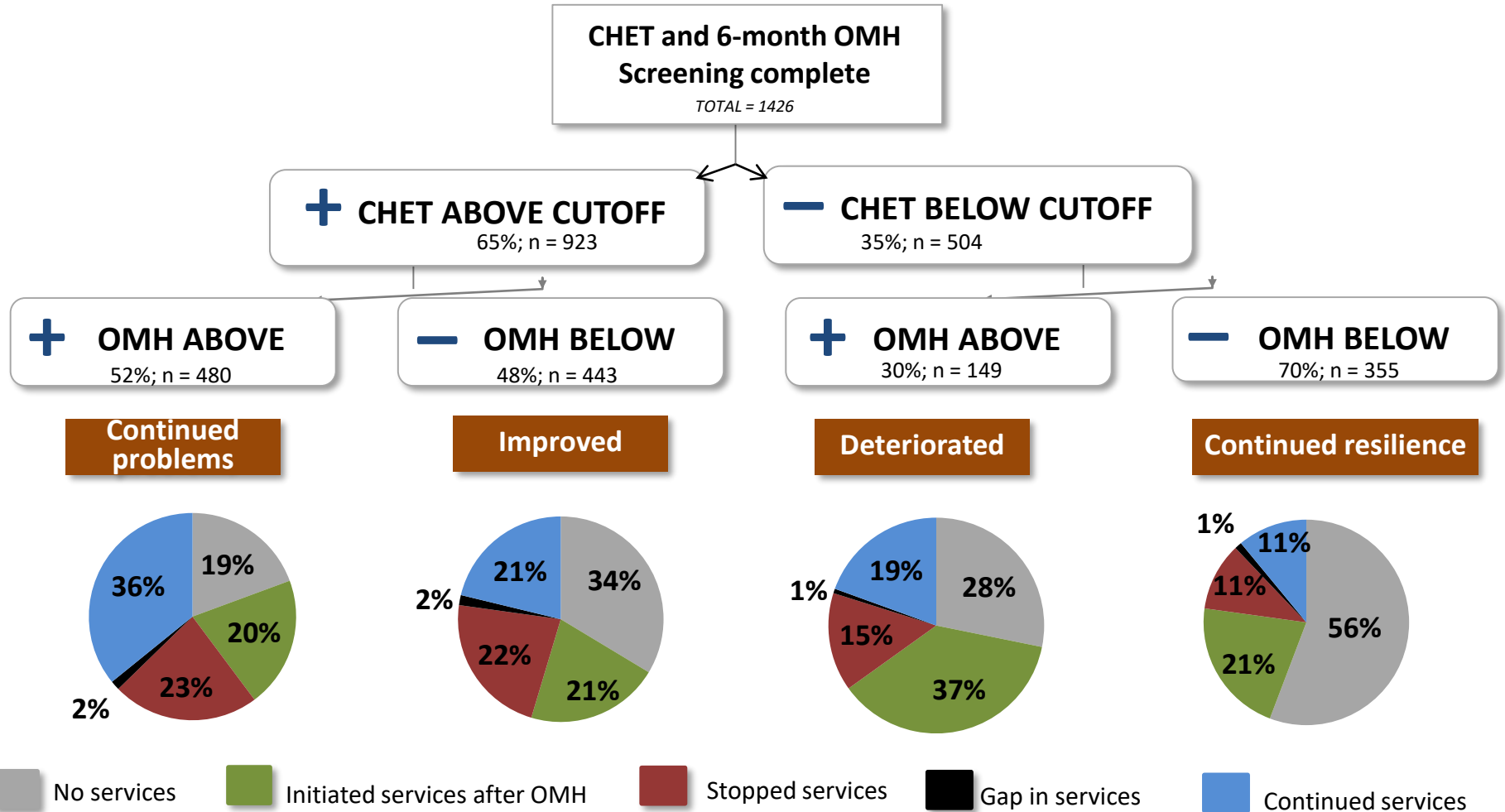
### Overall - Average hours spent on activities in a typical day



Average of 2.9 screens completed per screener each day

# Overview of Main Findings

## OMH Program outcomes - Screening results and service receipt



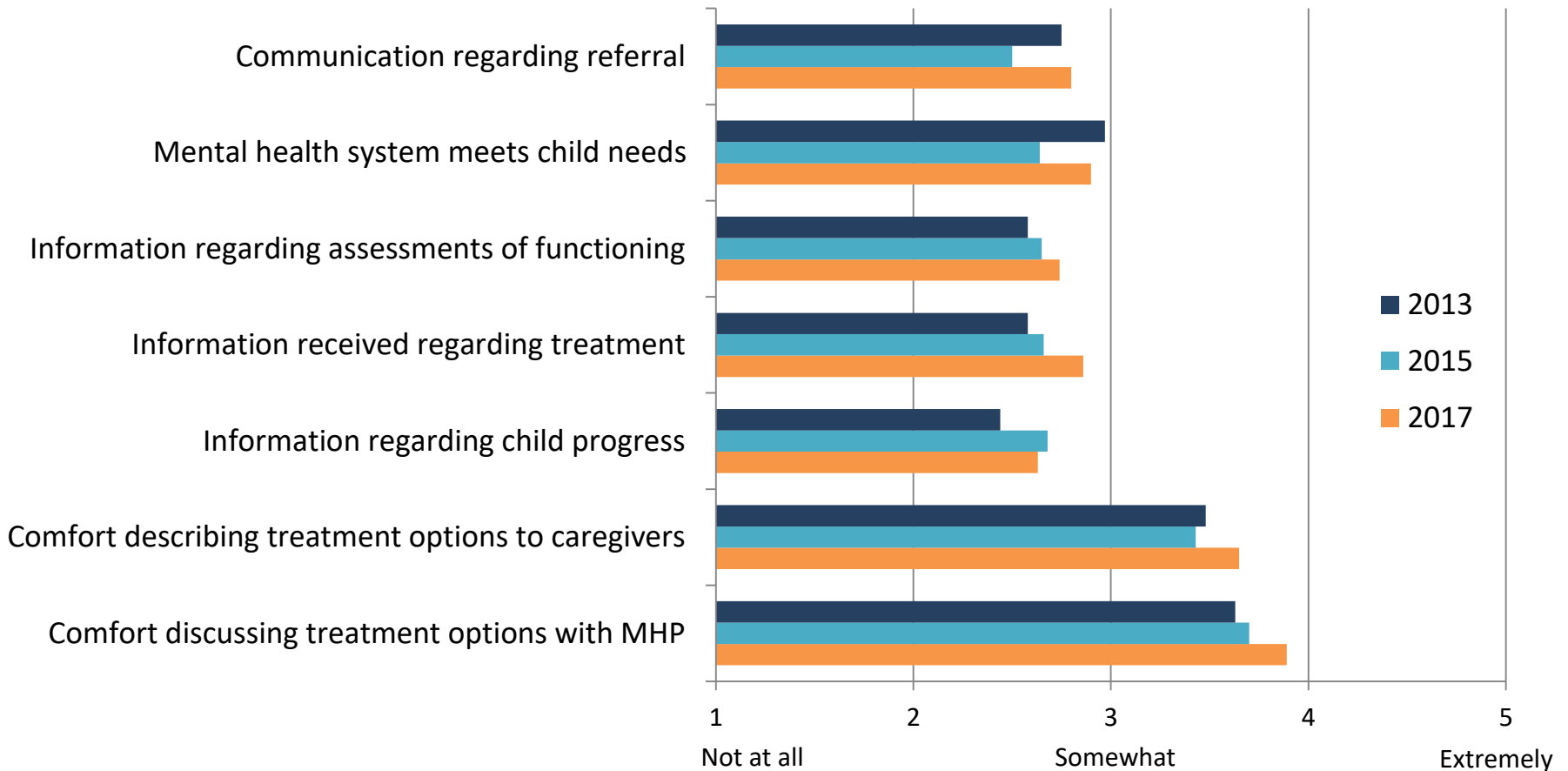
Note: Service receipt was calculated as a yes/no in three, four-month windows: 0-3, 4-7, and 8-11 months after entry into care. Children who initiated services in either the 4-7 or 8-11 window are in the "initiated after OMH" category, children who stopped services in either the 4-7 or 8-11 window are classified as "stopped services", children who received services in the 0-3 and 8-11 windows, but not the 4-7 month window, are classified as "gap in services."

Sample: Children and youth aged 3-17 entering out-of-home care between January 2014-July 2015 who received a CHET screen at entry and a 6-month OMH screen

# Overview of Main Findings

## Child Welfare Survey:

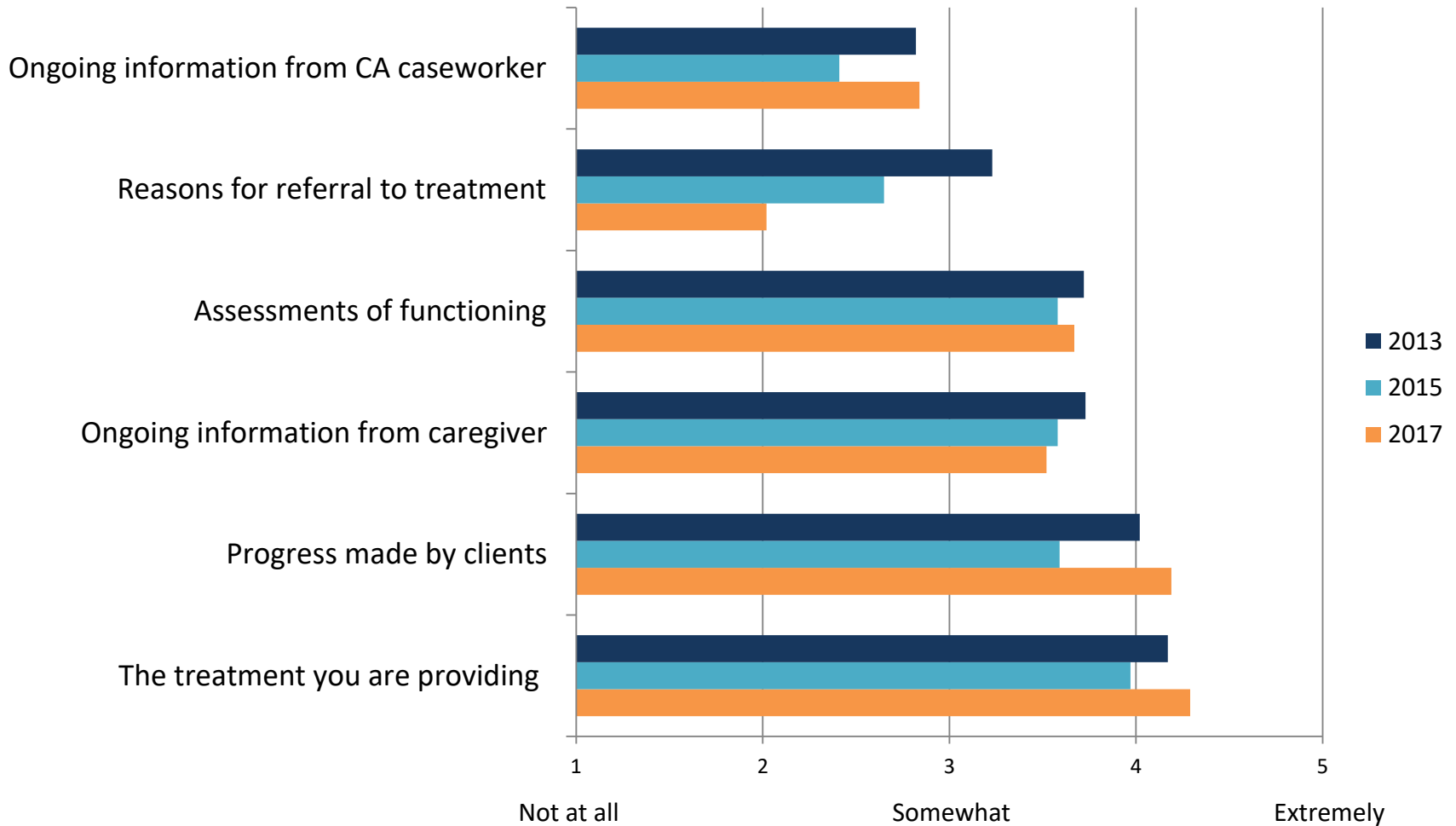
- Social worker satisfaction with mental health services, communication with therapists, and screening remained relatively unchanged



# Overview of Main Findings

## Mental Health Provider Survey:

- MH Provider satisfaction with sharing of information related to CW-involved children and youth on their caseloads remained relatively unchanged



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- 9:20-9:50**
- Training outcomes
  - Time series analysis
  - SCARED completion rates
  - OMH screening
  - Child welfare survey

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# Plans for Sustainability



## Things I Wish My Therapist Knew

A Child Welfare Training for Mental Health Therapists



## Mental Health: In-Depth Applications for Child Welfare

### Training developed by:

Suzanne Kerns, Ph.D. & Sarah Holland  
University of Washington School of Medicine  
Division of Public Behavioral Health and Justice Policy

Barb Putnam, MSW, LICSW  
WA State Department of Social and Health Services  
Children's Administration

Funded by the US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90Co1103

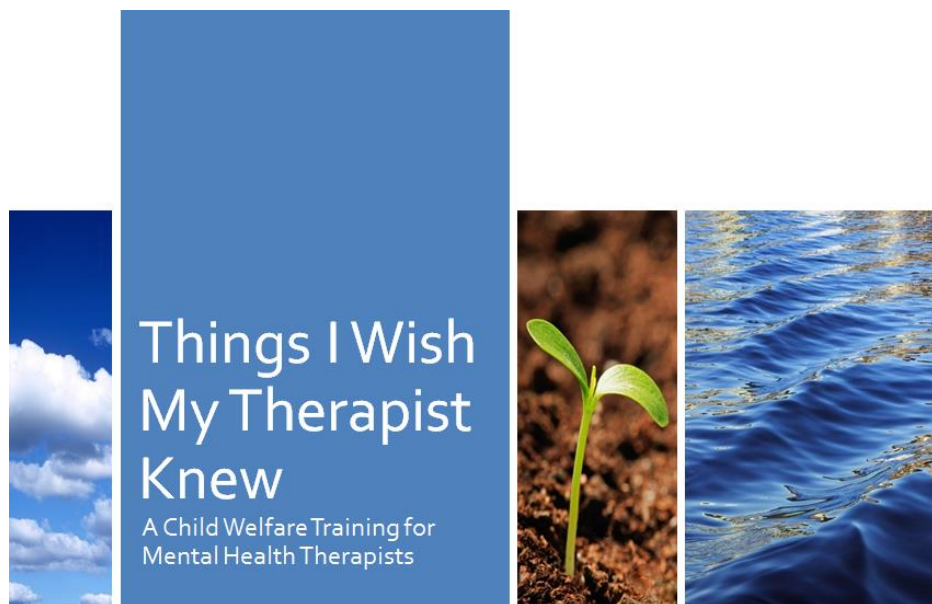
Thank you to collaborators:

- Michael Tyers
- Dae Shogren
- LaRessa Fourre
- Andie Uomoto
- Andrea Negrete



# Child Welfare Training for Mental Health Professionals

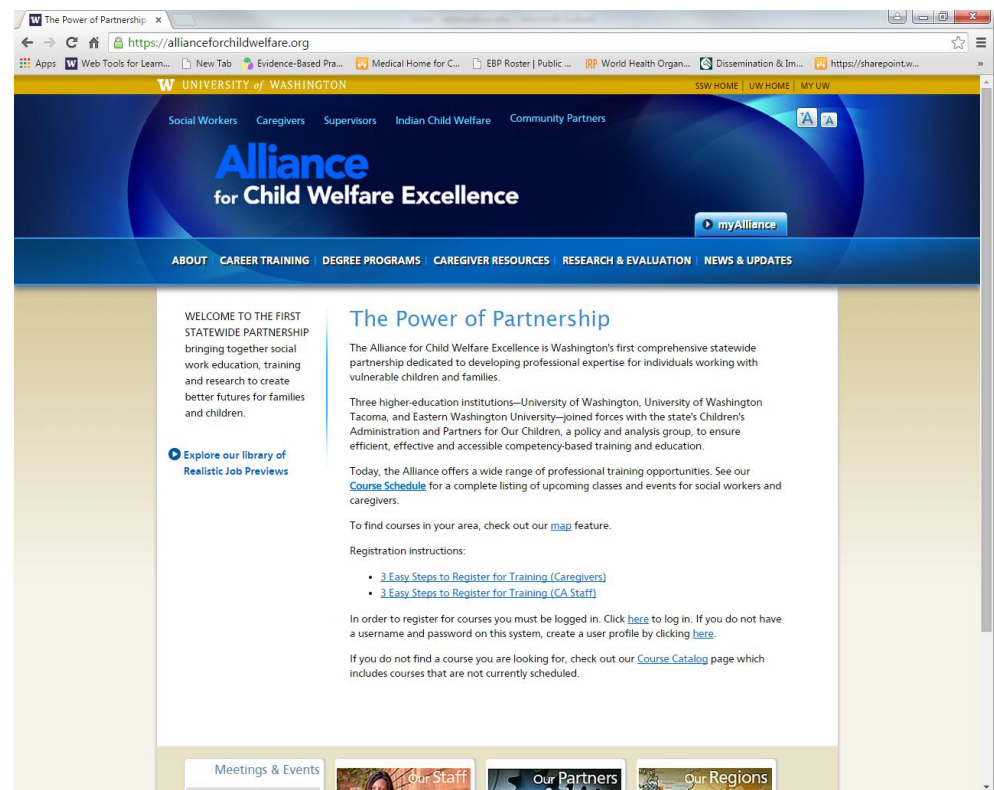
- ▶ **WHO: Mental Health Professionals**
- ▶ **WHERE: Provided by Coordinated Care Community Educators**
- ▶ **WHAT: Specialized training to mental health professionals on:**



- The child welfare system
- The mental health complexities of children and youth in foster care
- Methods to increase collaboration with child welfare workers
- Best practices for increasing caregiver and bio-parent involvement in treatment
- Incorporated alumni, caregiver and parent ally voice into video interview segment
- Create a common language between child welfare, mental health, and families to enhance engagement in effective services

# Mental Health Training for Child Welfare Professionals

- ▶ **WHO:** Child welfare social workers
- ▶ **WHAT:** Training in trauma and mental health treatments
  - Half day Regional Core Training (RCT)
  - Full day In-service Training (IST)
- ▶ **WHEN:** RCT for all newly hired child welfare staff; IST within 1st year (and existing workers)
- ▶ **WHERE:**
  - Alliance for Child Welfare Excellence, School of Social Work, University of Washington
  - ✓ *Train-the-trainer for RCT*
  - ✓ *Local Alliance Coaches and Mental Health Professionals for IST*





## Sustainability of the Screening Program

- ▶ **SCARED tool is embedded in CHET program and will continue beyond grant period**
  - CHET screeners now administer the SCARED as part of their regular screening process
  - SCARED tool now included in the development of the new Child Welfare CWIS
- ▶ **Extensive exploration with CA and Medicaid funding streams to continue the OMH Screening Program**
- ▶ **2 of the 4 OMH Screener positions are now permanent positions within Children's Administration**

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## Future Plans

- ▶ **Pilot underway:** Exploring ways to further streamline screening
  - PSC-17 “Plus 3”
    - Makes screening shorter by providing a 3-item alternative for trauma symptom identification
    - Studying how this could apply to younger kids – would enable screening for children under 7
  
- ▶ **Major outcome study**
  - Awaiting data that will demonstrate if there have been any changes in service receipt as a result of the intervention (enhance screening + training).

## We want to hear from you!

- ▶ Survey located in your folder
- ▶ We want your knowledge and opinions!
- ▶ Voluntary and confidential
- ▶ ~10 minutes
- ▶ There are no wrong responses – only helpful information!
- ▶ Please hand in before leaving

**Thank you!**

# Contact Us

## ▶ Contact information:

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DSHS, Children's Administration

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[sekerns@uw.edu](mailto:sekerns@uw.edu)

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[davispa@dshs.wa.gov](mailto:davispa@dshs.wa.gov)

## ▶ Join our listserv:

- Write your email on your exit survey